CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

Authorization No. 345

Department: Health

Bureau: Vital Statistics

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Record Identification

1. TITLE: Certificate of Death	2. Form No. if available	3. Type (cards, paper, etc.) Bound Book
4. Dates	5. Volume accumulated yearly	6. Size of Record: Misc.
7. Number of copies made: One (1)		

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily

B. [ ] Dispose of present accumulation, no additional accumulation anticipated

C. [ ] Microfilm and destroy originals

D. [X] Microfilm and retain originals for length of time indicated below

9. Recommended Retention Period	a. In Dept: 12 yrs.	b. In Storage Center: Micro. Perm.	c. Total: 12 yrs. and Micro. Perm.

10. Equipment and space freed

11. In your opinion does this record have any historical significance? YES [ ] NO [X]

12. DESCRIPTION OF RECORD (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Robert E. Farber M.D. — Title: Commissioner of Health — Date: 3/28/63

Recommendation of Records Management Officer

13. Recommended Retention Period	a. In Dept.: 12 yrs.	b. In Storage Center: Microfilm Permanent	c. Total: 12 yrs. and Microfilm Permanent

14. Disposal Method

A. [ ] To be sold as scrap or waste paper

B. [X] To be Burned or shredded

C. [ ] Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Rolls

C P Force — Records Management Officer — Date: 3/28/63

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR — Edward C. Byrnes

2. APPROVED: CITY SOLICITOR — Thomas N. Bond

3. APPROVED: CITY COMPTROLLER — Hyman A. Pressman

4. APPROVED: CITY TREASURER — John E. [illegible] — Bernard Sedusky

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS — [illegible]

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM — W. T. Hunter — Carl N. Hunter

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

AACo. 5-31 2500

E 731,1 — Dr. Richardson 112 W 25th St. Hum 1360 — 13172

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

1317

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2717 Hampden Ave) (Ward 12-61)

Length of residence in city or town where death occurred 54 yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Mary B. Baker

(a) Residence: No. 2717 Hampden Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of Geo. F. Baker

6. DATE OF BIRTH (month, day, year) About 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Geo. F. Baker
(Address) 2717 Hampden Ave

18. BURIAL, CREMATION, OR REMOVAL. Holy Redeemer Cem. Date 10/23/1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1931, to Oct 20, 1931,

I last saw h alive on Oct 20 1931, death is said to have occurred on the date stated above, at 3:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
E. Hamilton Judge	

Other contributory causes of importance:

Arteriosclerosis Judge — Rudy

Name of operation ..... Date of 7/16

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. E. Richardson M. D.

(Address) 112 W. 25th St

AACo. 5-31 2M

E 73172 HEALTH DEPARTMENT CITY OF BALTIMORE E 73172

CERTIFICATE OF DEATH

Registered No. 95-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2200 Greenmount Ave (or) Ward) Lifelong

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ann C. Gilchrist

(a) Residence: No. 2200 Green mount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 24th 1869

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
62	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER FATHER

13. NAME Patrick F. Gilchrist

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Finnerty

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Catherine Howard

(Address) 3019 Abell Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date 10/23/1931

19. UNDERTAKER H. M. Cook

(Address) 212 E Paul St

20. FILED 22 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20th 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 30th 1930 to Oct 20th 1931

I last saw h[illegible] alive on Oct 19th 1931 death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Neurosis Tachycardia	Sept 1930
Dilatation of Heart	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Reginald A. Lowry M. D.

(Address) 1716 E. North Ave

AaCo. 5-11 2508

E 73173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 19 Y 73173

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St. 12-14 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ewing Warren Ewing

(a) Residence: No. Bel Air, Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 10, 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1 mo.	7d-6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bel Air, Md.

FATHER

13. NAME Mr. William Ewing

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

MOTHER

15. MAIDEN NAME Miss Ida Gray

16. BIRTHPLACE (city or town) (State or country) Washington Co. Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, REMOVAL
Place Washington Date Dec 3 1931

19. UNDERTAKER Hershey's
(Address) Bel Air, Md.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/21/1931

22. I HEREBY CERTIFY, That I attended deceased from 10/7/1931, to 10/21/1931

I last saw him alive on 10/21/1931 death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro-enteritis +	10/4/31

Other contributory causes of importance:

Malnutrition

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Jesse S. Fisher, M. D.

(Address) Union Memorial Hosp.

Spec.—9-20—A. & Co.—250 Blks

Thomas J French

E 73174

E 73174

HEALTH DEPARTMENT—CITY OF BALTIMORE

+ 13 V

CERTIFICATE OF DEATH

REGISTERED No.

1 PLACE OF DEATH: West Balto Med, Hospital ST. 16 WARD 18

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

2 FULL NAME: Thomas J. French.

(a) RESIDENCE No. 607 Calhoun Rd. ST. ..... WARD ..... Catonsville Md

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Mrs. Ida French

6 DATE OF BIRTH (month, day, and year) 4-22-885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46		6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Metal finisher

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: Howard & Co.

9 BIRTHPLACE (city or town) (State or country): Howard Co.

PARENTS

10 NAME OF FATHER: John French.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co. Md.

12 MAIDEN NAME OF MOTHER: Mary Elwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ellicott City Md.

14 Informant (Address): Hosp Records.

15 Filed ..... 19 ..... Registrar

OCT 22 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-22-31

17 I HEREBY CERTIFY, That I attended deceased from 9-15, 1931, to 10-22, 1931, that I last saw him alive on 10-27, 1931, and that death occurred, on the date stated above, at 5.15A

The CAUSE OF DEATH* was as follows:

Chronic nephritis c Edema

(duration) unknown

CONTRIBUTORY (Secondary): Broncho-Pneumonia; (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Clinical

What test confirmed diagnosis?

(Signed) H. Cushman M. D.

19 (Address) West Balto Genitosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Cathedral

DATE OF BURIAL: Oct 24 19 31

20 UNDERTAKER: Easton Sons

ADDRESS: Ellicott City

Spec.—9-30—A. & Co.—250 Blks.

E 73175 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73175

CERTIFICATE OF DEATH

157-002

1 PLACE OF DEATH 4510 Roland Ave REGISTERED NO. 27-53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. WARD

2 FULL NAME Thomas A. Williamson

(a) RESIDENCE NO. 4510 Roland ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

2a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 11. 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hr. or min.
			10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Williamson

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Hanna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Mrs H. S. Hanna 4510 Roland ave.

15 OCT 22 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 21. 1931.

17 I HEREBY CERTIFY, That I attended deceased from Oct 11 , 1931 , to Oct. 21 , 1931

that I last saw h[e] alive on Oct. 21 , 1931

and that death occurred, on the date stated above, at 8.50 p. m.

The CAUSE OF DEATH* was as follows:

Large Spina-bifida
+ Meningocele

Congenital (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Convulsions -
Vomiting (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) H. D. Stansbury M. D.

Oct 22 1931 (Address) 714 Park Ave, Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Oct 22 1931

20 UNDERTAKER Henry W. Jenkins Sons

ADDRESS McCulloh - Orchard St.

1-30—M. & T.—100 B—5[illegible]

E 73176

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73176

CERTIFICATE OF DEATH

34

REGISTERED NO. 1725

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill Item No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. WARD

2-FULL NAME John English

(a) RESIDENCE NO. 613 Jasper St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 26 1904 Summoner

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
27	27		24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Sam'l English

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Addie Benton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Addie English

(Address) Winsor Va

15 Filed [illegible], 1931 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) B J Herzog M.D. Coroner, M. D.

Oct 21, 1931 (Address) 1303 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Winsor Va — DATE OF BURIAL Oct 23, 1931

20 UNDERTAKER Sam'l N. Chase & Son — ADDRESS 638 N. Gilmor

FROM NEW Improved See instructions on back of certificate.

1-30—M. & T.—100 B—60L

E 73177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73177

REGISTERED NO. 169

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital ST. 2-4 (WARD)

2-FULL NAME Finn Lunderwald

(a) RESIDENCE NO. Seamen Bethel- Aliesnn & Bethel Sts ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 6,1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	37	6	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Sailer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norway

PARENTS

10 NAME OF FATHER Jack Lunderwald

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norway

12 MAIDEN NAME OF MOTHER Martha Adresand

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norway

14 Informant Hopkins Records

(Address)

15 Filed OCT 2 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage-crushed skull a[t] Hospital. Jumped from window-6th flo[or] Johns Hopkins Hospital to pavement. Suicide while temporarily insane

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Alcoholic Hallucinosis- Pellagra (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

Oct. 19 31 (Address) 108 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL OCT 2 1931 19

20 UNDERTAKER

ADDRESS

THIS is very important! See instructions on back of certificates.

AACo. 5-11 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

E. 73178

253390
E. 73178

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 21-28 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Dixon

(a) Residence: No. 1215 Bayard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/30/31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Md
13. NAME Clarence Dixon
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Olga Mandros
16. BIRTHPLACE (city or town) (State or country) Md
17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Date OCT 2 1931
JOHNS HOPKINS HOSPITAL
Undertaker

19. UNDERTAKER
(Address) ... per WM. E. WOODALL

FILED OCT 2 1931 ... M. D. JAMESON JONES, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931, to Oct 17, 1931
I last saw him alive on Oct 17, 1931, death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	9-30-31
Other contributory causes of importance: Congenital Syphilis, ?	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. Lockhart, M. D.
(Address) Johns Hopkins Hosp

Spec.—1-10-21—M&T—1500 Blks.

E 73179

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73179

CERTIFICATE OF DEATH.

95-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun ST. 5-11 WARD)

2-FULL NAME Mrs. Rose De Maiz

(a) RESIDENCE NO 508 N. Robinson ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank 1935

6 DATE OF BIRTH (month, day, and year) April 19 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	30	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Rehavnice

PARENTS

10 NAME OF FATHER Barney Goldstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia.

12 MAIDEN NAME OF MOTHER Rebecca Litfin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Rose Austrin 502 Burkhardt Ave

15 Filed 2 2 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 22 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1931, to Oct. 22, 1931, that I last saw h[illegible] alive on Oct. 22 1931, and that death occurred, on the date stated above, at 7 [illegible] A.M.

The CAUSE OF DEATH* was as follows:

Rheumatic Cardiac disease Cardiac failure

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) M. Schneider, M. D.

10 E. Baltimore St (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Rosedale

DATE OF BURIAL Oct 23, 1931

UNDERTAKER: A. J. Garrison & Bro

ADDRESS 112 E Balto St

TION is very important. See instructions on back of certificates.

1-30—M & T—100 B—601.

E 73180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186 E 73180

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) Mercy Hospital ST. 6-16 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A Foy

(a) RESIDENCE NO 216 N Port ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	Wht	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	78			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer City Hall Balto City

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER John A Foy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto City

12 MAIDEN NAME OF MOTHER Katherine Johnson

13 BIRTHPLACE OF MOTHER (city or town) Balto City (State or country)

14 Informant Gertrude Effert

(Address) 2844 Harlem ave

15 Filed Oct 22 1931 C. HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (inquest, autopsy or inquiry.) thereon, and from the evidence obtained by said autopsy (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture of Skull Hemorrhage in Brain Accident Fall on Rock striking Head

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Back 3 to Tunnel

Did an operation precede death? yes Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) James M Hanlon, M. D. Coroner

(Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Michaels Cemetery	10/24 1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 E Fayette St

HON is very important. See instructions on back of certificates.

AaCo. 5-31-1928

HEALTH DEPARTMENT . CITY OF BALTIMORE

E 73181

CERTIFICATE OF DEATH

48 E 73181

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2607 N. Charles St. 12-5 (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Eva Kidwell

(a) Residence: No. 2607 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ (or) WIFE of Howard Kidwell

6. DATE OF BIRTH (month, day, year) Jan 31st 1881

7. AGE Years	Months	Days	If LESS than 1 day hrs or min
50	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Kraus

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME C. Eyring

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John L. Hollyes
(Address) 3401 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date 10/23/1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar

OCT 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20th 1931

22. I HEREBY CERTIFY, That I attended deceased from May 7 1930 to Oct 20 1931 I last saw h[illegible] alive on Oct 20 1931 death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	May 1930
Other contributory causes of importance: Metastasis	

Name of operation Cauterization & Radium Date of June 1930

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State).

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) Wm L. Emory M.D. M. D.

(Address) 6711 York Road

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

73182

CERTIFICATE OF DEATH

10 E 73182

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital) 12-31 St. ..... Ward.

Length of residence in city or town where death occurred ... yrs. 7 mos. 28 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Hamilton

(a) Residence: No. 450 Fawcett St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/29/31

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Albert Hamilton

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Laurel. Md.

17. INFORMANT Mrs. Albert Hamilton
(Address) 450 Fawcett St.

18. BURIAL, CREMATION, OR REMOVAL
Date Oct 23, 1931.

19. UNDERTAKER Edmondson
(Address) 3[illegible]

20. FILED 2-9-1931 C. ELWOOD JONES, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/22, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10/21, 1931, to 10/22, 1931.

I last saw him alive on 10/22, 1931 death is said to have occurred on the date stated above, at 1.05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria	10/11/31
Other contributory causes of importance: Bronchial pneumonia	10/20/31

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. V. Jackson M. D.

(Address) Sydenham Hospital

A&Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73183

CERTIFICATE OF DEATH

23 E 73183

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 1 St. 6-9 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Angelo Sciancalepore

(a) Residence: No. 131 N. Washington St. St., Ward. W. M. T. B.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Assunta
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
42	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME John Angelo

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rose ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs. Cavalieri
(Address) Eleven 11 2nd

18. BURIAL, CREMATION, OR REMOVAL
Place at Loudon Park Date Oct. 27. 1931

19. UNDERTAKER Thos. F. Connelly
(Address) Fawn & Md. Ave.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-22- , 1931

22. I HEREBY CERTIFY, That I attended deceased from 4-8- , 19 , to 10-22- , 1931

I last saw h 13 alive on 10-22- , 1931 9:20 A. death is said to have occurred on the date stated above, at fm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Nov. 1929

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify —

I, (Signed) Lawrence J. Scully, M. D.

(Address) BALTIMORE CITY HOSPITALS

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73184

CERTIFICATE OF DEATH

H6 E 73184

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 11-15 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Dr. J. Whitridge Williams

(a) Residence: No. 107 E Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

3a. If married, ~~widowed~~, or ~~divorced~~, HUSBAND of (or ~~WIFE~~) Ethel H. T. B. Williams

6. DATE OF BIRTH (month, day, year) Jan 26 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Obstetrician In Chief
9. Industry or business in which work was done as silk mill, saw mill, bank, etc. Johns Hopkins Hospital
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 33 yrs

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Md
13. NAME Philip Williams
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Mary Whitridge
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Date Oct 23 1931

19. UNDERTAKER Henry H. Jenkins Sons Co.
(Address) Cathedral & Centre

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 1931 to Oct 21 1931

I last saw him alive on Oct 21 1931 death is said to have occurred on the date stated above, at 9.40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	6 mos. April 1931
Hemorrhage from carcinoma	2 Days Oct 20 1931

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of Oct 20, 31
What test confirmed diagnosis? Op. & Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) I. Redgway Jones, M. D.
(Address) J H H

OCT 27 1931 C. HAMILTON JONES, M.D.
JOHNS HOPKINS HOSPITAL

1-30—M. & T.—100 B—50L.

E 73185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7 | 31 E 73185

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME C. Hammond Cromwell

(a) RESIDENCE NO "Silten" Ellicott City, Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary F. Needbrown

6 DATE OF BIRTH (month, day, and year) Apr 18/1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lumber Dealer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Belte., Md.

PARENTS

10 NAME OF FATHER R. Cromwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Belte., Md.

12 MAIDEN NAME OF MOTHER Mary ------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Belte., Md.

14 Informant Henry E. Jenkins & Son

(Address)

15 Filed Dec 12 1931, 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? ne

What test confirmed diagnosis? Clinical

(Signed) [signature], M. D. Coroner

, 19 (Address) 806 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Oct 23 1931
UNDERTAKER Henry E Jenkins & Co	ADDRESS [illegible]

THIS IS VERY IMPORTANT. See instructions on back of certificates.

11 Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73186 ✓ 003 E 73186

E 73186

CERTIFICATE OF DEATH.

REGISTERED NO. 93

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3907 Dorchester Rd ST. 15-63 WARD)

2-FULL NAME Edwin S. DeNise

(a) RESIDENCE NO. 3907 Dorchester Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 18 1856?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinery

(b) General nature of industry, business, or establishment in which employed (or employer) Supplies 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Freehold N J

PARENTS

10 NAME OF FATHER Sidney Denise

11 BIRTHPLACE OF FATHER (city or town) (State or country) Freehold N J

12 MAIDEN NAME OF MOTHER Lydia Conover

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Freehold N J

14 Informant (Address) Mrs. E. Webster 3907 Dorchester Rd

15 Filed 22 1931 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22/31

17 I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1930, to Oct 22, 1931, that I last saw him alive on Oct. 20, 1931, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Hypocarditis — duration 1 yr.
Acute dilitation Heart
duration 2 days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypocarditis — arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter S Tibbett M. D.

Oct 22/31 (Address) 2220 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Freehold N J

DATE OF BURIAL Oct 24 1931

20 UNDERTAKER George J Smith

ADDRESS 1532 Hollins

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

73187

CERTIFICATE OF DEATH

119 E 73187

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 E. Fayette St. 10-14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: David L Gibson

(a) Residence: No. 704 Aisquith St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 13-31

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Louisa Gibson
14. BIRTHPLACE (city or town) (State or country) Baltimore Md
15. MAIDEN NAME Louise Stafford
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Louise Stafford
(Address) 704 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cem. Date 23 1931

19. UNDERTAKER Thomas E Kelly
(Address) 1303 Preston St

20. FILED 10-22-1931 19... RRH Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1931, to Oct 22, 1931

I last saw h[illegible] alive on Oct 22 1931 death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	Oct 19 1931
Bronchopneumonia	
Other contributory causes of importance:	
Cystic adenitis	Oct 16 31

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm. S. Allen, M. D.

10-22-31 (Address) 520 Aisquith St

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73188

CERTIFICATE OF DEATH

46 E 73188

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3416 Woodbrook Ave 3-59 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 45 yrs. ... mos. ... ds.

2. FULL NAME Rev. Raphael Greenspon

(a) Residence: No. 3416 Woodbrook Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fredia

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rev.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clergyman

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Israel Greenspon

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Greenspon
(Address) 3416 Woodbrook Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Washington Date Oct 23, 1931

19. UNDERTAKER J. Emerson Bro
(Address) 1012 E Baltimore Ave

22 1931 C. ELLERSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1929 to Oct 22, 1931

I last saw him alive on Oct 21, 1931 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, gastric	1925

Other contributory causes of importance:

Cardiac dilatation	1 day

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place:
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Eugene J Shepard M. D.
(Address) 200 W Lafayette Ave

Spec.—9-30—5. A. & Co.—250 Blks

73189 HEALTH DEPARTMENT—CITY OF BALTIMORE 73189

CERTIFICATE OF DEATH

48

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 163 E. Randall St. WARD 24-34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Julia A. Peters

(a) RESIDENCE NO. 163 E. Randall ST WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Oscar G. Peters

6 DATE OF BIRTH (month, day, and year): Feb. 8-1863

7 AGE: Years 68; Months 8; Days 17; If less than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Timothy Donovan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Julia County

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Mr. Stewart Peters 163 E. Randall St.

15 2 2 1931 19 Registered RCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/20.31

17 I HEREBY CERTIFY, That I attended deceased from Jany 1st, 1931, to 10/20, 1931

That I last saw her alive on 10/20, 1931

and that death occurred, on the date stated above, at 4.30 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus (duration) yrs. 10/12 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) L. J. Turlington M. D.

10/21/1931 (Address) 2102 Int. Rd. City

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Co. DATE OF BURIAL: Oct. 23 1931

UNDERTAKER: Margaret S. Flynn 1422 Light St.

3199 PLACE OF DEATH

STATE OF MARYLAND
CERTIFICATE OF DEATH

E 73190

County Edgewood Sanitorium Registration District No. 31

Village or City Baltimore (No. 206 West Montgomery ave. Rockville, Md.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Bessie Lyddane (Mrs. C. L. Lyddane)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: ____ (Month) ____ (Day) 1866 (Year)

7 AGE: 65 yrs. ____ mos. ____ ds. (If LESS than 1 day hrs. or min.)

8 OCCUPATION
(a) Trade, profession or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country): Md.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or Country): Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George E. Duvall, coal

(Address) 1623 - Conn. ave.

OCT 23 1931 C. H. WILSON JONES (Registrar)

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., requesting V. S. No. 1-Wash. D.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October 22 (Month) (Day) 1931 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Jan 19 1931. to Oct 22. 1931.
that I last saw h alive on Oct 22. 1931.
and that death occurred on the date stated above, at 11.45 P.M.
The CAUSE OF DEATH* was as follows:
Chronic interstitial Nephritis
Hy Chronic Valvular Heard Disease

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory / Secondary

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) Chas Luther Rumsey M. D.

Oct 23 1931 (Address) 812 Park Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Washington DC

DATE OF BURIAL: 10/23, 1931

20 UNDERTAKER: Alums R. Speare

ADDRESS: 1623 - Conn. ave Wash. D.C.

A&Co. 5-31 2500

E 73191

73191
252622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Margaret Coale

(a) Residence: No 606 N. 116th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 26 1872

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	59	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Rev James Coale
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Arabell Parker
16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMANT Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date 10/24 1931

19. UNDERTAKER
(Address) 1211 W. Fayette St

20. FILED 10/24 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1931, to Oct 22, 1931
I last saw her alive on Oct 22 1931, death is said to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	10-15-31

Other contributory causes of importance:
Hypertension
Chronic Nephritis, Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Maurice Mennen, M. D.

(Address) Johns Hopkins Hosp.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

73192

73192

CERTIFICATE OF DEATH

106-OL

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 Shakespear St. 2-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Novak.

(a) Residence: No. 1600 Shakespear St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 19-1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Michael Novak

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Cissna Chupaytis

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Michael Novak.
(Address) 1600 Shakespear St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Oct 24 1931

19. UNDERTAKER J. H. Bozeman & Son
(Address) 1900 Eastern Ave

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23. 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1931 to Oct 23 1931

I last saw him alive on Oct 23 1931, death is said to have occurred on the date stated above, at 4 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	Oct 20.
Other contributory causes of importance: Cardiac Exhaustion	Oct 23

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) William J. Brady M. D.

(Address) 801 N. Fremont Ave

A&Co. 5-11 250M

73193 HEALTH DEPARTMENT—CITY OF BALTIMORE

1

106 E 73193

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH :

CITY OF BALTIMORE: (No. 1608 Fleet St. 3-4 Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Vincenty Krukowski

(a) Residence: No. 1608 Fleet St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amelia Krukowski

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Joseph Krukowski
14. BIRTHPLACE (city or town) (State or country) Poland
15. MAIDEN NAME Unk.
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Amelia Krukowski
(Address) 323 S. Custer St

18. BURIAL, CREMATION, OR REMOVAL.
Place Holy Rosary Date Oct 24 1931

19. UNDERTAKER W. Ciazewski
(Address) 1730 Eastern Ave.

20. FILED C. HAMPSON JONES, M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1931 to Oct. 22, 1931

I last saw h[illegible] alive on Oct 22, 1931 death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar Pneumonia
Myocardial Insufficiency

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Not If so, specify

(Signed) Andrew Kurkowski M. D.
(Address) 25 x 4 Eastern Ave

AACo. 5-31 2508

73194 HEALTH DEPARTMENT—CITY OF BALTIMORE 73194

CERTIFICATE OF DEATH

87-001 Registered No. 15-64

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3906 Maine Ave. (St.) (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Bodwin

(a) Residence: No. 3906 Maine Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Stevens Bodwin

6. DATE OF BIRTH (month, day, year) Nov. 19, 1851

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	79	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Henry J. Bodwin

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Juliana Rochester

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Bessie Hartge

(Address) 3906 Maine Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Cem. Date Oct 31

19. UNDERTAKER Chas. F. Palmer & Son

(Address) North & Pennsylvania Ave.

20. FILED 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21. 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1931 to Oct 21, 1931

I last saw h~~im~~ alive on Oct 21 1931 death is said to have occurred on the date stated above, at 6.25 a.m.

The principal cause of death and related causes of importance were as follows:

apoplexy, Hemiplegia — Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation — Date of

What test confirmed diagnosis? Sy. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph E Pichner M. D.

(Address) 3201 Garrison Blvd

1-30—M. & T.—100 B—60L.

E 73195

Alvin Bundy. 19-10-002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73195

1-PLACE OF DEATH Pronounced dead at 17-26 ST. (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

CITY OF BALTIMORE: (No.) Mercy Hospital

2-FULL NAME ~~Alvin~~ Bundy

(a) RESIDENCE NO. 724 W Mulberry ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Montebello Tunnel
(c) Name of employer Whiting & Turner

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Anderson Bundy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Roberta Newman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Walter Bundy

(Address) Culpeper Co Va

15 Filed OCT 2 19 31 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Skull
Laceration of Brain
Accident

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Stone fell 112 feet on his head

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 33 St & Charles

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D. Coroner

10 22 1931 (Address) 702 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery — DATE OF BURIAL: Oct 23, 1931

20 UNDERTAKER: Mrs Katie R. Williams — ADDRESS 32 [illegible]

SECTION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L.

E 73196

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73196

CERTIFICATE OF DEATH

REGISTERED NO. 46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 17-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A Butler

(a) RESIDENCE NO 1328 Myrtle Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Butler

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	60	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer) Pvt
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

PARENTS

10 NAME OF FATHER Benjamin Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Fanny —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Minnie Butler

(Address) 1328 Myrtle Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1328 Myrtle Ave

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) P. J. Herzog M.D. Coroner, M. D.

Oct 22 1931 (Address) 1305 N Gilmor St Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
W. L. Gran	Oct. 24 1931
20 UNDERTAKER	ADDRESS
Chas. W. Chase & Son	638 N. Gilmor

CHECK OF CERTIFICATE. See instructions on back of certificate. THIS IS very important.

WILSON JONES, M.D.

73197

HEALTH DEPARTMENT—CITY OF BALTIMORE

73197

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 13 Ward) 131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Hansmann

(a) Residence: No. 310 S. Callington ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Hansman

6. DATE OF BIRTH (month, day, year) 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Rigger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C&C

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER

13. NAME Thomas Hansman

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME Elizabeth Hansman

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Holy Redeemer Date Oct 26 1931

19. UNDERTAKER Frank Carlson
(Address) 1906 Eastern Ave

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1931, to Oct 22, 1931

I last saw him alive on Oct 22, 1931 death is said to have occurred on the date stated above, at 5.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Chronic Nephritis c oedema of eyelids & extremities	
2 Hypertension c Myocardial degeneration	
3 Uremia	

(Other contributory causes of importance)

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Caroline C. Bedell, M. D.

(Address) Johns Hopkins Hospital

1-20—M. & T.—100 B—501.

Vopalecky

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73198

CERTIFICATE OF DEATH

82-001

E 73198

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antonie Vopalecky

(a) RESIDENCE NO 419 N. Haderra ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anton Vopalecky

6 DATE OF BIRTH (month, day, and year) June 13/1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER John Janas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Albert Vopalecky

(Address) 419 N. Haderra St

15 Filed . 193 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

Oct 23/31 (Address) 600 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Oct 26 1931

20 UNDERTAKER Frank Brach & Son 1906 Cortland — ADDRESS

THIS is very important. See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73199

CERTIFICATE OF DEATH

13 E 73199

1—PLACE OF DEATH

REGISTERED NO. 11-6-69

CITY OF BALTIMORE: (No. 2524 Edmondson Ave STREET WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Laura Virginia Wilburn

(a) RESIDENCE NO. 2524 Edmondson ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lewis D. Wilburn

6 DATE OF BIRTH (month, day and year) Feb 28-1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER George C. Miller

11 BIRTHPLACE OF FATHER (city or town) Annapolis
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary Bishop

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant Lewis D. Wilburn
(Address) 2524 Edmondson ave

15 Filed , 19 , Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 21-1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 19 - , 1925 , to October 21 , 1931 ,
that I last saw h er alive on October 21 - , 1931
and that death occurred, on the date stated above, at 7:38 P. m.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) Chester Riland, , M. D.

10-24, 1931 (Address) 2532 Edmondson ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	10/24/31

20 UNDERTAKER G. Albert & Son ADDRESS 2503 Edmondson ave

Spec.—1-10-21—M&T—1500 Blks.

E 73200 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73200

CERTIFICATE OF DEATH.

59

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3207 Eastern Ave ST. 26-11 WARD

2-FULL NAME Frederick Kolpack

(a) RESIDENCE NO. 3207 Eastern Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wilhemina Kolpack

6 DATE OF BIRTH (month, day, and year): Feb 1st 1849

7 AGE: Years 82; Months 8; Days 20 21; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Self.

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs Ida M. Stevens 3207 Eastern Place

15 Filed OCT 23 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 22 1931

17 I HEREBY CERTIFY, That I attended deceased from June 24 1931 to Oct 22 1931, that I last saw him alive on Oct 21 1931, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) One yr mos ds.

CONTRIBUTORY (Secondary): Gangrene R Leg

(duration) 7 yrs. X mos. 10 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? X Date of X

Was there an autopsy? no

What test confirmed diagnosis? Fehlings Sol.

(Signed) V. Ben Williams, M. D.

, 19 (Address) 3200 Gerard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fulton Md.

DATE OF BURIAL: 10/24/31

20 UNDERTAKER: Lloyd Kaiser

ADDRESS: Laurel Md

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 73201 HEALTH DEPARTMENT—CITY OF BALTIMORE 73201

CERTIFICATE OF DEATH

159 15-61

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2219 Elsinor Ave. ST. WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James Irvin Bittorf

(a) RESIDENCE NO. 2219 Elsinor Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6 DATE OF BIRTH (month, day, and year) October 8, 1931

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Henry I. Bittorf

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Etta Tatum

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant (Address): Mr. Henry Bittorf (Father) 2219 Elsinor Ave.

OCT 23 1931

C. EARNSHAW JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 23. 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct 8 31. 19 to Oct 23 19 31

that I last saw him alive on Oct 22 19 31

and that death occurred, on the date stated above, at 7 05 a. m.

The CAUSE OF DEATH* was as follows:

Prematue - about 7 mo. Child

Atelectasis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Atelectasis - and premature birth -

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Walter Dunbar M. D.

Oct 23 19 31 (Address) 2220 Barrington Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Oct. 23. 19 31

20 UNDERTAKER: F. Henry Sander & Sons Inc. — ADDRESS: Baltimore & Broadway.

If certificate is not complete, See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 73202

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73202

CERTIFICATE OF DEATH.

X 56

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST. 14-20 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Minnie Hebron

(a) RESIDENCE NO. 5 Robert Avenue ST. Catonsville, Md WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Monroeham Co

PARENTS

10 NAME OF FATHER Jordan Welling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Nellie Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Next Records
(Address)

Filed OCT 23 1931 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-23-31

17

I HEREBY CERTIFY, That I attended deceased from 10-15, 1931, to 10-23, 1931

that I last saw h[illegible] alive on 10-23, 1931

and that death occurred, on the date stated above, at 1 05 A. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis
Pneumonia Fibrosa

(duration) yrs. mos. 19 ds.

CONTRIBUTORY ...
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Catonsville Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) George McDonald M. D.

Oct 23 1931 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wilkens Ave Cem	Oct 26 1931
UNDERTAKER	ADDRESS
Easton Sons	Edmondson

AdCo. 5-31 250B

73203

HEALTH DEPARTMENT CITY OF BALTIMORE

34 B 73203

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Union Memorial St. (Ward) 10/24/40
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles T. Nichols

(a) Residence: No. 505 N. Strieper St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Jan 26, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	9	2024	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Charles T. Nichols
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Ella M Humphreys
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Fun Cathedral Date 10/23rd 1931

19. UNDERTAKER Leon A. McCann
(Address) 300 E. Biddle St.

20. FILED 10-24-31 C. F. HUDSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1931, to Oct. 20, 1931
I last saw him alive on Oct. 20, 1931 death is said to have occurred on the date stated above, at 8 24 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Luetic cardio-vascular disease	1929(?)

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel McCausland, M. D.
(Address) Union Memorial Hosp.

1-30—M. & T.—200 B—50L

E 73204

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 73204

CERTIFICATE OF DEATH

92-001

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST., 70-28 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. May Fefel

(a) RESIDENCE NO 1920 Lemmon ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 10 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of John

(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 24, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	10	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) -----
(c) Name of employer -----

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Wash McComas

11 BIRTHPLACE OF FATHER (city or town) -----
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ollie Macbee

13 BIRTHPLACE OF MOTHER (city or town) ---
(State or country) Md.

14 Informant John Fefel Jr.
(Address) 1920 Lemmon St.

15 Filed OCT 23 1931 1931 C. MARTON BURNS, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 22nd, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Secondary Anemia and Acute Dilatation of Heart (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of --

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical

(Signed) Guy N. Cromwell M. D.
Coroner

I 0/23, 19 (Address) [illegible] Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery DATE OF BURIAL Oct. 26- 1931.

20 UNDERTAKER Charles J. Schwab ADDRESS 505 N. Monroe St

TION is very important. See instructions on back of certificates.

AaCo. 5-31 250B

E 73205

HEALTH DEPARTMENT—CITY OF BALTIMORE

73205

CERTIFICATE OF DEATH

126 V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 2000 (Ward) 11-64

Length of residence in city or town where death occurred 39 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Edward L Chaffee

(a) Residence: No. 307 Fredericktown Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Edgar Chaffee

6. DATE OF BIRTH (month, day, year) August 27 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dispatcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wallace Chaffee
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Addie Chaffee
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital records
(Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL.
Place London Park Date Oct 24 1931

19. UNDERTAKER George L. Lehnert
(Address) 2101 Gaudineck Ave

20. Filed OCT 26 1931, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/21, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10/18, 1931, to 10/21, 1931

I last saw h.. alive on 10/21, 1931 death is said to have occurred on the date stated above, at 11:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	8 days
Chronic Nephritis	3 yrs.
Partial intestinal obstruction	8 days

Other contributory causes of importance:

Pulmonary Edema	6 hrs.

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) Mercy Hospital

Spec.—2-23-28—L. P. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73206

CERTIFICATE OF DEATH

107-001 E 73206

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3203 N. Charles ST. 12-50 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Amelia M. Wilson

(a) RESIDENCE NO. 3203 N. Charles ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced WIFE of (or) HUSBAND of Laurence O. Wilson

6 DATE OF BIRTH (month, day, and year) March 11 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse Dietician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS:

10 NAME OF FATHER Henry Mellis

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Ann Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs E M L Heath (Address) 3203 N. Charles St

15 Filed OCT 23 1931 C. Hanson Jones, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 22. 1931.

17 I HEREBY CERTIFY, That I attended deceased from Oct-15. 1931. to Oct-22. 1931.

that I last saw h e alive on Oct-22. 1931

and that death occurred, on the date stated above, at 2-05 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia
Terminal

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Senile Arterio Sclerosis-
Cerebral (duration) 10+ yrs. mos. ds.

18 Where was disease contracted — if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) M. Watson Perlin, M. D.

(Address) 4822 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Oct 23 1931.
20 UNDERTAKER Paul C. Wendler Son	ADDRESS 1900 Eutaw Place

A4Co. 5-31 2508

E 73207

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73207

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) 3547 Pesswick Rd. St. Ward

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs Lk. (b) Born in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Ann Miller

(a) Residence: No. 3547 Pesswick Road St. Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martin L. Miller

6. DATE OF BIRTH (month) July (day) 27 (year) 1847

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	84	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 057

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Martin Esselberger

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Rachel Cole

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) 3547 Pesswick Rd.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem. Oct 26 1931

19. UNDERTAKER (Address) 1003 N. Eutaw St.

20. FILED Oct 26 1931 C. HUNSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) October (day) 23 (year) 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1931 to Oct 23, 1931

I last saw her alive on Oct 22, 1931 death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

Cardiac insufficiency — Date of onset 10/15/31

Other contributory causes of importance:

nephritis, arteriosclerosis hypertension, chronic passive congestion

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jack J. Singer, M. D.

(Address) 1220 E. Biddle St

AACo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73208 — 131 — E 73208

CERTIFICATE OF DEATH

20-27

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St. Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Kroll

(a) Residence: No. German Aged Home St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 6, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME George Hoffman

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Miss Anna Poercher
(Address) German Aged Home

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Oct. 24 1931

19. UNDERTAKER
(Address) 1003 W. Baltimore St.

20. FILED 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 2nd, 1931, to Oct 21, 1931

I last saw her alive on Oct 21 1931 death is said to have occurred on the date stated above, at 4.30 hm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	Unk
Chronic Valvular Heart disease (Mitral Stenosis)	Unk

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Estelle Henning, M. D.

(Address) 2000 Hollins St.

A4Co. 5-11 250B

E 73209

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73209

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Baltimore City Hospitals S. 24-34 Ward 4 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5) Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Wilson

(a) Residence: No. 1706 Webster St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Wilson

6. DATE OF BIRTH (month, day, year) Unknown ? 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Abt.	67?	Unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ? Mr. Stewart

14. BIRTHPLACE (city or town) (State or country) ? Maryland

MOTHER

15. MAIDEN NAME Fannie Rollins

16. BIRTHPLACE (city or town) (State or country) ? ? Maryland

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cemetery Date Oct. 24, 1931

19. UNDERTAKER (Address) 1005 W. Baltimore St.

20. FILED OCT 23 1931 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1931, to Oct. 20, 1931

I last saw her alive on Oct. 20, 1931, death is said to have occurred on the date stated above, at 5:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-18-31
secondary	
Cerebral hemorrhage	Jan 1-31
Right hemiplegia	"

Other contributory causes of importance:

No others

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

10-22-31 (Signed) Elmer Nightingale M. D.

(Address) Balto. City Hosp.

11 Spec.—1-30—M. & T.—250 Bks.

E 73210

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73210

CERTIFICATE OF DEATH.

160-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 Lanvale Ave ST. 20-27 WARD)

2-FULL NAME Baby Boy Payne

(a) RESIDENCE NO. 1720 Lanvale Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	S.

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10/17/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Died Birth	—	—	—	5

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Ernest Robinson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C

12 MAIDEN NAME OF MOTHER Ethelda Payne.

13 BIRTHPLACE OF MOTHER (city or town) Balto, Md (State or country)

14 Informant UNIVERSITY OF MARYLAND

(Address)

15 Filed 6262, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/17/31

17 I HEREBY CERTIFY, That I attended deceased from 10/17, 1931, to 10/17, 1931, that I last saw h[illegible] DEAD on 10/17, 1931, and that death occurred, on the date stated above, at 7.20 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prolonged Labor

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical.

(Signed) Fred. Stansfield M. D.

10/18, 1931 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL SEP 23, 1931

20 UNDERTAKER

ADDRESS

Spec.—1-30—M. & T.—250 Blks.

E 73211 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73211

CERTIFICATE OF DEATH. 159

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 S. Sharp St. (WARD) 23-31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby boy Jackson

(a) RESIDENCE NO. 1123 S. Sharp St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 9 hrs. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10/16/31

7 AGE	Years	Months	Days	If LESS than 1 day, 9 hrs. or min.
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Anderson Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Eunice Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. Carolina

14 Informant Mother

(Address) 1123 S. Sharp St.

15 Filed SEP 23 1931, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/17/31

17 I HEREBY CERTIFY, That I attended deceased from 10/16, 19 31, to 10/17, 19 31,

that I last saw him alive on 10/16, 19 31,

and that death occurred, on the date stated above, at 4:00 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia (2 wks.)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Convulsions

duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Louis F. Douglass M. D.

10/20/31 (Address) Mid. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL SEP 23 1931, 19

20 UNDERTAKER

ADDRESS

Reg. Wm. J. Woodall

Spec.—9-30—A. & Co.—250 Blks

73212

HEALTH DEPARTMENT—CITY OF BALTIMORE

73212

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. Provident Hospital 4-27 WARD)

2. FULL NAME Robert Tyler

(a) RESIDENCE NO. 235 N Bruce ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Tyler

6 DATE OF BIRTH (month, day, and year): 1886

7 AGE: Years 45 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lt

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): John Tyler 806 N. Mount st

15 Filed OCT 23 1931 19 M. S. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-21-1931

17 I HEREBY CERTIFY, That I attended deceased from 10-15 1931 to 10-20 1931

that I last saw him alive on 10-20 1931

and that death occurred, on the date stated above, at 11:10 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Emphysema (duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) C B Jones M. D.

10/24/31 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: West Liberty Maryland | DATE OF BURIAL: Oct 24 1931

20 UNDERTAKER: Joseph A. Lively 709 N. Mount st | ADDRESS

E. CLAYSON JONES, M. D.

1-30—M. & T.—200 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73213

CERTIFICATE OF DEATH

86-001 E 73213

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 4-25 WARD

2-FULL NAME Richard E Long

(a) RESIDENCE NO 677 W Fayett ST., ... WARD .

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	Whit	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Long

6 DATE OF BIRTH (month, day, and year) March 25 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	6	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Window Cleaner
(b) General nature of industry, business, or establishment in which employed (or employer) 656
(c) Name of employer Queen City window Cleaning Co.

9 BIRTHPLACE (city or town) (State or country) Unknown

10 NAME OF FATHER unknown Long

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

PARENTS

14 Informant Myrtle Long (Address) 677 W Fayett St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fall from window. Fracturing his Sacrum, Pelvis & Cervical Vertebrae

(duration) yrs. mos 4 hrs ds

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted, if not at place of death? 600 Block W Fayette

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M. Faulon, M. D. Coroner

10.22 1931 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 10/24 1931

20 UNDERTAKER J M Cole

ADDRESS 127 E Fayette St

TION is very important See instructions on back of certificates.

Spec.—9-30—A. & Cn.—250 Blks.

73214 HEALTH DEPARTMENT—CITY OF BALTIMORE 73214

CERTIFICATE OF DEATH

93-003

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 27-30 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Josephine Scardina

(a) RESIDENCE NO. 13 N. Barre St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white Italian

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of the late Gologero Scardina

6 DATE OF BIRTH (month, day, and year) Oct 11 1880

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	0	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house work

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant (Address): Mr Geo Scardina 3440 Alabama Ave

15 Filed 23 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/23/1931

17

I HEREBY CERTIFY, That I attended deceased from October 20, 1931, to October 23, 1931

That I last saw her alive on October 23, 1931

and that death occurred, on the date stated above, at 4.45 A m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) M. B. Kirsh M. D.

19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	10/26 1931

20 UNDERTAKER: John J. Howard Son. ADDRESS 901 Hollins St.

Spec.—9-30—A. A. Co.—250 Bks

73215

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 L 73215

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 437 So. Arlington Ave. 18079 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John L. Gorman

(a) RESIDENCE NO. 437 So. Arlington Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 7 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Katherine Gorman.

6 DATE OF BIRTH (month, day, and year) Feby 22nd 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	7	27/29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Store keeper.

(b) General nature of industry, business, or establishment in which employed (or employer) Tobacco

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Thomas Gorman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Jane Kerwin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Mrs. Katherine Gorman (Address) 437 So. Arlington Ave.

15 Filed OCT 23 1931 H. RAMPSON JONES, Registrar By CRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/21/1931.

17 I HEREBY CERTIFY, That I attended deceased from 10/20/1931, to 10/21/1931

that I last saw h— alive on 10/21/1931

and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Left Tonsil

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Dr Shipley. Univ Hosp.

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Biopsy

(Signed) Bernard J. Fury M. D.

10/31/1931. (Address) 910 W. Lanvale

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	10/24/1931
20 UNDERTAKER	ADDRESS
John F. Cowan & Son	901 Hollins St

Spec.—9-30—A. & Co.—250 Blks.

73216 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 L 73216

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 Glenwood Ave. ST. 27-46 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Thomas J. McGreary

(a) RESIDENCE NO. 513 Glenwood Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Catherine

6 DATE OF BIRTH (month, day, and year) Dec. 17, 1850

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Patrick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Mooney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Wm. E. Cain
(Address) 513 Glenwood Ave.

15 DATE RECEIVED 10-23 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-22-31

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1931, to Oct. 22, 1931

that I last saw h[illegible] alive on Oct. 22, 1931

and that death occurred, on the date stated above, at 3.50 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Hocus MD M. D.

(Address) 5600 York Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's Seminary	Oct 24 1931
20 UNDERTAKER	ADDRESS
Martin Fahey & Sons	1827 W. Pratt St.

Spec.—9-30—A. & Co.—250 Bks.

73217 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

73217

1. PLACE OF DEATH

CITY OF BALTIMORE: (No St Joseph Hospital St. 17 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Gerald Dennis Bon

(a) RESIDENCE NO. Summit Ave, Hanford Rd ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	✓

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) 10/7/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John J. Bon

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Eileen Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Interment
(Address) Eileen Clarkson Forrest Baltimore Md

(Signed) C. HAMPSON JONES, M. D.
Registrar

Filed 10-23-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23-31

17

I HEREBY CERTIFY, That I attended deceased from Oct 20, 1931, to Oct 23, 1931

that I last saw him alive on Oct 23, 1931

and that death occurred, on the date stated above, at 11 45 A m.

The CAUSE OF DEATH* was as follows:

Congenital Pyloric-Stenosis

(duration) ✓ yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of 10/22/31.

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & X-ray.

(Signed) Gerald Bon M. D.

(Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Joseph's Cemetery	Oct. 25 1931

20 UNDERTAKER Elmer W. Corkin Address 929 E Fayette

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

73218 | 93-2 73218

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2126 W. Baltimore (Street) 20-10 (Ward)

Length of residence in city or town where death occurred 1 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Annie Kate Mitchell

(a) Residence: No. 2126 W. Baltimore St (Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James H. Mitchell

6. DATE OF BIRTH (month, day, year) Oct 22 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75	—	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (City or town) (State or country) Baltimore, Md

Father Wm. F. Judge

13. BIRTHPLACE (City or town) (State or country) Baltimore, Md

14. MAIDEN NAME Henrietta E. Tuttle

15. BIRTHPLACE (City or town) (State or country) Baltimore, Md.

17. INFORMANT James E. Mitchell

(Address) 2126 W. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date Oct 24 1931

19. UNDERTAKER H. W. Arbaugh & Son

(Address) 1417 Baltimore St

20. FILED OCT 23 1931 C. HAMPSON JONES, M. D. Registrar

By ..... Deputy

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (month, day, year) Oct 22, 1931

23. I HEREBY CERTIFY, That I attended deceased from March 1, 1931 to Oct 22, 1931

I last saw h[illegible] alive on Oct 22, 1931 death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1931
Enlarged prostate	1930
Acute Cardiac Dilatation	Oct 22

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Leroy E. Crabtree, M. D.

(Address) 1203 W. Fayette St.

1-30—M. & T.—200 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73219

CERTIFICATE OF DEATH

93-903 E 73219

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Mercy Hospital ST. 11-15 WARD)

2-FULL NAME Laurence Flanagan

(a) RESIDENCE NO. 323 E Biddle ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	white	married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Ann Flanagan

6 DATE OF BIRTH (month, day, and year) April 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	52	6		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer City of Balto

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Unknown Flanagan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Ann Flanagan

(Address) 323 E Biddle St

15 Died Oct 23 1931. Geo. HARPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 22 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis
Contusion Rectum ?

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 323 E Biddle

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James J. Fenlon, M. D. Coroner

10 23 1931 (Address) 7 Ave Chas

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral

DATE OF BURIAL Oct 26 1931

ADDRESS Ave

20 UNDERTAKER Bida Medefield 914 Grumnt

(Instruction is very important. See instructions on back of certificates.)

Spec.—9-30—A. & Co.—250 Lks.

73220 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 642 E. 31st 6-10 Ward)

REGISTERED No. 73220

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Alice S. Seibert

(a) RESIDENCE No. 2420 E. Fayette St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Henry Seibert

6 DATE OF BIRTH (month, day, and year): Oct. 26 1874

7 AGE: Years 56 | Months 11 | Days 22 26 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: George W. Marshall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Lavinia Preston

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Henry Seibert

(Address): 2420 E. Fayette St.

15 Filed 1931 G. HAMPSON JONES, M. D. Registrar

Pat

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 22/31

17 I HEREBY CERTIFY, That I attended deceased from April 10 1931 to Oct-22 1931

that I last saw h[e] alive on Oct 22 1931

and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH was as follows:

(1) Pernicious Anemia

(duration) yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary): Cerebral Thrombosis

(duration) yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? None

(signed) Frank E. Bouse M. D.

, 19 (Address) 1255 Hollins

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: Oct. 26 1931

20 UNDERTAKER: Wm. C. Miller & Son

ADDRESS: 2301 Gilmor St.

1-30—M. & T.—100 B—50L

Baker.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73221

E 73221

CERTIFICATE OF DEATH

34

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 7-13 WARD)

2-FULL NAME Robert Baker

(a) RESIDENCE NO. 1021 N. Castle ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sep 6/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	16/5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Chester H. Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kent Co., Md.

12 MAIDEN NAME OF MOTHER Sophia Ritz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Chester H. Baker

(Address) 1021 N. Castle St.

Filed Oct 23 1931 G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Dehydration-Congenital Syphillis

Patent Ductus Betallic & Foramen Ovale (duration) ..... yrs. ..... mos ..... ds

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? Yes at Hopkins

What test confirmed diagnosis? .....

(Signed) J. J. Pollitzer, Coroner, M. D.

Oct. 19 31 (Address) 1000 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cem.

20 UNDERTAKER Wm. C. Miller & Son

DATE OF BURIAL Oct. 26 1931

ADDRESS 2234 Harford Ave

(1) See instructions on back of certificate. This is very important.

Spec.—9-30—A. & Co.—250 Blks

73222 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 73222

CERTIFICATE OF DEATH

23 E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 31 E. Henrietta St. 24-33 Ward)

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME William H. Hartlove

(a) RESIDENCE NO. 31 E Henrietta St. WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (Write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Kessler Hartlove

6 DATE OF BIRTH (month, day, and year): Aug. 14 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John W. Hartlove

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Isabella Collins

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto. Md.

14 Informant (Address): Mrs. Isabella Hartlove 31 Henrietta St.

15 Filed 2 3 1931, 19__ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 21 1931.

17 I HEREBY CERTIFY, That I attended deceased from February 5, 1931, to Oct. 31, 1931

that I last saw him alive on Oct 20, 1931

and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 8 mos. 16 ds.

CONTRIBUTORY (Secondary) _____

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Patient's physical examination

(Signed) Henry Lee Peck M. D.

22, 1931 (Address) 224 1226 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Oct. 24 1931

CARETAKER: Margaret D. Flynn

ADDRESS: 1422 Eight St.

C. ELLISON JONES, M. D.

1-20—M. & T.—100 B—50L

E 73223

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73223

CERTIFICATE OF DEATH

1-PLACE OF DEATH Barge Lydia McClellan Baxter.

CITY OF BALTIMORE: (No. Standard Phosphate Co. Curs[illegible] ST. 25-1T WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Hammond(C)

(a) RESIDENCE NO ..... Fernandino, Florida ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Sailor.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Heath H. Baxter. Captain.
(Address) 5102 Walnut St. Jacksonville, Fla.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 11, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Accidental suffocation. due to setting bed afire while eating cigarette. and falling asleep.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Geo M Kentrach, M. D.
Coroner

11/23/31 (Address) 1012 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetery

DATE OF BURIAL 10-24 1931

20 UNDERTAKER Barnard & Hartle, 200

ADDRESS S Paca St

THIS is very important See instructions on back of certificates.

E 73221 — 1000 Blks.

E 73224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 ✓

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No 1329 N. Eutaw St 15 73 WARD

2-FULL NAME Rev. Nathaniel M. Carroll

(a) RESIDENCE. NO 1329 N. Eutaw ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 26. 1837

7 AGE — Years: 94 — Months: 0 — Days: 26 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Minister

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Methodist Episcopal Church

9 BIRTHPLACE (city or town) (State or country): Calvert Co Md

PARENTS

10 NAME OF FATHER: Samuel Carroll

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co Md

12 MAIDEN NAME OF MOTHER: Sarah H. Downes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co Md

14 Informant (Address): Rev Nathaniel Carroll 1329 N. Eutaw St

15 Filed ... 1931 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 22 1931

17 I HEREBY CERTIFY, That I attended deceased from June 7 1931. to Oct 22 1931.

that I last saw him alive on Oct 21 1931.

and that death occurred, on the date stated above, at 2.30 A. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis Chronic

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis - age

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical Examination

(Signed) Wm. H. Wright M. D.

10/23, 1931 (Address) 1209 Portman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: Oct 25 1931

20 UNDERTAKER: John H. Toadvine & Sons — ADDRESS 1027 Hillen

AdCo. 5-31 2500

E 73225

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73225

CERTIFICATE OF DEATH

9

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 E Biddle St. 8-13 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie V Dyer

(a) Residence: No. 1522 E Biddle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Child

6. DATE OF BIRTH (month, day, year) 1931

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
		5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Dyer

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John Dyer (Address) 1522 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL Place Buckhannon W Va Date 6-24 1931

19. UNDERTAKER Edward Bryan (Address) 1631 Eutaw St.

20. FILED ... 19 ... Registrar

5143

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1931

22. I HEREBY CERTIFY, That I attended deceased from ... 1931 to ... 1931

I last saw her alive on June 22 1931 death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pneumonia Immediate cause	6-21-31

Other contributory causes of importance:

Influenza

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) 1521 Aisquith

Spec.—8-16-29—L. P. S.—100 Blks.

E 73226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13√ E 73226

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1348 Cambria St. ST. 23-32 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John W. Georges

(a) RESIDENCE NO. (Usual place of abode) 1644 S. Charles St ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 6 mos. 0 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth L Georges

6 DATE OF BIRTH (month, day, and year) Apr. 23 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	6	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Motorman 078

(b) General nature of industry, business, or establishment in which employed (or employer) United Rlw'y

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Wise

(Address) 1644 S. Charles St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 23-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1931, to Oct. 23, 1931, that I last saw him alive on Oct. 22, 1931, and that death occurred, on the date stated above, at 5 L 9 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 1 mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. D. Cotz, M. D.

Oct 23, 1931 (Address) 4810 Pennington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Oct 26 1931

20 UNDERTAKER J. Frew McGinnis

ADDRESS 130 E Fort.

Spec.—8-16-29—L. P. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73227

E 73227

CERTIFICATE OF DEATH

REGISTERED NO. 25 V E 73227

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 337 Washburne ST., 25-75 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Laura N. Clark

(a) RESIDENCE NO. 337 Washburne ST., V S WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 9 mos. 13 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year) Dec 9 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	9 10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Arthur T. Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Rachel O. Glass

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs. Clark

(Address): 337 Washburne

15 Filed ..... 19.. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-22-31

17 I HEREBY CERTIFY, That I attended deceased from Oct-1 1931, to Oct xx 1931, that I last saw h[illegible] alivr on Oct. xx 1931 and that drath occurred, on the date stated above, at 1 P.M. m.

The CAUSE OF DEATH* was as follows:

Tuberculor Peritonitis

(duration) yrs. V mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs mos. ds.

18 Where was disease contrarted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? NO

What test confirmed diagnosis? —

(Signed) Wm. D. Jerth, M. D.

(Address) 4805-Pennington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, statr (1) Means and Naturr of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	Oct. 27 1931
20 UNDERTAKER: J. F. McCully	ADDRESS: 130 E Fort

1-30—M. & T.—100 B—50L

E 73228

E 73228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 Warner St. ST. 21-31 WARD)

2-FULL NAME Samuel Morant.(C)

(a) RESIDENCE NO 1121 Warner St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) June 15, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	4	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Kelsey Morant.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina.

12 MAIDEN NAME OF MOTHER Nettie McKnight.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina.

14 Informant Kersey Morant.(C) father.

(Address) 1121 Warner St.

15 Filed ..... 192 C. P. [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 23, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Coroner's Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

10/28/31 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson

DATE OF BURIAL October 29 31

20 UNDERTAKER Joseph A. Lucy

ADDRESS 409 N Mount St.

TION is very important. See instructions on back of certificates.

AaCo. 5-31 2508

73225 73229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 1500 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Brooks

(a) Residence: No. 1508 N Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Infant

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/25/31

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Wm Brooks

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Charlotte Wright

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Gloucester Pt Va Date Oct 25 1931

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Preston or St.

20. FILED ..... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22. 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1931, to Oct 22, 1931

I last saw him alive on Oct 22, 1931 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Bronchio-pneumonia	8-17-31

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) Johns Hopkins Hospital

Spec.—1-12-23—5M—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

73230 | 13 | E 73230

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1803 n. mount ST. 15-21 WARD)

2-FULL NAME Mary J. Finney

(a) RESIDENCE NO. 1803 N. Mount St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of: Isaac Finney

6 DATE OF BIRTH (month, day, and year): 2-16-1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Acomac, Va.

PARENTS

10 NAME OF FATHER: Peter Boggs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Grace Drummer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Annie Knot Daughter 1803 N. Mount St.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-22-1931

17 I HEREBY CERTIFY, That I attended deceased from 5-11- , 1931 , to 10-22- , 1931 , that I last saw h alive on 10-21- , 1931 , and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows: Cardio-renal-Arterio Sclerosis

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? -

(Signed) George C Boggs, M. D.

, 19 (Address) 1810 N. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Acomac Co Va

DATE OF BURIAL: Oct 25 1931

UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Pressman St

TION is very important See instructions on back of certificates.

AaCo. 5-31 250B

E 73231 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73231

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2501 W. North Ave. 5-68 (Ward)

Length of residence in city or town where death occurred 35 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Julius Slayert

(a) Residence: No. 2501 W. North Ave., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Louise B. Slayert

6. DATE OF BIRTH (month, day, year) Sept 24, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engraver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lithographing
10. Date deceased last worked at this occupation (month and year) 0
11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Jersey City N.J.
13. NAME Julius Slayert
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Josephine Stalin
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Agnes Braudenburg
(Address) 2501 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL Place Lutheran Date Oct 25 1931

19. UNDERTAKER C. Wm. Peckert & Sons
(Address) North & Fremont Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23. 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12th, 1931, to Oct 23rd, 1931

I last saw him alive on Oct 23rd 1931 death is said to have occurred on the date stated above, at 11A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus	

Other contributory causes of importance Starvation and debility

Name of operation Application X-Ray Date Oct 12 1931

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Blyer M. D.

(Address) 849 W. North Ave

A&Co. 5-31 250B

73232

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73232

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 E. Monument St. 7-13 Ward)

Length of residence in city or town where death occurred yrs mos 25 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Ethel L. Kenny

(a) Residence: No. 1524 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-21-31

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
		1	[redacted]2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Rolf Kenny

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Rose Taylor

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Rolf Kenny
(Address) 1524 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 10-24 1931

19. UNDERTAKER Belair Bleistein
(Address) 1218 N. Eutaw St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23. 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 21. 1931. to Oct 23. 1931

I last saw her alive on Oct 23. 1931 death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

Marasmus and Bronchopneumonia

Date of onset
June [redacted]
9/20/31
10/21/31

Other contributory causes of importance:

Malnutrition ? unable to assimilate food.

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. J. Kenny M. D.

(Address) 1424 E. Monument

AaCo. 5-31 250B

73233
253893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 E 73233

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-13 Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred Anthony

(a) Residence: No. 1042 N. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-15-31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Alfonso Anthony
14. BIRTHPLACE (city or town) (State or country) Fla
15. MAIDEN NAME Clara Bennett
16. BIRTHPLACE (city or town) (State or country) N.C

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Oct 23, 1931

19. UNDERTAKER Mrs P. J. Elliott
(Address) 1325 Eastland ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-23, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1931, to Oct 23, 1931

I last saw him alive on Oct 23, 1931 death is said to have occurred on the date stated above, at 1.A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Oct 22
Other contributory causes of importance: Diarrhea + enteritis	Oct 15

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. C. Beckford M. D.

(Address) Johns Hopkins Hosp.

Spec.—9-30—A. & Co.—250 Blks.

E 73234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

OCT 26 1931

E 73234

93-083

1 PLACE OF DEATH

CITY OF BALTIMORE (No 3301 St. Paul St. 17-49 ST WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Stone Wight

(a) RESIDENCE No 3301 St. Paul St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna M. Mauthe

6 DATE OF BIRTH (month, day, and year) Aug. 9, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	3	14	

8 OCCUPATION OF DECEASED General Freight & Traffic Manager
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Baltimore & Ohio R. R.

9 BIRTHPLACE (City or town) (State or country) Galena, Ill

PARENTS

10 NAME OF FATHER Calmes Wight

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ill.

12 MAIDEN NAME OF MOTHER Jennie Stone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Mrs. Anna M. Wight
(Address) 3301 St. Paul St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23 1931.

17
I HEREBY CERTIFY, That I attended deceased from Oct - 6, 1931, to Oct. 23, 1931
that I last saw h.. alive on Oct - 22, 1931
and that death occurred, on the date stated above, at 6-15 m.

The CAUSE OF DEATH* was as follows:
Heart failure due to Chronic Cardio and Myocarditis. Senile Arteris Sclerosis
(duration) yrs. mos. 17+ ds.
CONTRIBUTORY (Secondary) Acute Enteri-Colitis
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Typical Signs
(Signed) M. [illegible] M. D.
10/22, 19 31 (Address) 4622 Wabash Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Druid Ridge Cemetery

DATE OF BURIAL 10/26/31

20 UNDERTAKER
Herrmann & Son

ADDRESS 705 N. Calvert St

OCT 24 1931 C. Ramon Jones, M. D.

AdCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73235

CERTIFICATE OF DEATH

G52-002V

OCT 24 1931

E 73235

1. PLACE OF DEATH Attica M. State Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hosp St. 19-25 Ward)

Length of residence in city or town where death occurred 62 yrs 6 mos 12 ds. How long in U. S. If of foreign birth? yrs mos ds

2. FULL NAME Otalia Staudt

(a) Residence: No. 124 S Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Staudt

6. DATE OF BIRTH (month, day, year) April 11, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bacon Md.

MOTHER FATHER

13. NAME Charles W. Jarrison

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Otalia Tuttle

16. BIRTHPLACE (city or town) (State or country) Bacon Md

17. INFORMANT Charles Staudt (Address) 124 S Mount St.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 10/26/ 1931

19. UNDERTAKER Wm A Tuttle (Address) 521 E Lanvale Ave

20. FILED 10 [illegible] 31 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-23, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-10, 1931, to 10-23, 1931

I last saw h[illegible] alive on 10-23 1931 death is said to have occurred on the date stated above, at 5.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular disease	?
Cardiac Decompensation	6 mo.
Other contributory causes of importance: Auricular fibrillation	?

Name of operation Date of

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased No if so, specify

(Signed) M. Tomlinson, M. D.

(Address) University Hosp.

AaCo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73236

CERTIFICATE OF DEATH

OCT 24 1931

177-001 E 73236

Registered No. 13-57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hospital (St.) (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Depfer

(a) Residence: No. 2010 Oakington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Laura L Depfer

6. DATE OF BIRTH (month, day, year) March 10 1865

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	66	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D-31

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) York Co. Pa

13. NAME Henry Depfer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Eliz. Brill

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Baltimore Cem. Date Oct 26, 1931

19. UNDERTAKER Chenoweth & Son
(Address) 3615 Eastern Ave

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 13 - 1931, to Oct 23 - 1931

I last saw him alive on Oct 23. 1931 death is said to have occurred on the date stated above, at 6 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Scrotal hernia (inguinal)	?
Myocardial failure	(10-23-31
Chronic myocarditis	?

Name of operation Herniaplasty Date of 10-15-31

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John W. Chenoweth, M. D.

(Address) Md. General Hospital

A4Co. 5-31 2508

E 73237 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 73237

CERTIFICATE OF DEATH

15-60 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2107 Poplar Grove St. St. (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 Yr mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Martha McPherson Dew

(a) Residence: No. 2103 Poplar Grove St. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Hall Dew

6. DATE OF BIRTH (month, day, year) August 15, 1880

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	51	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William G. Lawson

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Jennie Humphreys

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. John Hall Dew
(Address) 2103 Poplar Grove St.

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Olivet Cem. Date Oct. 24 1931

19. UNDERTAKER Wm. H. Cook
(Address) 1005 W. Baltimore St.

20. FILED 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Oct 22, 1931

I last saw her alive on Oct 22, 1931 death is said to have occurred on the date stated above, at 7.30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arterio-sclerosis (about)	1928
Cerebral Hemorrhage and paralysis Oct 22	1931

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? NO Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

Signed: Walter D. Tribbett, M. D.

(Address) 2220 Garrison Blvd.

Spec—9-30—A. & Co.—250 Blks.

E 73238

73238 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 51

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 229 E. Lafayette Ave ST. 17-19 WARD)

2 FULL NAME John H. Furst

(a) RESIDENCE NO. 229 E. Lafayette ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, or ~~Divorced~~, (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Sarah Welsh Furst

6 DATE OF BIRTH (month, day, and year): July 22, 1856

7 AGE: Years 75 | Months 3 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Printer
(b) General nature of industry, business, or establishment in which employed (or employer): 063
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Joseph Furst

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Julia M. Wilmot

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant (Address): F. V. Furst 229 E. Lafayette Ave

15 Filed ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 22-31

17
I HEREBY CERTIFY, That I attended deceased from May 3rd. 1931. to October 22 1931
that I last saw h[illegible] alive on October 22nd. 1931
and that death occurred, on the date stated above, at 9.15 P. M.
The CAUSE OF DEATH* was as follows:

Cancer of Bladder
about (duration) 1 yrs. mos. 0 ds.
CONTRIBUTORY (Secondary) Nephritis
(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis? Clinical picture & urinalysis
(Signed) Reginald S. [illegible] M. D.
10-23 1931 (Address) 414 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Oct. 26 1931

20 UNDERTAKER: Martin Parker & Sons — ADDRESS: 1527 N. North Ave.

AaCo. 5-31 250B

E 73236 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 73239

CERTIFICATE OF DEATH

1 31 V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Owosso Apts. 1 A. St., 13-54 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. Lifetime ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David Grunebaum

(a) Residence: No. Owosso Apts. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 14, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

MOTHER FATHER

13. NAME Marks Grunebaum

14. BIRTHPLACE (city or town) ...
(State or country) Germany

15. MAIDEN NAME Henriette Kaufman

16. BIRTHPLACE (city or town) ...
(State or country) Germany

17. INFORMANT Mrs. Oettinger (Sister)
(Address) Owosso Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Oheb Shalom Date 10/25/ 31

19. UNDERTAKER David Gruntbaum & Son
(Address) 1902 Eutaw Place.

20. FILED ..., 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1918, to October 23, 1931
I last saw him alive on October 23, 1931 death is said to have occurred on the date stated above, at 4:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary artery thrombosis.	Oct 23/31
Cardiovascular renal disease. *	1913
Angina pectoris	1919
* Hypertension - Arteriosclerosis	1918
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Louis P. Hamburger, M. D.

(Address) 1207 Eutaw Place

AACo. 5-31 2508

73240

HEALTH DEPARTMENT—CITY OF BALTIMORE

73240 X 10 E 73240

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., ... Ward)
Non-resident

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Healey

(a) Residence: No. Ellicott City, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/30/30

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George A. Healey
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Martha Lilly
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Geo. A. Healey
(Address) Ellicott City, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Cem. Date Oct. 25. 1931

19. UNDERTAKER J. Easton Sons
(Address) Ellicott City, Md.

20. FILED Oct. 26 1931 C. HAMPSON JONES, M. D. Registrar.
By .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10/23/, 1931, to 10/24/, 1931.

I last saw her alive on 10/24/1931 death is said to have occurred on the date stated above, at 12:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria	10/21/31
Other contributory causes of importance: Bronchial Pneumonia	10/21/31

Name of operation None Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. V. Jackson, M. D.
(Address) Sydenham Hospital

A&Co. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3241 7 — 253 — 7 — X 53 E 73241

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lawrence W. Rinden

(a) Residence: No. Del Texas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 22 1927

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	4	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

MOTHER FATHER

13. NAME Hans Rinden

14. BIRTHPLACE (city or town) (State or country) Texas

15. MAIDEN NAME Lee Gonzales

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bay City Texas Date Oct 26 1931

19. UNDERTAKER Chas C. Mitchell & Son
(Address) 1500 Eastern Place

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1931, to Oct 24, 1931

I last saw him alive on Oct 24, 1931 death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	
Cerebellar Glioma	March
malignant	1931.

Other contributory causes of importance:

None

Name of operation Cerebellar Exploration Date of 10-24-31

What test confirmed diagnosis? Operation Autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred W. Good, M. D.

(Address) Johns Hopkins Hospital

AaCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 73242

E 73242

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 18-26 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Watkins

(a) Residence: No. 524 Dean St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vesta

6. DATE OF BIRTH (month, day, year) 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N Car.

MOTHER FATHER

13. NAME Henry White
14. BIRTHPLACE (city or town) (State or country) N Car
15. MAIDEN NAME Wanda Haskins
16. BIRTHPLACE (city or town) (State or country) N Car

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, REMOVAL
Place
Date OCT 24 1931
JOHNS HOPKINS HOSPITAL
DEPT. OF PUBLIC HEALTH

19. UNDERTAKER
(Address) Pay. Em. L. Wessels
0206

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1931 to Oct 16, 1931

I last saw her alive on Oct 16 1931 death is said to have occurred on the date stated above, at 1205 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	June, 1930
Tuberculous peritonitis	Sept 1931

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Sputum? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alan Brenster, M. D.
(Address) Johns Hopkins Hospital

Spec.—8-16-29—L. F. S.—100 Blks.

E 73243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 E 73243

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 West Mt. Vernon Pl. 11-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Pembroke Mitchell Womble

(a) RESIDENCE NO. 6 West Mt. Vernon Place WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

3a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ the late Louise Fancher Womble

6 DATE OF BIRTH (month, day, and year) 7/23/1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lumber Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Dr. Pembroke Mitchell Womble

11 BIRTHPLACE OF FATHER (city or town) (State or country) Smithfield Va.

12 MAIDEN NAME OF MOTHER Amanda Jane Chappell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Wm. Ziegler

(Address) 2901 Elliott Av. Balto. Md.

15 Filed 25 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 24th 1931

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1931, to Oct 22, 1931, that I last saw him alive on Oct 23, 1931 Oct 24-31 11

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Myocarditis mon

Insufficiency

Mitral Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Special Findings

(Signed) W A Woody, M. D.

10/24 1931 (Address) 140 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL Oct 26 1931

20 UNDERTAKER Henry Jenkins Sons

ADDRESS Central Ave-Eddy St

Spec—9-30—A. & Co.—250 Blks

73244 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 73244

CERTIFICATE OF DEATH

93-003

REGISTERED No.

1 PLACE OF DEATH Sinai Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Permanent 27-56 (Ward)

2 FULL NAME Pearl Schooler

(a) RESIDENCE No. 2625 Kossuth Ave ST. WARD (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: 1 Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Abraham Dorsetz

6 DATE OF BIRTH (month, day, and year): 1851

7 AGE — Years: 80 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Hosp Records

15 [illegible] C. HAMPSON JONES, M. D.

25 1931 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 23 - 31

17 I HEREBY CERTIFY, That I attended deceased from Oct 23, 1931, to Oct 23, 1931

that I last saw h[illegible] alive on Oct 23, 1931 at 1:30 P. M.

and that death occurred, on the date stated above, at 1:30 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Arterio sclerosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchio-Pneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Ill L. Lever M. D.

19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Hebron Cemetery — DATE OF BURIAL: 10-25-1931

20 UNDERTAKER: Pace Bros, Inc. — ADDRESS: 1439 E Baltimore St

AdCo. 5-31 250B

E 73245

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 73245

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 611 N Carey (St.) 16-26 (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth E. Brooks

(a) Residence: No. 611 N Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alex J Brooks

6. DATE OF BIRTH (month, day, and year) Sept 26 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23		25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ala

FATHER
13. NAME Joshua R Edwards
14. BIRTHPLACE (city or town) (State or country) Ala

MOTHER
15. MAIDEN NAME Lucy Madison
16. BIRTHPLACE (city or town) (State or country) Ala

17. INFORMANT Lucy Edwards Sister
(Address) 611 N Carey St

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem Oct 26 1931
Place Date

19. UNDERTAKER Stumbo & Hemsley
(Address) 378 to 380 Biddle St

Oct 29 1931 HAMPSON JONES, M.D.
Date Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 21. 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1931, to Oct 21, 1931

I last saw her alive on Oct 20, 1931 death is said to have occurred on the date stated above, at 3.10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonic Phthisis	9/28/31 (1 week)
Contributory causes of importance: Cardiac failure	

Name of operation None Date of No

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W F Howell M. D.

(Address) 601 N Carrollton Ave

1-30—M. & T.—100 B—601.

E 73246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 210-001 ✓ E 73246

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Wagner Park. ST. 25-72 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen McQuillan Wash. D.C.

(a) RESIDENCE NO 3602 11th St. N.W. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis McQuillan

6 DATE OF BIRTH (month, day, and year) Not Known.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	28.			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wash. D.C.

PARENTS

10 NAME OF FATHER Sylvester Carr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown.

14 Informant R. W. Funkhouser.

(Address) Kensington, Md.

15 Filed ..... 192 ..... Registrar

25 1931 RFH

IMPORTANT: See instructions on back of certificates.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

While riding collided with another auto causing auto in which deceased riding to crash bridge landing on moving freight car.

CONTRIBUTORY (Secondary) Rupture of Bladder (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Wash. Blvd. & B & O R.R.

Did an operation precede death? Yes Date of Oct-18-31

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Surgical

(Signed) ..... Coroner M. D.

(Address) Office Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hamilton. DC

DATE OF BURIAL 10/25 1931

20 UNDERTAKER M.W. Deal Inc

ADDRESS 816-H St NE Wash DC

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73247

CERTIFICATE OF DEATH

E 73247

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE, (No. 30-64 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Rider

(a) RESIDENCE NO. 2217 Ashton St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND) of ~~OR WIFE~~ of: Kate Rider

6 DATE OF BIRTH (month, day, and year): Mar 22nd 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (City or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Wilhelmina Schneider

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Henry Rider 2217 Ashton St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-24 1931

17 I HEREBY CERTIFY, That I attended deceased from 10-22 .1931. to 10-24 .1931.

that I last saw h-e alive on 10-24 .1931.

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows: Strangulated Ventral Hernia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Herniaplasty

Did an operation precede death? Yes Date of 10-22-31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) C. W. Peake, M. D.

(Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 10/27/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

THIS is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 73248

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 73248

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1023 Maldies St 21-24 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Edward B. Regua

(a) RESIDENCE NO. 1023 Maldies ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 12th 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mill Hand

(b) General nature of industry, business, or establishment in which employed (or employer): 046

(c) Name of employer: Lee Sauers

9 BIRTHPLACE (city or town) Balto. Co.
(State or country) Md.

PARENTS

10 NAME OF FATHER Gloade Regua

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Michigan

12 MAIDEN NAME OF MOTHER Mary E. Spurry

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Mary Regua
(Address) 1023 Maldies St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24th 1931

17

I HEREBY CERTIFY, That I attended deceased from 10/27, 1931, to 10/27/31, 19

that I last saw h alive on 10/24/31, 19

and that death occurred, on the date stated above, at 5P m.

The CAUSE OF DEATH* was as follows:

Pulmonary TB,

(duration) yrs. 6 mos. ... ds.

CONTRIBUTORY ...
(Secondary)
(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of ...

Was there an autopsy?

What test confirmed diagnosis? Sputum Patient of the State Sanatorium

(Signed) Richard Dam M. D.

Dr. (Address) Govans Md. 3/4

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetary — DATE OF BURIAL: 10/27/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

HAMILTON JONES, M. D.

1-30—M. & T.—100 B—50L

Coroner Francis

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73249

REGISTERED NO. 210-002 E 73249

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospitals ST., 41-15 WARD

2-FULL NAME Joseph Tanitsky

(a) RESIDENCE NO. 817 St Paul St ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Petronila Tanitsky

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Roumania

PARENTS

10 NAME OF FATHER Joseph Tanitsky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Roumania

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Chas. E. Whitlock

(Address) 817 St Paul st

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22nd 1931 6:15 P.M.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by a moving automobile while walking along road.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract Femur

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Phila R.R. Broadway

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) E. Paul Frazier, Coroner, M. D.

10 26 1931 (Address) Frazier Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Tait's Cemetery

DATE OF BURIAL 10/26/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

OCT 26 1931 C. HAMPSON JONES M.D. Registrar

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73250

CERTIFICATE OF DEATH

Registered No. 127-E 73250

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3004 Echodale Ave Ward 27-44

Length of residence in city or town where death occurred 64 yrs mos ds. How long in U.S. if of foreign birth? 64 yrs mos ds.

2. FULL NAME Caroline Tiedemann

(a) Residence: No. 3004 Echodale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. N Tiedemann

6. DATE OF BIRTH (month day year) Dec. 28, 1855

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	75	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER FATHER

13. NAME Christian Daubert

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Louisa Bohne

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John F. N Tiedemann (Address) 3004 Echodale Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Oct 26 1931.

19. UNDERTAKER Geo. Wm. John M. Gupfer & Son (Address) 601 N. Fayette St.

FILED Oct 25 1931 C. HAMILTON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) Oct 23. 1931

22. I HEREBY CERTIFY, That I attended deceased from April, 1931, to Oct 23, 1931, I last saw h— alive on Oct 23, 1931, death is said to have occurred on the date stated above, at 2.20 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction (adhesions - cause undetermined).	

Other contributory causes of importance: Hypertrophy Prostate

Name of operation Relieving adhesions etc Date of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Gollay M.D.

(Address) 5103 Harford Rd

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

73251

CERTIFICATE OF DEATH.

B-004 73251

REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital 7-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Master John L Kurzbacher

(a) RESIDENCE No. 541 N. Milton Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M.	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 16-31

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
		3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Kurzbacher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Rebecca Disney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) John Kurzbacher 541 N. Milton Ave

15 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24/31

17 I HEREBY CERTIFY. That I attended deceased from Oct 21, 1931, to Oct 24, 1931, that I last saw him alive on Oct 24, 1931, and that death occurred, on the date stated above, at 3.00 A m

The CAUSE OF DEATH* was as follows:

Dysentery

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Militon Toxemia (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) F. Baumgardner M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Oct 26 1931

ADDRESS Jefferson St

20 UNDERTAKER Wm C. Miller & Son 2334

0-E-1931 G. PLAYPOOR JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

E 73252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003 ✓ E 73252

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2227 E. Mura St. 8-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clara Mary Betz

(a) RESIDENCE NO. 2227 E. Mura ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 21, 31

7 AGE: Years | Months | Days: 3 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER William E. Betz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER Clara M. Gordon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: William E. Betz

(Address) 2227 Mura St.

15 Filed 5 1931 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 24-31

17 I HEREBY CERTIFY, That I attended deceased from Oct 21, 1931, to Oct 23-, 1931, that I last saw h[illegible] alive on Oct. 23, 1931, and that death occurred, on the date stated above, at 1 A.. m.

The CAUSE OF DEATH* was as follows:

Congenital Cardiac [illegible] Pulmonary abnormality

Interval (duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? 2227 Mura St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Cardiac

(Signed) T. E. Anderson, M. D.

, 19 (Address) 58 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cem.

DATE OF BURIAL: Oct. 26 1931

20 UNDERTAKER: Wm. C. Miller & Son

ADDRESS: 233 Gilmor St.

I-30—M. & T.—100 B—50L

E 73253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73253

209

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 26-40 WARD)

2-FULL NAME Ottilie M. Cook

(a) RESIDENCE NO. 3303 Shannen Drive ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John F. Cook

6 DATE OF BIRTH (month, day, and year) April 6/1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	6	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York City

PARENTS

10 NAME OF FATHER John Carny

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Mary Perkerney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant John F. Cook
(Address) 3303 Shannen Drive

15 Filed ..... 1931 R.P.H. Registrar

25 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage & Hemiplegia.
Fractured Skull and Fractured Hip
Struck by street car at Belair Road
and Shannen Drive. Accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? as stated

Did an operation precede death? no Date of .....

Was there an autopsy? No-Inquest Oct 27/31

What test confirmed diagnosis? .....

(Signed) Jos. H. Carr M. D.
Coroner

Oct 24/31 (Address) 101 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Oct 26 1931
20 UNDERTAKER	ADDRESS
William G. Schaffer	1806 Belmont

FROM is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 73254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

116-001 E 73254

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 9-18 WARD)

2-FULL NAME Hugh Tierney

(a) RESIDENCE NO. 1433 Halbrook ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nora Tierney

6 DATE OF BIRTH (month, day, and year) 8-15-1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	59	2	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer 2

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Michael Turney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Eliz Dougherty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Balto City Hosp Record
(Address)

15 Filed Dec 5 1931 C. HAMPSON JONES, M. D. Registrar
Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage (Subdural) accidental fall
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholism
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Chase & Nelly Sts

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) D P Herzog M.D. Coroner, M. D.

10 W. 193 1 (Address) 1305 N Patterson Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL Oct 27 1931

20 UNDERTAKER Henry Hoen & Sons Inc. — ADDRESS 1301 E Eager St

FROM a very important. See instructions on back of certificate.

AaCo. 5-31 250B

3255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71-001

E-73255

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1435 Holbrook St. 9-18 Ward)

Length of residence in city or town where death occurred 47 yrs. 6 mos. 7 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julius C. Hoffman

(a) Residence: No. 1435 Holbrook St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE~~ of) Barbara Hoffman

6. DATE OF BIRTH (month, day, year) April 24 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Barbara Hoffman

(Address) 1435 Holbrook St

18. BURIAL, CREMATION, OR REMOVAL. Holy Redeemer Cem. Date Oct 27 1931

19. UNDERTAKER Harvey, Boegel & Sons Inc

(Address) 1301 E Eager St

25 1931 C. Emerson Jones ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 30th 31 to Oct 24th 1931

I last saw h-e alive on Oct 22 1931 death is said to have occurred on the date stated above, at 7 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	
Chronic Sup Nephritis	

Other contributory causes of importance:

Pneumonia Left

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) [signature] M. D.

(Address) 4900 Fort Tour Road

Spec.—9-30—A. & Co.—250 Blks.

Andrew Harzarek (or Cherry)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 73256

73256

CERTIFICATE OF DEATH

H6

1 PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE (No 1-3 ST. (WARD) 14

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mr Andrew Harzarek or Cherry

(a) RESIDENCE NO 3030 Boston ST. WARD St 4 Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Cherry Harzarek

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Canning Co.

9 BIRTHPLACE (city or town) (State or country): Czecho-Slovakia

PARENTS

10 NAME OF FATHER: Paul Harzarek.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Czecho-Slovakia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Czecho-Slovakia

14 Informant (Address): Mary Cherry 12 Harzarek 3030 Boston St.

Filed 2 5 1931 19 Registrar No. 6744

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 23 31

17 I HEREBY CERTIFY, That I attended deceased from 10 15 31, 19 to 10 23 31, 19

that I last saw h[illegible] alive on 10 23 31, 19

and that death occurred, on the date stated above, at 8:1 m

The CAUSE OF DEATH* was as follows: Lobar pneumonia

Contributory (Secondary) (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. [illegible] M. D.

19 (Address) St Agnes Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, And (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem.

DATE OF BURIAL: Oct 26 1931

20 UNDERTAKER: Kirbus & Fialkowski

ADDRESS: 1000 Kenwood Ave

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

13257 723 Lung

CERTIFICATE OF DEATH

XV43

13257

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William J. Dougherty

(a) Residence: No. Scott County, Va St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown.

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME William Dougherty
14. BIRTHPLACE (city or town) (State or country) Virginia
15. MAIDEN NAME Nancy Burgess
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Gate City Va Date ... 19

19. UNDERTAKER Joseph Stevens
(Address) Gate City Va

20. FILED OCT 26 1931 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1931, to Oct 25, 1931

I last saw him alive on Oct 25, 1931, death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Actinomycosis, cervical glands, Left	7 mos. (Nov, 1930)
Other contributory causes of importance: Actinomycosis, pulmonary	2-3 mos.

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical + Laboratory Was autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Farmer.

(Signed) J. M. Slack, M. D.
(Address) Johns Hopkins Hospital

AACo. 5-31 2508

E 73258 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 73258

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-44 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME John Hartman

(a) Residence: No. 2809 Montebello Terrace St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha A. Hartman

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME John Hartman

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Elizabeth Berg

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT [redacted]

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Oct 27 1931

19. UNDERTAKER Bendann Bros.

(Address)

20. FILED OCT 26 1931, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1931, to Oct 25, 1931

I last saw h in alive on Oct 25, 1931 death is said to have occurred on the date stated above, at 2:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Disease	yrs?
Complete Heart Block	mo.?

(Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Simon Gruger, M. D.

(Address) Mercy Hospital

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73259 X 50 ✓ E 73259

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 73259

1-PLACE OF DEATH

City of Baltimore: (No. Union Memorial Hospital St. 32-49 (Ward)

2-FULL NAME Mary M. Peed

(a) RESIDENCE NO. Rutherford, N. J. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas R. Peed

6 DATE OF BIRTH (month, day, and year) June 16, 1887

7 AGE	Years	Months	Days	IF LESS than 1 day hrs or min.
	44	4	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Home duties
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Md.

PARENTS

10 NAME OF FATHER Wm.. T. Shaw

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va.

12 MAIDEN NAME OF MOTHER Lula Cowart

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va.

14 Informant (Address) Mr. Oldham Lewis 3701 St. Paul St.

15 Filed _____, 19____ _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry, find that said deceased came to _____ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed _____, M. D.

10/25 1931 (Address) 307 Wendover Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemy.

DATE OF BURIAL: 10/26 1931

20 UNDERTAKER: Chas. O. Mitchell & Sons

ADDRESS

important. See instructions on back of certificate.

AACo. 5-11 250M

73260
253796

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 73260

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 14-20 Ward) 13 V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 6 mos 11 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dudley R Wolfe

(a) Residence: No. 1724 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Constance B.

6. DATE OF BIRTH (month, day, year) April 3 - 1866

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	65	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Henry Wolfe
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Anna Worley
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Owens
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Oct 26 1931

19. UNDERTAKER John O. Mitchell Sons
(Address) 1312 Eutaw Place

20. FILED ..... 1931 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 1931 to Oct 24 1931

I last saw h.. alive on Oct 24 1931 death is said to have occurred on the date stated above, at 7 p m.

The principal cause of death and related causes of importance were as follows:

Hemorrhagic infarct of pancreas on an arteriosclerotic basis — Date of onset 10-21-31

Other contributory causes of importance:

Benign prostatic obstruction — 1928

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1931
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Campbell Thomson M. D.
(Address) Johns Hopkins Hospital

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73261

E 73261

CERTIFICATE OF DEATH

59.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 16-67 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna E Whitehead.

(a) Residence: No. 3211 Baker St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas R. Whitehead.

6. DATE OF BIRTH (month, day, year) Aug 10, 1875.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56.	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington Del.

FATHER

13. NAME John P. Collins

14. BIRTHPLACE (city or town) (State or country) Queen Anne Co. Md.

MOTHER

15. MAIDEN NAME A. Story

16. BIRTHPLACE (city or town) (State or country) Centreville Md.

17. INFORMANT Thos. R. Whitehead.
(Address) 3211 Baker St Homeland

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 10/27 1931

19. UNDERTAKER Robert Brookerson
(Address) Calhoun & Hollins sts

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1931, to Oct. 24, 1931

I last saw her alive on Oct. 24 1931 death is said to have occurred on the date stated above, at 1.00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
diabetes mellitus	1926
Other contributory causes of importance:	
Bronchopneumonia	10/20

Name of operation none Date of —

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) Maxime Jane Abram M. D.

10/24-31 (Address) University Hospital

1-20—M. & T.—100 B—50L.

E 73262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73262

REGISTERED NO. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 W Mulberry St 4-25 (WARD)

2-FULL NAME Tom Yuen Vind

(a) RESIDENCE NO 212 W Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? 9 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Y	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 4 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	6	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer) Own
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canton China

PARENTS

10 NAME OF FATHER Chum Fung

11 BIRTHPLACE OF FATHER (city or town) (State or country) China

12 MAIDEN NAME OF MOTHER Gung

13 BIRTHPLACE OF MOTHER (city or town) (State or country) China

14 Informant Harry B Thoms

(Address) 212 W Mulberry St

15

Filed..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Seltzer, M. D. Coroner

Oct. 26, 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL Oct 26 1931

20 UNDERTAKER John F Denny

ADDRESS 715 Light St

FRONT—Very important! See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

73263 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 73263

CERTIFICATE OF DEATH

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No. 4 Aisquith & STREET) 8 (WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Katie Kittinger

(a) RESIDENCE NO. 1313 N Bond WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Kittinger

6 DATE OF BIRTH (month, day, and year) June 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	4		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hanover, Pa.

PARENTS

10 NAME OF FATHER Solomon Zartman,
11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.
12 MAIDEN NAME OF MOTHER Not known
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant: Mrs Mildred Finney
(Address) 1602 E Chase St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25 31

17
I HEREBY CERTIFY, That I attended deceased from
10-23-31 19 to 10-25-31 19
that I last saw h alive on 10-25-31 19
and that death occurred, on the date stated above, at 2 20 P M
The CAUSE OF DEATH* was as follows:
Myocarditis
Chronic Nephritis
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary) Pneumonia
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of None
Was there an autopsy? No
What test confirmed diagnosis? Clinical Course
(Signed) A B Hendrix M. D.
. 19 (Address) 1 Druid Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hanover, Pa. DATE OF BURIAL Oct 27 1931

20 UNDERTAKER George W. Zirkler ADDRESS 1737 E Eager St.

1-20—M. & T.—100 M—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73264

Vol 95-201 73264

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE; (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(No.) 211 S. Highland Ave (ST.) (WARD) 8-12

2-FULL NAME Elsie M. Meier

(a) RESIDENCE NO 2528 E. Chase ST., 8 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 14 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
19	19	5	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Henry Meier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto md

12 MAIDEN NAME OF MOTHER Mary Lehner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co Md

14 Informant Margaret Meier

(Address) 2528 E Chase St

15 Filed ..... 19 GHG Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myo-carditis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. H. Berger M.D. (Coroner) M. D.

1931 (Address) 806 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Oct. 26 1931

20 UNDERTAKER George W Zipkin — ADDRESS 1737 E Eager

THIS IS very important. See instructions on back of certificate.

AACo. 5-11-2500

73265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 V 73265

1. PLACE OF DEATH Baltimore City Hospital — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Baltimore rd. St. 14-10 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Rhumey Monohey

(a) Residence: No. 549 Bloom St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Monohey

6. DATE OF BIRTH (month, day, year) Apr 7. 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	54		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md.

FATHER

13. NAME John Gordon

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Nigal Coats

16. BIRTHPLACE (city or town) (State or country) Talbot Co md

17. INFORMANT (Address) Record Balto City Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Oct 26 19 31

19. UNDERTAKER (Address) Samuel Hemsley 318 N Bradford St

20. FILED ____ 19 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22. 19 31

22. I HEREBY CERTIFY, That I attended deceased from Oct 21 19 31 to Oct. 22 19 31

I last saw h alive on Oct 22 19 31 death is said to have occurred on the date stated above, at 10:10 m. PM

The principal cause of death and related causes of importance were as follows:

Alcoholism chronic with Septicemia — Date of onset unknown

Other contributory causes of importance:

Name of operation None — Date of Oct 24 31

What test confirmed diagnosis? Autopsy — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No — Date of injury ____ 19 ____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) E. Feigenbaum M. D.

(Address) Baltimore City Hospitals

E 73266

1-36—M 3-36 D-50L

E 73266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+119

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital ST. 9-17 WARD)

2-FULL NAME Dolores Elaine King

(a) RESIDENCE NO. Perry Hall, Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	--

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 28, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Roland King

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Marie Hicks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Roland King
(Address) Glen Arm P.O. Md.

15 Filed ..... 192 . ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 24, 19 31

17 I HEREBY CERTIFY, That I took charge of the remains deecribed above, held an inquiry (Inquest, autopsy or inquiry.) thereon, and from the evidence obtained hy said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Acute Enteritis
(Type undetermined)
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? .....

(Signed) J. H. Bacon, M. D.
Coroner
Oct. 19 (Address) 601 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Waugh Chapel Cemetery	Oct. 26 19 31
20 UNDERTAKER Frederick Lounsbury	ADDRESS 7401 Belair Rd

TION is very important. See instructions on back of certificate.

AACo. 5-31 250B

73267

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 73267

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Baltimore Md. St. (Ward)

Length of residence in city or town where death occurred 63 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Michael Gaffey

(a) Residence: No. 1915 E Monument St., Ward. Baltimore
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or Divorced (write the word)
male	white	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hatmaker,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Mass

FATHER

13. NAME Michael Gaffey
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Nellie Watson
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Balto City Hospitals
(Address) Friends of

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Oct. 27. 1931

19. UNDERTAKER Leith Funeral Inc.
(Address) 40 W Lafayette ave

20. FILED 10-25-31 19 E M K Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-25, 1931

22. I HEREBY CERTIFY, That I attended deceased from 4-19-31, to 10-25-31, 1931

I last saw he alive on 10-25 1931 death is said to have occurred on the date stated above, at 4:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocardial insufficiency	24 hrs

Other contributory causes of importance:

Myocarditis Cardiac Arteriosclerosis	Unknown

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Hughes M. D.
(Address) Baltimore City Hospitals

AACo. 5-31 250B

E 73268

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 1151 73268

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (St.) Eutaw (Ward) 161

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John H. Clappison

(a) Residence: No. 913 S Fremont St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of Stella Clappison
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 8 - 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roofer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Canada.

MOTHER FATHER

13. NAME Unable to obtain Information
14. BIRTHPLACE (city or town) (State or country) Canada.
15. MAIDEN NAME Unable to obtain
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Hamilton Ontario Canada Oct. 26 1931

19. UNDERTAKER Lilly & Sister Inc.
(Address) 1105 E Baltimore St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24/1931

22. I HEREBY CERTIFY, That I attended deceased from 9/28/1931 to 10/24/1931

I last saw him alive on 10/24/1931 death is said to have occurred on the date stated above, at 5.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Alcoholism	many yrs.
Korsakoffs Psychosis?	?
Acute Nephritis.	8 days ago
Bronchopneumonia	24 hrs ago

Other contributory causes of importance:

Secondary Anemia	?
Stomatitis, pharyngitis, tracheitis	2-3 wks ago

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. J. Burns M. D.
(Address) Mercy Hospital

AACo. 5-31 250B

E 73269 — HEALTH DEPARTMENT—CITY OF BALTIMORE — E 73269

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore Ind St. 77 Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Oscar F. Busch

(a) Residence: No. 1136 Park Heights Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	unmarried

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida F. Busch

6. DATE OF BIRTH (month, day, year) Jan 21 1857 (?)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	14	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Busch

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Rau

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Balto City Hospitals
(Address) Relative

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date Oct 27 1931

19. UNDERTAKER John F. Downey
(Address) 1112 Eutaw St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-24 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-20 1931, to 10-24 1931

I last saw him alive on 10-24 1931 death is said to have occurred on the date stated above, at 3:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage right & hemiplegia left and aphasia of motor and swallowing	4 days

Other contributory causes of importance: Bronchopneumonia — 3 days

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? / Date of injury / , 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

10-27-31 (Signed) Elmer Hughes, M. D.

(Address) Patterson Park Hospital

1-20—M. & T.—100 B—50L

73270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 V E 73270

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hosp. (WARD) 1927

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Boslow Duffey

(a) RESIDENCE No. 342 Bruce St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Arthur Duffey

6 DATE OF BIRTH (month, day, and year): 1888

7 AGE: Years 43; Months —; Days —; If LESS than 1 day, hrs. or min. —

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Thomas Palmer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah Kendall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Arthur Duffey

(Address) 342 Bruce St

15

Filed . 192 . Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8.40 P.M. Oct 24/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cholecystitis (Gall Stone?)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Chr. Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

Who, test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

(Address) 606 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 10-26 19 31

20 UNDERTAKER: Sam Easton

ADDRESS: Va ave.

How to fill out certificate. See instructions on back of certificate.

Spmn.—6-9-33—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73271

CERTIFICATE OF DEATH.

23 E 73271

1-PLACE OF DEATH

CITY OF BALTIMORE: No 721 N Bond St - 11-22 WARD

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Henry Blanton

(a) RESIDENCE No. 721 N. Mount ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced (write the word): widower

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1887

7 AGE: Years 44 Months — Days —

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: unknown

12 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Interment (Address): John Blanton 721 N. mount St

15 Filed OCT 26 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 24 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1931 to Oct 24 1931 that I last saw him alive on Oct 20 1931 and that death occurred, on the date stated above, at 5 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical

(Signed) H K Jones M. D.

10-24 1931 (Address) 117 N Sarratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ivor Va

DATE OF BURIAL: 10-26 1931

20 UNDERTAKER: David Easton

ADDRESS 916 Ca ave.

TION is very important. See instructions on back of certificate.

A&Co. 5-11 2501

73272

HEALTH DEPARTMENT—CITY OF BALTIMORE

73272

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 52

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) (Ward) 15-21

Length of residence in city or town, where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel Stuart

(a) Residence: No. 1624 N. Bruce St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jamie Stuart

6. DATE OF BIRTH (month, day, year) 11-23-1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Mary's Co.
(State or country) Maryland

MOTHER FATHER

13. NAME John Taylor
14. BIRTHPLACE (city or town) Md.
(State or country)
15. MAIDEN NAME Rose Summerville
16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 11-26 1931

19. UNDERTAKER Penn Foster
(Address) 526 E

20. FILED 26 1931 C. ALLISON JONES Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-23-31. 19

22. I HEREBY CERTIFY, That I attended deceased from 10-7-31, 19, to 10-23-31, 19

I last saw h she alive on 10-22-31 death is said to have occurred on the date stated above, at 2:10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal Sarcoma (?)	3-?-31
with pulmonary metastases	"
Other contributory causes of importance:	
Bronchopneumonia	10-17-31
Pulmonary edema	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lewis E Wade M. D.

(Address) Baltimore City Hosp.

73276

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73273

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Baltimore City Hospitals 14-20

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Talbot

(a) Residence: No. 1425 Brunt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Feb. 13, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Md.

FATHER

13. NAME Sandie

14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date Oct 26 1931

19. UNDERTAKER Mrs. R. D. Elliott (Address) 1225 Oakland Ave

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1926 to Oct. 22, 1931

I last saw h in alive on Oct. 22 1931 death is said to have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Bronchopneumonia	Oct. 31

Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

10-26-31 (Signed) Elmer Hightower M. D.

(Address) Balto. City Hosp.

A4Co. 5-31 250B

E 73274

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73274

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Hospital St. 25-32 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 9 mos. 16 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Robert Johnson

(a) Residence: No. 2208 Cecil Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 3 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Edward K. Johnstone

14. BIRTHPLACE (city or town) (State or country) Mass

MOTHER

15. MAIDEN NAME Mazie Miller

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Edward K. Johnstone
(Address) 2208 Cecil Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 26 1931

19. UNDERTAKER Fos Foresdans & Son
(Address) 1217 E. Baltimore

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10/19/31, 19.., to 10/24, 1931

I last saw him alive on 10/24, 1931, death is said to have occurred on the date stated above, at 6:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	10/19/31
Meningitis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Emil J. Hildebrand, M. D.

(Address) University Hospital

Form—9-30—A & Co.—250 Blks.

E 73275

E 73275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2730 Louise Avenue St. 27-43 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME FREDERICK WELLER

(a) Residence No. 2730 Louise Avenue St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lelia M. Weller

6 DATE OF BIRTH (month, day, and year) March 9,1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Proprietor of Shop

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Karl Weller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Pauline Eberscher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Lelia M. Weller (Wife)

(Address) 2730 Louise Ave.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 25. 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct 19, 1931, to Oct 25, 1931

that I last saw h[illegible] alive on Oct 25, 1931

and that death occurred, on the date stated above, at 1 00 P. M.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Heart
probably induced by
Hunting.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Gastritis 6.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L N Meyer Jr M. D.

19 (Address) 1508 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Oct. 28, 31

20 UNDERTAKER Henry Sander & Sons. Inc.

[illegible] BALTIMORE & BROADWAY

See instructions on back of certificate

A&Co. 5-31 2500

E 73276

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73276

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Md Gen Hospital
CITY OF BALTIMORE: (No. ..... St. 19-29 Ward)
Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Phipps (William Olmstead Phipps)
(a) Residence: No. 15 South Carey St. (15 S. Carey St.) Ward.
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary L. Phipps

6. DATE OF BIRTH (month, day, year) Nov 14 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	55	11	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor Self
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Queen Annes Co Md

FATHER
13. NAME James M Phipps
14. BIRTHPLACE (city or town) (State or country) Same

MOTHER
15. MAIDEN NAME Sarah Catlin
16. BIRTHPLACE (city or town) (State or country) Same

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Oct. 26, 1931

19. UNDERTAKER Joseph D Cook
(Address) 1006 W Baltimore St.

20. FILED ..... 19 ..... By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-23-1931

22. I HEREBY CERTIFY, That I attended deceased from 9-1-1931, to 10-23-1931, I last saw h[illegible] alive on 10-23-1931, death is said to have occurred on the date stated above, at 11:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	

(Other contributory causes of importance:)

Cardiac dilatation	1 day

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Robert F. Chenoweth, M. D.
(Address) Md. General Hospital

Spec.—2-29-28—L. F. S.—500 Blks.

E 73277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108 E 73277

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1043 Compton ST. 24-33 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thos Louisa Harmon

(a) RESIDENCE NO. 1043 Compton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Harmon

6 DATE OF BIRTH (month, day, and year): December 25, 1885

7 AGE: Years 45; Months 10; Days 1; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Coed Parth Monmouthshire (England)

PARENTS

10 NAME OF FATHER: Noah Edmonds

11 BIRTHPLACE OF FATHER (city or town) (State or country): England North Wales

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Coed Parch Monmouthshire

14 Informant: Mr. Thomas Harmon (Relation)

(Address) 1043 Compton St.

15 Filed OCT 26 1931, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 22, 1931, to Oct 24, 1931, that I last saw h alive on Oct 24, 1931, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Pneumonia Lobar

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) W W Walker, M. D.

10/24, 1931 (Address) 710 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem.

DATE OF BURIAL: Oct. 27, 31

20 UNDERTAKER: Wm H B Cook

ADDRESS: 1003 West Baltimore St.

Spec.—1-12-23—M&T—200 Blks.

Thelma Lewis Corner

E 3278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 73273

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 206 Carrollton ave ST. 18-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thelma Lewis Corner

(a) RESIDENCE NO. 206 Carrollton ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Corner

6 DATE OF BIRTH (month, day, and year) March 10-1911

7 AGE Years 20 Months Days 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED Domestic

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Geo. Sewes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Flo Cross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Eugene Johnson (cousin) (Address) 206 Carrollton ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/22 1931

17 I HEREBY CERTIFY, That I attended deceased from 8/24 , 1931 , to 10/22 , 1931 ,

that I last saw her alive on 10/22 , 1931 ,

and that death occurred, on the date stated above, at 11 45 m

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H Burkett , M. D.

10/23, 1931 (Address) 2139 D St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL Oct 26, 1931

ADDRESS 3221 E.

20 UNDERTAKER Mrs Katie R. Williams Johnson

Spec.—9-30—A. & Co.—250 Blks

E 73279

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73279

CERTIFICATE OF DEATH.

23

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 570 E Bethel ST. 2-4 WARD)

2 FULL NAME Anna Abramowicz

(a) RESIDENCE NO 570 E. Bethel ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced ~~HUSBAND of~~ WIFE of Wicenty Abramowicz

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE: Years 43 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Wicenty Abramowicz 570 E Bethel ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/24/31

17

I HEREBY CERTIFY, That I attended deceased from Oct. 4 , 1931 to Oct 24 , 1931

that I last saw h alive on Oct 23 , 1931

and that death occurred, on the date stated above, at 6:30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion & Hypostasis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Morris Brown M. D.

, 19 (Address) 125 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cemetery Oct. | DATE OF BURIAL: 27 d 1931

20 UNDERTAKER: George A. Weber | ADDRESS: 705 S. Ann st.

AACo. 5-31 250B

E 73280

HEALTH DEPARTMENT, CITY OF BALTIMORE

93-E 73280

CERTIFICATE OF DEATH

Registered No. 93-31

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lizzie Wallace

(a) Residence: No. 819 Leadenhall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George Wallace

6. DATE OF BIRTH (month, day, year) ? 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: out of work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Catonsville Md.

FATHER

13. NAME: Levi Banks

14. BIRTHPLACE (city or town) (State or country): ? Md.

MOTHER

15. MAIDEN NAME: Lizzie Johnson

16. BIRTHPLACE (city or town) (State or country): ? Md.

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Oct. 27, 1931

19. UNDERTAKER Wm Peter R Wallbrook (Address) 322 N Schroeder St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1931 to Oct. 23, 1931

I last saw her alive on Oct. 23, 1931 death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into Cerebrum	about Oct 1920

Other contributory causes of importance:

Myocardial insufficiency	6 Yrs

Name of operation — Date of —

What test confirmed diagnosis autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. C. Johnson M. D.

(Address) Balto. City Hos.

AACo. 5-31 250B

E 73281 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 73281

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 24 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 25-75 Ward)

Length of residence in city or town where death occurred 4 yrs ... mos ... ds. How long in U.S. if of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Robert Arnold.

(a) Residence: No. 2615 Brooklyn Ave Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 27, 1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mascaville Md

MOTHER FATHER

13. NAME Ray R Arnold.

14. BIRTHPLACE (city or town) (State or country) Same

15. MAIDEN NAME May Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Cedar Hill Date Oct. 27 1931

19. UNDERTAKER George L. Schwab
(Address) 3101 Woodbrook Ave.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 25 1931

22. I HEREBY CERTIFY, That I attended deceased from October 16 1931 to October 25 1931

I last saw h in alive on October 25 1931 death is said to have occurred on the date stated above, at 11:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	about 6 wk
Chron. Myocarditis.	

Other contributory causes of importance:

cardiac dilatation.	4 hrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. H. Cheverton, M. D.

(Address) md General Hospital

AACo. 5-11 2508

E 73282

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73282

CERTIFICATE OF DEATH

13-002 E 73282

Registered No. 25-32

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Delmah C Muhl

(a) Residence: No. 2731 Wanakin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
F	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec - 23 - 1930

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Howard Muhl

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Delmah Day

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Leader Park Date Oct 27 1931

19. UNDERTAKER Joseph Sydor
(Address) 1600 N Patterson Park Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct - 4, 1931, to Oct 24, 1931

I last saw her alive on Oct 24, 1931, death is said to have occurred on the date stated above, at 1.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - (bronchial) -	Oct 21
Bacillary dysentery	Oct 1

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.

(Address)

ASCo. 5-11 2508

E 73283

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73283

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 N. Broadway St., E-17 Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Margaret Bagby Williams

(a) Residence: No. 1531 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, ~~divorced~~ (or) WIFE of Samuel Williams

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME ~~—~~ Bagby
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lankenau
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Percy A. Williams
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Oakwood Date Oct. 27 1931

19. UNDERTAKER John A. McCan
(Address) 3006 E. Baltimore St.

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 5th, 1931, to Oct 24th, 1931

I last saw ~~him~~ her alive on Oct. 24, 1931, death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1930
chronic nephritis	1930

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following.
Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of decedent? No If so, specify .....

(Signed) J. E. Ginsburg, M. D.

(Address) 2312 Eutaw Place

AACo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73284 — CERTIFICATE OF DEATH — 131 — E 73284

1. PLACE OF DEATH Baltimore City Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore md St. 26 Ward) 37

Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Hanus

(a) Residence: No. 134 S Eaton St St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Theresa

6. DATE OF BIRTH (month, day, year) May 12, 166

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	65	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER
13. NAME John Hanus
14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER
15. MAIDEN NAME Anna Pribek
16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT (Address) Frank Balt City Hospital

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Olivet Date Oct. 27 1931

19. UNDERTAKER (Address) J. A. Moran 1006 E. Balto St.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1930, to 10-27, 1931

I last saw him alive on 10-26, 1931 death is said to have occurred on the date stated above, at 1:10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	Unknown
uremia	

Other contributory causes of importance:

None	

Name of operation None Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Stella Highland, M. D.
10-31 (Address) Baltimore City Hospital

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73285

St Vincents Infant Asylum 151 1003 73285

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1401 Division ST. 14-20 (WARD)

2-FULL NAME Joseph Leantoni

(a) RESIDENCE NO 1401 Division ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 3 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		8	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph Frike

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Italy

12 MAIDEN NAME OF MOTHER Catherine Santoni

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Italy

14 Informant Catherine Leantoni

(Address) 1401 Division

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Blue Baby. Premature birth. Sudden

(duration) yrs mos

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Negative

(Signed) Alan Smith, M. D. (Coroner)

(Address) Govans

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Vincent Infant Asylum

DATE OF BURIAL 10/28/1931

20 UNDERTAKER Geo J Roth & Son

ADDRESS 733 Hoffman St

THIS is very important. See instructions on back of certificate.

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73286 — 178-4 — E 73286

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) South Baltimore Gen'l (St.) (Ward) 1

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Colacce

(a) Residence: No. 1011 N. Central Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-26-1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	8	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none Helper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Father's Store
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

FATHER
12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME Raphael Colacce

MOTHER
14. BIRTHPLACE (city or town) (State or country) Italy
15. MAIDEN NAME Mary Rosa
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Raphael Colacce
(Address) 1011 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Pri Cathedral Date 10/28/31

19. UNDERTAKER Geo. Peake Inc
(Address) 1430 Madison Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-24, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1931 to Oct 24, 1931

I last saw h... alive on Oct 24, 1931 death is said to have occurred on the date stated above, at 12 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac failure during ether Anaesthesia	Oct 24 31

Other contributory causes of importance:

Rheumatic Pan Carditis (Acute) Inflammation	YEARS

Name of operation Tonsilectomy Date of 10 24 31
What test confirmed diagnosis? Physical sign Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm. J. Sullivan, M. D.
(Address) 416 Baltimore (Gen Hosp

1-20—M. & T.—100 B—60L

E 73287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18 - E 001 73287

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., 8-126 WARD)

2-FULL NAME Mary Fuka

(a) RESIDENCE NO. 2414 E. Chase St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Fuka

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	79			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Joseph Dusek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Steven Fuka (son)

(Address) 2414 E. Chase St

15 Filed ..... , 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia
Accidentally slipped and fell in home 1st 11/31 & fractured left femur (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) B. H. Bacon, M. D. Coroner

Oct, 19 31 (Address) 500 E. Barth Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer (C) DATE OF BURIAL Oct 26 1931

20 UNDERTAKER Francis Strachan Son 1906 E Monument ADDRESS

FROM MEMORY important. See instructions on back of certificate.

1-30—M. & T.—100 B—661.

E 73288

E 73288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1842 Baltimore St. Ward 20)

2-FULL NAME Jesse Walter Schreiber

(a) RESIDENCE NO 1842 Baltimore St., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant A. W. Police Record

(Address) .....

15 Filed ..... 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Oct 24 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) ..... yrs. ..... mos. Sudden

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) A. H. Falk, M. D. Coroner

Oct 25 19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND OCT 26 1931

FILL IN very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Blks.

E 73239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

158 E 73239

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital 22-30 Ward)

2-FULL NAME Grace Caldwell

(a) RESIDENCE NO. 625 W. Conway St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Female	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
		1		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER John Caldwell

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Brown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Grace Caldwell (Aunt)
(Address) 625 W Conway St

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Marasmus. due to malnutrition

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Zeller M. D.

10/26 1931 (Address) 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

OCT 26 1931

Important. See instructions on back of certificate.

AaCo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

73290

CERTIFICATE OF DEATH

× 10 E 73290

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 9-45 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Non-resident

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Mahaley

(a) Residence: No. Cyprus Ave. St., ... Ward. Colgate, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/4/30

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Co. Md.
(State or country)

FATHER

13. NAME Chas. H. Mahaley

14. BIRTHPLACE (city or town) Salisbury, N.C.
(State or country)

MOTHER

15. MAIDEN NAME Edith Lohman

16. BIRTHPLACE (city or town) Balto. Md.
(State or country)

17. INFORMANT Mrs. Chas. H. Mahaley
(Address) Cyprus Ave. Colgate Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Oct. 27, 1931

19. UNDERTAKER George W Zirkler
(Address) 1330 E Eager St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/26, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10/23, 1931, to 10/26, 1931

I last saw him alive on 10/26, 1931 death is said to have occurred on the date stated above, at 12:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Faucial Diphtheria	10/16/31

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. V. Jackson, M. D.

(Address) Sydenham Hospital

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 ✓

E 73291

E 73291

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1947 W. Fayette ST. 20-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A. Koch

(a) RESIDENCE NO 1947 W. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 8 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6 DATE OF BIRTH (month, day, and year) Feb. 2, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	8	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired 009
(b) General nature of industry, business, or establishment in which employed (or employer) Telephone office
(c) Name of employer C. & P. Tel. Co.

9 BIRTHPLACE (city or town) (State or country) ---- Maryland

PARENTS

10 NAME OF FATHER Henry Koch

11 BIRTHPLACE OF FATHER (city or town) (State or country) ---- Germany

12 MAIDEN NAME OF MOTHER Cecilia Leibherr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ---- Germany

14 Informant Catherine Stuart

(Address) 1947 W. Fayette St.

15 Filed OCT 4 1931 H. B. H. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 23, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis and Hypertension (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of ------

Was there an autopsy? None

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Gromwell, M. D. Coroner

(Address) 10/27/31 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL 10/2/1931

20 UNDERTAKER George A. Farley Funeral Home ADDRESS Fayette

TION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73292

CERTIFICATE OF DEATH

X 121 E 73292.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hosp. St. 12-49 Ward)

Length of residence in city or town where death occurred yrs. 3 mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Mrs Nifer Dillard

(a) Residence: No. 3747 Fort Ave. Lynchburg Va.. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/2/89

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible] 90

10. Date deceased last worked at this occupation (month and year) ... Time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER FATHER

13. NAME Dr Thomas Dillard.

14. BIRTHPLACE (city or town) (State or country) Virginia.

15. MAIDEN NAME Lizzie Traylor.

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Mrs. James Ramey (Address) 203 W. 29 St. Balto. Md

18. BURIAL, CREMATION, OR REMOVAL Place Lynchburg Va Date Oct 27. 1931

19. UNDERTAKER Geo. Dye & Bro. Inc. (Address) 201 N. Paca St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/25. 1931

22. I HEREBY CERTIFY, That I attended deceased from 10/12. 1931 to 10/25. 1931

I last saw her alive on 10/25. 1931 death is said to have occurred on the date stated above, at 11:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Entero-Colitis	8-12-31
Other contributory causes of importance:	

Name of operation Appendicitis Date of 8-18-31

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel McFarland, M. D.

(Address) Union Memorial Hosp.

Spec.—1-30—M. & T.—250 Bks

E 73293

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73293

CERTIFICATE OF DEATH.

REGISTERED NO. 107

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2410 Harlem ave ST. 16-68 WARD)

2-FULL NAME Orlando J. Powell

(a) RESIDENCE NO. 2410 Harlem ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Hannie B. Powell

6 DATE OF BIRTH (month, day, and year) Dec 19 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Warrenton, North Carolina

PARENTS

10 NAME OF FATHER John B. Powell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Warrenton N. C.

12 MAIDEN NAME OF MOTHER Caroline Edgerton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Warrenton N. C.

14 Informant (Address) Mrs. J. Proctor Lawson 2410 Harlem ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 1931

17 I HEREBY CERTIFY, That I attended deceased from 10/20 .19 31. to 10/24 .19 31.

that I last saw him alive on 10/24 .19 31.

and that death occurred, on the date stated above, at 4 0 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ... yrs. ... mos ... da.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) ... yrs. ... mos. 1 da.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

, 19 (Address) 2030 W Baltimore Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park Cemetery

DATE OF BURIAL Oct 27 1931

20 UNDERTAKER Chas G. Black

ADDRESS 742 W North ave

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73294 — 194-002 — E 73294

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 631 Hilton ST. 16-67 WARD)

2-FULL NAME Harry W. Leitch

(a) RESIDENCE (No.) 631 Hilton ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male — 4 COLOR OR RACE White — 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of :

6 DATE OF BIRTH (month, day, and year) Sept 12-1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jas W. Leitch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Elsie Breidenstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Jas W. Leitch (Address) 631 Hilton St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Accidental Strangulation Suicide

Piece of ribbon attached to ..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Ribbon clothing got caught around throat. (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Negative

(Signed) H. E. Lenk Coroner, M. D.

1931 (Address) Home

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL 10/27/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

TION is very important See instructions on back of certificates.

AaCo. 5-31 250M

73295 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ 1311 73295

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No. 16-76

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 5 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Andrew Schultz

(a) Residence: No. 839 West Fayette St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth Schultz

6. DATE OF BIRTH (month, day, year) Jan. 9, 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
84	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Caspar "

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna "

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Lodge Cem. Date 10/28/1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 26 1931 19 C. WILLIAMSON JONES M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1931, to Oct 25, 1931

I last saw him alive on Oct 25, 1931 death is said to have occurred on the date stated above, at 12:00 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart disease	4
Chronic Nephritis	2
Uremia	10-19-31

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Baltimore City Hosp.

Spec.—9-30—A. & Co.—250 Blks

Dr. Thomas F. Kelly 370 Fallsway 2nd floor 0999
608 Fairmount Ave Bal. 7015

73296 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47 E 73296

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3433 Falls Rd. (St.) 13-52 (WARD)

2 FULL NAME James A Jones

(a) RESIDENCE NO. 3433 Falls Rd. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Mary M Jones

6 DATE OF BIRTH (month, day, and year) Oct 20 - 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	49	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager

(b) General nature of industry, business, or establishment in which employed (or employer) Filling Station

(c) Name of employer American Oil Co

9 BIRTHPLACE (city or town) (State or country) Calvert Co Md.

PARENTS

10 NAME OF FATHER Thos E Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co Md

12 MAIDEN NAME OF MOTHER Margaret Wood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Mary M Jones 3433 Falls Rd

15 Filed OCT 28 1931, 19 ___ Registrar C. EARLE JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 31, to Oct 25, 31

that I last saw h[illegible] alive on Oct 25, 31

and that death occurred, on the date stated above, at pm.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary*) Coronary Thrombosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thos F Kelly M. D.

19 Address 608 Fairmount Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cemetery	10/28 1931
20 UNDERTAKER Wm Cook	ADDRESS 1217 St Paul St

1-30—M. & T.—100 B—50L

E 73297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173 E 73297

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2001 Dennison ST. 15-59 (WARD)

2-FULL NAME Elyseus Grant Downs

(a) RESIDENCE No. 2712 Reisterstown Rd. ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 11 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (Write the word) Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 17-1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	59	11	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stationary Business
(b) General nature of industry, business, or establishment in which employed (or employer) 045
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Jas H. Downs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary L. Goshell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond

14 Informant May V. Swank
(Address) 2712 Reisterstown Rd

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Oct 27th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: (Homicide)

Pistol Wound of brain

Shot by Robert Leedom da

CONTRIBUTORY (Secondary) (duration) yrs. mos. da

18 Where was disease contracted if not at place of death? 2001 Dennison St

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Regular

(Signed) H. Blechstein, M. D.
Coroner

(Address) City Hall

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Garrison Cemetery	Oct 27 1931
20 UNDERTAKER Harry C. Ehlen	ADDRESS 1484 W. Fayette

IMPORTANT—See instructions on back of certificates.

1-30—M. & T.—100 B—50L.

E 73298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73298

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH.

CITY OF BALTIMORE, (No.) 1710 N Calvert St. 12-19 WARD)

2-FULL NAME George W. Foy

(a) RESIDENCE NO. 1710 N. Calvert ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora J. Foy

6 DATE OF BIRTH (month, day, and year) Aug 10 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	2414	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Retail
(c) Name of employer: Hard Rolls

9 BIRTHPLACE (city or town) (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: George W Foy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Ellers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs Dora J. Foy

(Address) 1710 N Calvert St

15 Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) Investigation thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) Investigation find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows: Coronary Thrombosis

one half hour (duration) ..... hrs. ..... mins. ..... ds.

CONTRIBUTORY (Secondary) arteriosclerosis (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) ..... M. D. Coroner

1926 19 31 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Com.

DATE OF BURIAL: 10 27 1931

20 UNDERTAKER: Herman Lemmon

ADDRESS: 400 Park Ave

OCT 26 1931

TION is very important! See instructions on back of certificates.

Spec.—12-6-31—A Cert. 10 Fls.

E 73299

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 73299

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2229 Huntingdon Ave) (Dec 2-51) Ward

2-FULL NAME Robert Vicchio

(a) RESIDENCE NO. 2229 Huntingdon Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

3a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 24-31

7 AGE: Years | Months | Days: 2 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town): Balto. City

(State or country)

PARENTS

10 NAME OF FATHER: Salvadoy Vicchio

11 BIRTHPLACE OF FATHER (city or town): Balto City

(State or country)

12 MAIDEN NAME OF MOTHER: Lucy Panzone

13 BIRTHPLACE OF MOTHER (city or town): Italy

(State or country)

14 Informant: Mr Salvadoy Vicchio

(Address) 2229 Huntingdon Ave

15 Filed_____ 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 26-1931 19

17 I HEREBY CERTIFY, That I attended deceased from Oct 24 19 31, to Oct 26 19 31,

that I last saw him alive on Oct 26, 19 31,

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows: Pneumonia

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! Date of

Was there an autopsy!

What test confirmed diagnosis

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Date of Burial Oct 27 1931

20 UNDERTAKER: A S Marshall ADDRESS 3539 Taft Rd

over

very important. See instructions on back of certificates.

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73300

CERTIFICATE OF DEATH

23E 73300

1. PLACE OF DEATH Baltimore City Hospitals (Tbc. 4-6) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Boulden

(a) Residence: No. 2 S. Frederick st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 4, 1898

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	33	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Can Mfg.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Charles Boulden
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Hall
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cemetery Date Oct 26, 1931

19. UNDERTAKER Clymer & Odom
(Address) 36 S. Fremont Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1931 to Oct. 25, 1931

I last saw him alive on Oct. 25, 1931 death is said to have occurred on the date stated above, at 12.20 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1931
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lawrence A. Tenney M. D.

(Address) Baltimore City Hospitals

Spec.—1-30—M. & T.—250 Blks

E 73301 HEALTH DEPARTMENT—CITY OF BALTIMORE 31 E 73301

CERTIFICATE OF DEATH.

REGISTERED NO. 27547

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1207 Sabina Ave. mt. Wash (ST.) 27 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucian Tracy.

(a) RESIDENCE NO. 1207 Sabina Ave mt Wash ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel S. Tracy.

6 DATE OF BIRTH (month, day, and year) Dec 25 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired ph

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Elijah Tranor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Margaret Bryant. (Address) 1207 Sabina Ave mt Wash

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 12 1931 to Oct 25 1931,

that I last saw h alive on Oct 24 1931,

and that death occurred, on the date stated above, at 5-15 a m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis - Chronic Nephritis and Myocarditis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) Lucian Tracy, M. D.

10/26/31, 19 (Address) 846 W 36th St. Phone

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Middletown Balto Co.

DATE OF BURIAL Oct 27, 1931

20 UNDERTAKER Thomas Tracy

ADDRESS 36 W Chestnut

Spec.—9-30—A. & Co.—250 Blks

73302 HEALTH DEPARTMENT—CITY OF BALTIMORE 73302

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 3606 Pinsdale Ave St. 15-61 WARD 49

REGISTERED NO.

(If death occurred in a hospital or institution, give NAME instead of street and number.)

2 FULL NAME Amelia Martha Kenner

(a) RESIDENCE NO. 3606 Pinsdale Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 58 yrs. 10 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 ~~Single, Married~~, Widowed, ~~or Divorced (write the word)~~ Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm A Kenner

6 DATE OF BIRTH (month, day, and year) Oct 1872

7 AGE	Years	Months	Days	If Less than 1 day, hrs. or min.
	58	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John W MacCubbin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Maud Donnell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co Md

14 Informant (Address) C Fred Stitzhoff 3606 Pinsdale Ave

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25-1931

17

I HEREBY CERTIFY, That I attended deceased from March 21, 1931, to Oct 25, 1931

that I last saw her alive on Oct 25, 31 11 30 m.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of right ovary

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical findings

(Signed) Fenton Sredon M. D.

Oct 25. 31 19 (Address) 1031 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF ~~BURIAL~~ CREMATION ~~OR REMOVAL~~ DATE OF BURIAL

Loudon Park Cem Oct 31 Oct 31 19 31

~~NAME OF~~ UNDERTAKER Fortiano Gore ADDRESS 2224 N Charles St.

Spec.—1-30—M. & T.—250 Bks.

E 73303

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73303

CERTIFICATE OF DEATH.

1931

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 N. Stockton St. 16-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stephen Harris

(a) RESIDENCE No. 624 N. Stockton ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie ~~Holmes~~ Harris

6 DATE OF BIRTH (month, day, and year) Feb. 10, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	58	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lab. do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

PARENTS

10 NAME OF FATHER ——— Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Anne Arundel Co. Md.

12 MAIDEN NAME OF MOTHER Charlotte Tucker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Anne Arundel Co. Md

14 Informant Wm. H. Harris (Address) 1309 N. Stockton

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 2, 1931, to Oct. 23, 1931, that I last saw him alive on Oct. 23, 1931, and that death occurred, on the date stated above, at 6.40 P. m.

The CAUSE OF DEATH* was as follows:

~~Cardiac Spinal~~ Cardiovascular Complications

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical ; Lab.

(Signed) H. Marco Williams M. D.

10/26/1931 (Address) 1830 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn cemetery	Oct 27 1931
20 UNDERTAKER	ADDRESS
Thomas E. Kelson	1303 Pressman St

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73304 R

CERTIFICATE OF DEATH

93-003 E 73304

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 36-39 St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marian Lieneweber

(a) Residence: No. 3217 McEldery St., Ward.
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) Feb. 11, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Irvin Station Pa.

FATHER

13. NAME Andrew Elliott

14. BIRTHPLACE (city or town) (State or country) ? Pa.

MOTHER

15. MAIDEN NAME Marian Sulchrist

16. BIRTHPLACE (city or town) (State or country) ? Pa.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Oct 29, 1931

19. UNDERTAKER Phelps Sons Co.
(Address) 206 Cathedral St.

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1931 to Oct. 26, 1931

I last saw her alive on Oct. 26, 1931 death is said to have occurred on the date stated above, at 10·20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	1 year

Other contributory causes of importance:

Hypertension & Arteriosclerosis unknown

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jas. Clinical M. D.

(Address) Balto. City Hosp.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73305

CERTIFICATE OF DEATH

210-001

REGISTERED NO. E 73305

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) City Hospital St., 6-11 (Ward)

2-FULL NAME Chas. H. Heim

(a) RESIDENCE NO. 423 N. Curley St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Divorced,

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 4/73

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	58	5	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Painter & Decorator
(b) General nature of industry, business, or establishment in which employed (or employer): Himself
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Jos. H. Heim

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Louise Luckhardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Katherine Graham
(Address): 2113 Lake Montebello

15 Filed . 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by speeding auto while proceeding across street in roadway (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract. r. clavicle & shock (Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Eastern & Ingraham

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) L. Frame M. D.

(Address) Traffic Corner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn	10/27 1931
20 UNDERTAKER: Philip Herwig	ADDRESS: 2016 Orleans St.

Cor.—10-10-29—A Co.—100 Bks.

IMPORTANT. See instructions on back of certificate. Be sure that all items, so far as they are known, are properly entered. Every certificate must be plainly written, legibly signed, and correctly classified. Each statement of OCCUPATION is very

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73306

CERTIFICATE OF DEATH.

12 E 73306

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital 1534 Ward)

2. FULL NAME Mrs. Fannie Hales

(a) RESIDENCE NO. 1534 Light St. St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Landy J. Hales.

6 DATE OF BIRTH (month, day, and year) Aug. 19-1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) A. A. Co Md.

PARENTS

10 NAME OF FATHER Wesley Smithcum

11 BIRTHPLACE OF FATHER (city or town) (State or country) A.A. Co. Md.

12 MAIDEN NAME OF MOTHER Georg Fishach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) A.A. Co. Md.

14 Informant (Address) Mr. Wesley Hales. Goodwood Rd.

15 Filed .19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25/31

17

I HEREBY CERTIFY, That I attended deceased from Sept 15 .1931 to Oct 25 .1931

That I last saw h.. alive on Oct 25 .1931

and that death occurred, on the date stated above, at 12 noon

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio-Vascular-Renal disease

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchial Pneumonia (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E M Baumgardner M. D.

.19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel. A.A. Co Md.	Oct. 28 1931
20 UNDERTAKER	ADDRESS
J. Fred McCulley	130 E. Fort

A3Co. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73307

CERTIFICATE OF DEATH

93-003 E 73307

Registered No.

(If death occurred in a hospital or Institution, give its NAME Instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 S Bond St. 3-4 Ward)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Tillie Ford

(a) Residence: No. 226 So. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Jacob Ford

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Aron Jr. Feinstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Tillie Feinstein

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Snyder

(Address) 402 Powell Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Adath Israel Date 10/27/31

19. UNDERTAKER Jack Levin Sons

(Address) 1429 E Baltimore St.

20. FILED 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-26, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1931, to Oct. 26, 1931

I last saw her alive on Oct. 26, 1931 death is said to have occurred on the date stated above, at 8.55 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage. — Date of onset Oct. 25 31

Other contributory causes of importance:

Arteriosclerosis.

Hypertension

Name of operation — Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Louis Snyder M. D.

(Address) 1634 E. Baltimore St

Cor.—10-10-29—A Co—100 Eks.

E 73308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

208 E 73308

27-53

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Union Memorial Hospital St. 27 Ward)

2-FULL NAME Vernon B. Schaefer

(a) RESIDENCE NO. 4641 Schenley Road St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. 11 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) November 2, 1912

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	18	11	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Walter G. Schaefer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Bazie A. Bell

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant (Address) Walter G. Schaefer 4641 Schenley Road

15 Filed ... 19 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 26, 1931. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest,
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Auto accident auto turned over Immediate cause was into front of Lunt Co. Trailer

Fractured skull

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

Shock (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Nov. Penn Lunt & Fr...

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) H. F. Frame, M. D.

10/27, 1931 (Address) Traffic Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount — DATE OF BURIAL: Oct. 28, 1931.

20 UNDERTAKER: Horace F. Burgee — ADDRESS: 3631 Falls Rd.

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

AaCo. 5-31 250P

E 73309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 V 73309

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1226 Orleans St. 5-8 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Phelps

(a) Residence: No. 1226 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	married

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Maggie Phelps

6. DATE OF BIRTH (month day year) 1852

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME William Phelps

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Maggie Lee

16. BIRTHPLACE (city or town) (State or country) Chase Md

17. INFORMANT (Address) Maggie Phelps 1226 Orleans

18. BURIAL, CREMATION, OR REMOVAL. Place Arlington Date 10-27 1931

19. UNDERTAKER (Address) Blum & Levy St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) Oct. 24th 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 30 1931, to Oct 24 1931

I last saw him alive on Oct 24 1931, death is said to have occurred on the date stated above, at 12 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930

Other contributory causes of importance:

Acute exacerbation Interstitial Nephritis	Sept 1931

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Orlin B. LeCompte M. D.

(Address) 1113 N Caroline St

1-30—M & T—100 B—50L.

E 73310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 80 E 73310

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE, No. President Hosp ST. 13-59 (WARD)

2-FULL NAME Josephine Williams

(a) RESIDENCE No. 2533 Madison Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	51			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) Penna
(State or country) George Co 2nd

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)
12 MAIDEN NAME OF MOTHER Mary Lizzie Wms
13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Mrs. Reed
(Address) 2533 Madison Ave

15 Filed , 193 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec 23rd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) Inquest thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) Inquest find that said deceased came to (his or her) death on the day stated above.

The CAUSE OF DEATH was as follows: (Clothing Caught Fire)

First and second degree burns

(duration) yrs. 8 hours

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Finch, M. D.
Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem. DATE OF BURIAL Dec 27 1931

UNDERTAKER Samuel Hemsley ADDRESS 578 N Eddle

IMPORTANT See instructions on back of certificates.

Spec.—8-16-29—L. P. S.—100 Bks.

E 73311 HEALTH DEPARTMENT—CITY OF BALTIMORE 46 E 73311

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE; (No.) 826 Harlem av ST. 16-23 WARD)

2—FULL NAME Elizabeth Stephens

(a) RESIDENCE NO. 826 Harlem av ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Femal	Col.	Widowed

5a If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Jas. E Stephens

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. City

PARENTS

10 NAME OF FATHER Jas. A. Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliz Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Geo. H. Harris

(Address) 307 Pennsylvania ave

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25-1931

17 I HEREBY CERTIFY, That I attended deceased from 9/29 . 1931 . to 10/25 . 1931 .

that I last saw h alive on 10/24 . 1931

and that death occurred, on the date stated above, at 7.55 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) None Known

— (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? by Physical Ex.

(Signed) Chas. J. Kelly, M. D.

1926. 18 (Address) 777 E Monument St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westwood

DATE OF BURIAL 10/28/1931

20 UNDERTAKER Samuel Rosenthal

ADDRESS 578 E Baltimore

AaCo. 5-31 250B

E 73313

HEALTH DEPARTMENT—CITY OF BALTIMORE

34 V

CERTIFICATE OF DEATH

Registered No. E 73312

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 17 ... Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine H. Henson

(a) Residence: No. 528 W. Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Charlie Henson

6. DATE OF BIRTH (month, day, year): Jan. 3, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Elite Laundry

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Essex Co. Va.

MOTHER

13. NAME: Rosa Holmes

14. BIRTHPLACE (city or town) (State or country): ? Va.

FATHER

15. NAME: Eddie Ross

16. BIRTHPLACE (city or town) (State or country): ? Va.

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL — Place: Mt. Auburn — Date: Oct 28 19 31

19. UNDERTAKER (Address): Samuel J. Hensley 1718 McCulloh St.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1931 to Oct. 24, 1931

I last saw her alive on Oct. 24, 1931 death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chr.	
Aortic Stenosis and Insufficiency	July 1931

Other contributory causes of importance: over

Name of operation None Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) ... M. D.

(Address) Balto. City Hosp.

Spec.—9-30—A. & Co.—250 Rms.

E 73313 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73313

CERTIFICATE OF DEATH

106-001

15-58

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3700 Reisterstown Rd. St.) (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Madsella Lorenze Steen

(a) RESIDENCE NO. 3700 Reisterstown Rd. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Gerhard S.H.Steen

6 DATE OF BIRTH (month, day, and year) Nov.25, 1848

7 AGE	Years	Months.	Days	If LESS than 1 day, hrs. or min.
	82	11	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Bergen, Norway

PARENTS

10 NAME OF FATHER Mads Madsen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norway

12 MAIDEN NAME OF MOTHER Anna C.L.Heiberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norway

14 Informant (Address) Mr. Egil Steen 3700 Reisterstown Rd.

15 Filed , 19 , Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct.25, 1931

17

I HEREBY CERTIFY, That I attended deceased from Sept 12, 1931, to October 25 1931

That I last saw h e alive on October 25, 1931

and that death occurred, on the date stated above, at 5.45 P. M.

The CAUSE OF DEATH* was as follows:

Bronchitis
(Hypostatic Congestion)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Senile debilitation

(duration) yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Ibell M. D.

19 (Address) 4531 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cem.

DATE OF BURIAL: Oct 27 '31

20 UNDERTAKER: John H. Kenny

ADDRESS: 715 Light

Spec.—1-10-21—M&T—1500 Blks.

E 73314

HEALTH DEPARTMENT—CITY OF BALTIMORE

93 E 73314

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1521 Marshall ST. 24-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Phillip Frick

(a) RESIDENCE No. 1521 Marshall. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Frick.

6 DATE OF BIRTH (month, day, and year): Not Known

7 AGE: Years 70 Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: John Frick.

11 BIRTHPLACE OF FATHER (City or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Maryland

14 Informant (Address): Mrs. Irene McCormack 10 N Bentalou St

15 Filed 4 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 24 1931

17 I HEREBY CERTIFY, That I attended deceased from January 7 1931 to Oct 24 1931, that I last saw him alive on Oct 24 1931, and that death occurred, on the date stated above, at 8:15 P m.

The CAUSE OF DEATH* was as follows:

Gen Paralysis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Empyema Thoracis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Burlington, M. D.

10/2/1931 (Address) 2102 Mt. Holly St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western. Cemetery

DATE OF BURIAL: Oct 27 1931

20 UNDERTAKER: E & B Hahn

ADDRESS: 115 E Lexington St

THIS is very important. See instructions on back of certificate.

A&Co. 5-31 2508

25394-25 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 73315

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 21-29 Ward)

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. 11 mos. 16 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Leona Hawkins

(a) Residence: No. 922 N. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Hawkins.

6. DATE OF BIRTH (month, day, year) Nov 9 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Eugene Minkel

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elora Boyed.

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place London Pk Date 10/29 1931

19. UNDERTAKER Bernard C Harla
(Address) 1610 E Baca St

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from October 23, 1931, to Oct 25th, 1931

I last saw her alive on Oct. 25, 1931 death is said to have occurred on the date stated above, at 10:15 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia — Date of onset Oct. 2, 31
? lung abscess

(other contributory causes of importance)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Alan Bernstein, M. D.

(Address) Johns Hopkins Hosp. Bal.

Spec.—9-30—A. & Co.—200 Blks

B 73316 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

11gv 73316

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1225 Clymdon Ave. St. 21-29 Ward)

REGISTERED NO.
(If death occurred in a hospital or institution give its NAME instead of street and number.)

2 FULL NAME Harriet M. Schafer

(a) RESIDENCE NO. 1225 Clymdon Ave. ST. WARD
(If usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 25, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
		11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Jno. H. Schafer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Gertrude Franke

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant
(Address) Mrs. Wm. H. Schafer 1225 Clymdon Ave.

15 Filed OCT 27 1931, 19

Kyle. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/24/31

17

I HEREBY CERTIFY, That I attended deceased from 9/27, 19 31, to Oct 23, 19 31
that I last saw h 4 alive on Oct 23, 19 31
and that death occurred, on the date stated above, at 6 30 P.M.

The CAUSE OF DEATH* was as follows: Gastro Enteritis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Senputalo Hernia (duration) yrs. mos. 27 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) J Wells Hemmig M. D.
10/26 19 31 (Address) 3000 Hollins Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 10/27/31

20 UNDERTAKER Harry F. Curtis

ADDRESS 4101 Clymdon Ave.

1-30—M. & T.—200 B—50L

E 73317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003 E 73317

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 N. Mount ST. 19-27 WARD)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harold Ford

(a) RESIDENCE NO 23 N. Mount ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Colored	----------

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) June 7th., 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ----------
(b) General nature of industry, business, or establishment in which employed (or employer) ----------
(c) Name of employer ----------

9 BIRTHPLACE (City or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Louis Wilson

11 BIRTHPLACE OF FATHER (city or town) -----
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Roberta Ford

13 BIRTHPLACE OF MOTHER (city or town) Wisconsin
(State or country) Peoria

14 Informant Betty Ford (Grandmother)
(Address) 23 N. Mount St.

15 Filed _____, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 26th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Heart Disease

(duration) yrs. 4 mos 19 ds.

CONTRIBUTORY (Secondary) None
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ----- ,

Did an operation precede death? No Date of ----

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell, M. D.
Coroner

10/26 1931 (Address) 1103 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Int. Zion Cemetery

DATE OF BURIAL 10/27 1931

20 UNDERTAKER Walter B. Sprigg

ADDRESS 1391 W. Hamby St.

THIS is very important. See instructions on back of certificates.

1-20—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73318 108 ✓ E 73318

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 900 Leadenhall St. St. 23-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME Benjamin Brown.(C)

(a) RESIDENCE NO. 900 Leadenhall St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hester Brown.(C)

6 DATE OF BIRTH (month, day, and year) Do not Know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Hester Brown.(C) wife.

(Address) 1017 Myrtle Ave.

15 Filed ____, 192 . Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 26, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Kleinlandt, M. D. Coroner

10/29/31 (Address) 1017 E. Chester St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson Cemetery Govt. — DATE OF BURIAL: 10/29. 1931

UNDERTAKER: Ernest Preston — ADDRESS: [illegible]

IMPORTANT See instructions on back of certificates.

Spec—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106 E 73319

73319

REGISTERED NO. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 557 Laurens St. 14-20 WARD)

2 FULL NAME James Randall Johnson

(a) RESIDENCE NO. 557 Laurens St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 5 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	26	8	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS
10 NAME OF FATHER: James H Johnson
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md
12 MAIDEN NAME OF MOTHER: Amanda Timothy
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Amanda Johnson 557 Laurens St

15 Filed ___. 19 ___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25 31

17
I HEREBY CERTIFY, That I attended deceased from Oct 22, 1931, to Oct 25, 1931
that I last saw him alive on Oct 25, 1931
and that death occurred, on the date stated above, at 11 P. m.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
(duration) ___ yrs. ___ mos. 6 ds.
CONTRIBUTORY (Secondary) ___
(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Wilson Frey M. D.
Dec. 1931 (Address) 1724 Fernd Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cemetery	Oct 28 1931
20 UNDERTAKER	ADDRESS
Geo. T. G. Gibson	1735 Druid Hill Ave

AoCo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

73320

CERTIFICATE OF DEATH

23 E 73320

1. PLACE OF DEATH Baltimore City Hospitals (The Registered No.
CITY OF BALTIMORE: (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carroll Newman

(a) Residence: No. 527 Gold st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Sept. 23, 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert Newman
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Johnson
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Pen. Cem. Date Oct. 28 19 31

19. UNDERTAKER George W. Gibson
(Address) 1732 Druid Hill Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1931 to Oct. 24, 1931
I last saw him alive on Oct. 24, 1931 death is said to have occurred on the date stated above, at 8.53 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lawrence B. Sina, M. D.
(Address) Baltimore City Hospitals

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73321 ✓ E 73321

E 25916 M Surg

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSP. AL

CITY OF BALTIMORE: (No. 7-9 St. 157-001 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 3 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Baker

(a) Residence: No. Richwood W. Va. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1 1/2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME Lewis Baker
14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Lula Walker
16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSP.

18. BURIAL, CREMATION OR REMOVAL
Place CLARKSBURG W. VA. Oct 27 1931

19. UNDERTAKER Hughes & Son Inc
(Address) Baltimore Md.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1931, to Oct 26, 1931
I last saw h[illegible] alive on Oct 26, 1931 death is said to have occurred on the date stated above, at 7:55 Em.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	Sept 1931
Non communicating type	

Other contributory causes of importance:

none

Name of operation 3rd ventriculostomy Date of 10-10 31

What test confirmed diagnosis? X-Ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred W. Rink, M. D.

(Address) Johns Hopkins Hosp.

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

252763 — 73322

CERTIFICATE OF DEATH

X 94-0 V — F. 73322

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 711 Ward)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James E. Marshall

(a) Residence: No. Upperville Va. St., ... Ward.
(usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 5 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired ?
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME James Marshall
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Marshall
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Reads Church, Va. Date 12-27 19 31

19. UNDERTAKER Smithers Funeral Home
(Address) 1715 E. Baltimore St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-26-1931

22. I HEREBY CERTIFY, That I attended deceased from 9-19-, 1931 to 10-26-, 1931
I last saw him alive on 10-26-, 1931 death is said to have occurred on the date stated above, at 5:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocardial failure	2 da.
Coronary thrombosis	3 wks.

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Alan Benson, M. D.
(Address) Johns Hopkins Hospital

AaCo. 5-31 250F

E 73323 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 73323

123

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen Hosp St.) No-37 (Ward)

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr Edwin C. Pistel

(a) Residence: No. 3709 Mt Pleasant St., Ive Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertha M Pistel

6. DATE OF BIRTH (month, day, year) Dec 6 1870

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	60	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur Of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bridgeport, Conn.

FATHER

13. NAME Peter Pistel
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Orleans Cem Date Oct 29 1931

19. UNDERTAKER George W. Sickles
(Address) 1737 E. Eager St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-10, 1931, to 10-26, 1931

I last saw him alive on Oct 26, 1931 death is said to have occurred on the date stated above, at 11 05 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diverticulum of bladder	5 mo
Cystitis	5 mo
Benign hypertrophy of prostate	12-31

Other contributory causes of importance:

Chr. hypocardiitis	3 yrs.
Pulmonary embolism	1 day

Name of operation Resection of kidney pelvis Date of 10-23-31

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, specify

(Signed) John F. Chamberlin, M. D.
(Address) Md. General Hospital

AACo. 5-31 250B

73324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 23 E 73324

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs 1 mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mr Fred Lewis

(a) Residence: No. 1305 Marquette Place St., Ward. Albuquerque
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella Grubaker Lewis

6. DATE OF BIRTH (month, day, year) Feb 17 1886

7. AGE Years	Months	Days	If LESS than 1 day hrs or min
45	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairyman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Charlestown
(State or country) West Virginia

MOTHER FATHER

13. NAME Mr William Lewis
14. BIRTHPLACE (city or town) Charlestown
(State or country) West Virginia
15. MAIDEN NAME Ella Grubaker
16. BIRTHPLACE (city or town) Charlestown
(State or country) West Virginia

17. INFORMANT (Address) Hospital records

18. BURIAL, CREMATION, OR REMOVAL Charleston W Va Date Oct 27 1931

19. UNDERTAKER (Address) John D Mitchell Co 1st & Linden Place

20. FILED 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27. 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 2. 1931 to Oct 27. 1931
I last saw h im alive on Oct 27. 1931 death is said to have occurred on the date stated above, at 6 30 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	20 yrs.
Tuberculosis Laryngitis	25 ?.
Other contributory causes of importance	
Cardiac failure	5 days?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert F. Chenoweth M. D.
(Address) md. General Hospital

1-30—M & T.—100 B—501.

73325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10-001 E 73325

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. The Gen Hosp ST. 4-25 WARD)

2-FULL NAME Herman A Brown

(a) RESIDENCE NO 67 Sarah Ann ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) 11/20 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	18	11	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Henry Brown

11 BIRTHPLACE OF FATHER (City or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Louisa Edwards

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Va Co

14 Informant Henry Brown

(Address) 67 Sarah Ann

15 Filed ....., 19.. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry)

thereon and from the evidence, obtained by said autopsy (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cause * Struck down by a hit & run driver

Unapprehended

(duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Nurative ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Corner of Sarah Ann & Eden

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) H. Truitt Coroner, M. D.

19 (Address) Police Station

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Oct 28 1931

20 UNDERTAKER Sam. M. Chase & Son — ADDRESS 658 N Gilmor

IMPORTANT—See instructions on back of certificates.

Spec.—9-30—A. & Co.—200 blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C 73326 — 23 C 73326

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2813 (Street) Windsor Ave (Ward) 15-60

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Clinton Riggins

(a) RESIDENCE NO. 2813 (Usual place of abode) ST. Windsor Ave WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: May Riggins

6 DATE OF BIRTH (month, day, and year): June 7-1895

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	36	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Automobile Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Joseph Riggins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Margaret Clinton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Interment (Address): Margaret Riggins 2813 Windsor

15 Filed ___ 19 ___ Registrar C.R.O.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 25 31

17

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931, to Oct 25, 1931

that I last saw he alive on Oct 25, 1931

and that death occurred, on the date stated above, at 12 P.M.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. ___ mos. 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. 1 mos. 25 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? X Ray.

(Signed) Thos. J. a Stevens M. D.

10/27/31 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 10/28 1931

20 UNDERTAKER: J. J. Fahey & Son — ADDRESS: 318 Light

A&Co. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

73327 73327

CERTIFICATE OF DEATH

Registered No. 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3511 Linden Ave Ward

Length of residence in city or town where death occurred yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Cora M. Sauer

(a) Residence: No. 3511 Linden Ave Ward.

(usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. ~~Single~~ Married, ~~Widow(er) or Divorced (write the word)~~ Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Theodore A. Sauer

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE: Years 55 | Months — | Days 7 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Annie E. Murray

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Duncan Price

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Theo. Sauer

(Address) 3511 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 10/27 1931

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/25 1931

22. I HEREBY CERTIFY, That I attended deceased from November 1928 to Oct 25th 1931

I last saw her alive on Oct 25 1931, death is said to have occurred on the date stated above, at 5:15 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arterio Sclerosis	
Arteritis with	
Pulmonary Edema	1931

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 307 Wilmot Bldg

AACo. 5-41 2508

73328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-004 73328

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 Monterey Ave 25-72 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary C. Conway

(a) Residence: No. 1712 Monterey Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Richard Conway

6. DATE OF BIRTH (month, day, year) June 15th 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

MOTHER FATHER

13. NAME Michael O'Connor
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Mary Mahoney
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs William C Webb
(Address) 1712 Monterey Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place New Cathedral Date 10/28/ 1931

19. UNDERTAKER Wm J. Conway & Son
(Address) 901 Eastern Ave.

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/25/ 1931

22. I HEREBY CERTIFY, That I attended deceased from August 1931 to Oct 25 1931
I last saw her alive on Oct 24 1931 death is said to have occurred on the date stated above, at 5.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	?

Other contributory causes of importance:

Myocardial degeneration ?

Name of operation nn Date of .....
What test confirmed diagnosis? nn Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Not as specify .....

(Signed) Dr. Rokitansky M. D.
(Address) 1154 Druid Blvd.

AACo. 5-11 2500

73329

HEALTH DEPARTMENT CITY OF BALTIMORE

73329

CERTIFICATE OF DEATH

X 82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St. 27-30 Ward)

Length of residence in city or town where death occurred 1 yrs. mos 23 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hamilton Gill

(a) Residence: No. 640 Portland St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Gill

6. DATE OF BIRTH (month, day, year) Dec. 28-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co.

FATHER

13. NAME Wm Gill

14. BIRTHPLACE (city or town) (State or country) Carroll Co.

MOTHER

15. MAIDEN NAME Mary Triplett

16. BIRTHPLACE (city or town) (State or country) Carroll Co.

17. INFORMANT Albert Gill
(Address) Gibsonville Md

18. BURIAL, CREMATION, OR REMOVAL Place Frushtown, Cem. Date Oct 28 19 31

19. UNDERTAKER Frank A. Newell
(Address) Gibsonville Md.

20. FILED ..... 19 ..... Registrar.

RWH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/25/31 . 19

22. I HEREBY CERTIFY, That I attended deceased from 10/2/31 . 19 . to 10/25/31 . 19

I last saw h in alive on 3/25/31 . 19 death is said to have occurred on the date stated above, at 3 P. m.

23. The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Bronchial Pneumonia

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George F. Yeager M. D.

10/25/31 (Address) Union Memorial Hospital

AACo. 5-31 250B

E 73330 HEALTH DEPARTMENT—CITY OF BALTIMORE

25-3-822

CERTIFICATE OF DEATH

Registered No. E 73330

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 7-9

Length of residence in city or town where death occurred 7 yrs. ... mos. 6 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ann Hamburger

(a) Residence: No. Northolme Ave. Pikesville Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jonas Hamburger

6. DATE OF BIRTH (month, day, year) March 14 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	7	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) N Y

FATHER
13. NAME Samuel Stein
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME Paulina Bernard
16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place New York N.Y. Date Oct 28 1931

19. UNDERTAKER Harid Sondheim & Sons
(Address) 1902 Eutaw Place

20. FILED ... 19 ... A.F.W. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1931 to Oct 27, 1931
I last saw h.e alive on Oct 27 1931 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Henry M. Lowden M. D.
(Address) Johns Hopkins Hospital

1-30—M. & T.—100 B—50L

E 73331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73331

REGISTERED NO. 96

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3615 Kimble Road ST. 9-47 WARD)

2-FULL NAME Margaret Bennett Smith

(a) RESIDENCE NO 3615 Kimble Road ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 17/1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer At home

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER James A. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Maria Grieves

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Mrs. M. Gray (sister)

(Address) 3615 Kimble Road

15 Filed Oct 27, 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said her (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Pulmonary Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Probably Aneurism of Pulmonary Blood Vessels

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? History given

(Signed) Jos. Sloan, M. D. Coroner

Oct. 29, 1931 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bucks Cemetery

DATE OF BURIAL 10/28/1931

20 UNDERTAKER E. J. Fanning 1504-1506 Lafayette

ADDRESS

Spec.—9-30—A. & Co.—250 Bks.

(Braden)

73332 HEALTH DEPARTMENT—CITY OF BALTIMORE 73332

CERTIFICATE OF DEATH

REGISTERED NO. 50

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 454 Whitridge Av (WARD) 17-50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joanna Ter. Braden

(a) RESIDENCE NO. 454 Whitridge Av ST. WARD

(If usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If ~~married~~, widowed, or divorced (or) WIFE of James Polson Braden

6 DATE OF BIRTH (month, day, and year) July 1st 1870

7 AGE — Years: 61 — Months: 3 — Days: 25 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Patrick McKenna

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (state or country): Ireland

14 Informant: Laurette Jane Schaub (Address) 454 Whitridge Ave

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 26/31

17 I HEREBY CERTIFY, That I attended deceased from July 13th, 31 to Oct 26th, 31

that I last saw ~~her~~ alive on Oct 25th, 31

and that death occurred, on the date stated above, at 12.05 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Clinical Exam

(Signed) Jno Jungerich M D

10/27/31 Address 1402 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL 10/29/1931

20 UNDERTAKER: Wm Cook — ADDRESS 1217 St Paul St

Spec.—9 30—A. & Co.—250 Blks

73333

HEALTH DEPARTMENT—CITY OF BALTIMORE

73333

CERTIFICATE OF DEATH

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 621 W. 33rd St. 13-51 WARD)

2 FULL NAME John Harry Jackson

(a) RESIDENCE NO. 621 W. 33rd St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or ~~WIFE of~~): Florence L. Jackson

6 DATE OF BIRTH (month, day, and year): July 17th 1851

7 AGE: Years 80 | Months 3 | Days 9 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 045

(b) General nature of industry, business or establishment in which employed (or employer): Cigar Block Mfr

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Penna

PARENTS

10 NAME OF FATHER: Nathaniel Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Norway

12 MAIDEN NAME OF MOTHER: Mary Jane Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Ella B. Ewig

(Address) 621 W. 33rd St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 26th 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 17, 1931, to Oct 26, 1931

that I last saw him alive on Oct 25, 1931

and that death occurred, on the date stated above, at 4 00 m.

The CAUSE OF DEATH* was as follows: Uremic Chronic Interstitial Nephritis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jos. Greenwald M. D.

10/27, 19 31 (Address) 826 Cen 36 085 Park

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: 10/28/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

73334

CERTIFICATE OF DEATH

94-007 E 73334

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1811 W. Lanvale St. 16-22 (WARD)

2 FULL NAME Geo. P. Murphy

(a) RESIDENCE NO. 1811 W. Lanvale ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~WIFE of~~ Ida Wilson Murphy

6 DATE OF BIRTH (month, day and year) ~~Aug~~ 25th 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	77	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 62

(b) General nature of industry, business, or establishment in which employed (or employer): Watchman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Muriel East

(Address) 1811 W. Lanvale St

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26th 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1931 to date I should

that I last saw ~~him~~ alive on Oct. 26 1931

and that death occurred, on the date stated above, at 3:00 P m.

The CAUSE OF DEATH* was as follows:

Death was due to Angina Pectoris

Had ~~I~~ symptoms of ~~this~~ (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) ... (duration) yrs. mos ds.

18 Where was disease contracted if not at place of death? Balto. Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual Tests

(Signed) Edmund Lee Harris M. D.

10/27/1931 (Address) 827 S Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem Catonsville Md

DATE OF BURIAL: 10/29/1931

20 UNDERTAKER: Wm Cook

ADDRESS 1217 St Paul St

AACo. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

73335 — 87-802 — 73335

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-9 ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry F Folger

(a) Residence: No. 3273 Park View Ave St., ... Ward. Pittsburg Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillian Folger.

6. DATE OF BIRTH (month, day, year) April 28-1882

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	49.	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tiss. Dept of Mails.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburg Pa.

FATHER

13. NAME John T Folger

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Julia Foug.

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place Pittsburg Pa. Date Oct 28" 1931

19. UNDERTAKER Chas. F. Grueton & Son
(Address) 1128 Eutaw Place

20. FILED ..... 19 31 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) Oct. 27th, 1931.

22. I HEREBY CERTIFY, That I attended deceased from Oct 24th, 1931, to Oct 27th, 1931.

I last saw h.m alive on Oct 27th, 1931, death is said to have occurred on the date stated above, at 9.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstruction Foramen of Magendie - Cause unknown.	1929
Other contributory causes of importance:	
Hypertension	1921

Name of operation: Cerebellar Explor Date of 10-27-31

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred W. Zeit, M. D.

(Address) Johns Hopkins Hospital

Spec.—9-30—A. & Co.—250 Blks.

73336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 73336

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2602 Gittons Ave. St 27-44 WARD)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Julia Anna Cunningham

(a) RESIDENCE No 2602 Gittons Ave. St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? 78 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: the late Charles S. Cunningham

6 DATE OF BIRTH (month, day, and year): May 22-1845

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John Hauser

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Interment (Address): Mt. Sophia Bressel. 1500 E. Fay. St

15 Filed 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 25 31

17

I HEREBY CERTIFY, That I attended deceased from Oct. 20, 19 31, to Oct 25, 19 31

That I last saw h alive on Oct. 25, 19 31

and that death occurred, on the date stated above, at 12 PM

The CAUSE OF DEATH* was as follows:

Influenza.
Myocarditis
Chronic Interstitial Nephritis.

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinically

(Signed) Thos. J. Strains M. D.

10/26 19 31 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Oct. 29 1931

20 UNDERTAKER: Henry Houck Sons, Inc — ADDRESS: 1301 E Eager St

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 73337

CERTIFICATE OF DEATH

92-001 E 73337

1 PLACE OF DEATH St. Agnes Hospital, Mkens & Caton Avenues 21-29 WARD

CITY OF BALTIMORE (No.) REGISTERED NO (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William J. Schiere

(a) RESIDENCE NO. 1170 Carroll Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1879

7 AGE: 52 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Mitchell

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS
10 NAME OF FATHER: Louis Schiere
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md
12 MAIDEN NAME OF MOTHER: Bernice Bean
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna

14 Informant: Louis Schiere
(Address): 1170 Carroll Street

15 Filed, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/27/31

17 I HEREBY CERTIFY, That I attended deceased from October 20 1931 to October 27 1931
that I last saw him alive on October 24 1931
and that death occurred, on the date stated above, at 3:45 P. M.
The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Aortic Insufficiency
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy
(Signed) [illegible] M. D.
10/27/1931 (Address) St. Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 10/30 1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1219 St Paul St

E 73338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73338

9-16 75

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) NO. 1915 Somerset ST. (WARD)

2-FULL NAME Josephine Mills

(a) RESIDENCE NO. 1915 Somerset ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Mills

6 DATE OF BIRTH (month, day, and year) Dec 15/1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48	49	10	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) Green Hill, Md. 641
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Green Hill Md Laundress

PARENTS

10 NAME OF FATHER Mr. Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant George Mills

(Address) 1915 Somerset St

15 Filed _____, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Alcoholism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

Oct. 29, 19 31 (Address) 830 E. Hartford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenhill Md.

DATE OF BURIAL Oct 28, 1931

20 UNDERTAKER Wm. H. Elliott

ADDRESS 1725 Ashland Ave.

From back of certificate. For instructions see reverse side.

Spec.—9-30—A. & Co.—250 Blks.

E 73339

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73339

CERTIFICATE OF DEATH

95 V002

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 166 East St. St. 5-8 WARD)

2 FULL NAME Annie B Hall Robinson

(a) RESIDENCE NO. (Usual place of abode) 166 East St. ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Robinson

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) D. C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Ettie Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) D. C.

14 Informant Mary Henson

(Address) 166 East st.

15 Filed ..., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25/31

17 I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1931, to Oct. 25, 1931, that I last saw h[illegible] alive on Oct 25, 1931, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH was as follows:

Organic Heart Disease

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evi-

(Signed) Roland Arnold M. D.

12/2/1931 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	Oct. 29, 1931
20 UNDERTAKER	ADDRESS
Mrs. K. G. Elliott	1225 Eastlund Ave

AaCo. 5-31 250B

E 7334 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 73340

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 122-002 Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____ St. 1-1 Ward)

Length of residence in city or town where death occurred ___ yrs ___ mos ___ ds. How long in U.S. if of foreign birth? ___ yrs ___ mos ___ ds.

2. FULL NAME Walter L. Carter, Jr.

(a) Residence: No. 902 S. Curley St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Carter

6. DATE OF BIRTH (month, day, year) Feb. 17, 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
25	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Walter Carter
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Margaret Kuppler
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sister
(Address) 331 S. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Oct. 30 19 31

19. UNDERTAKER R. E. Cook
(Address) 1007 E. Baltimore St.

20. FILED OCT 28 1931 19 ___ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-27-31 19

22. I HEREBY CERTIFY, That I attended deceased from 10-15-31, 19, to 10-27-31, 19
I last saw h alive on 10-26-31 19 death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal post operative adhesions with intestinal obstruction	10-15-31

Other contributory causes of importance:

Secondary shock and toxemia	12 hrs.

Name of operation Laparotomy Date of 10-26-31
What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ___, 19___
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) _____ M. D.
(Address) Baltimore City Hosps.

Spec.—0-30—A. & Co.—250 Blks.

73341

HEALTH DEPARTMENT—CITY OF BALTIMORE

73341

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1824 N. Monroe St. (St.) 15-21 (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sadie Glenn

(a) RESIDENCE NO. 1824 N. Monroe St. ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 ~~Single~~ Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of: Andy Glenn

6 DATE OF BIRTH (month, day, and year): Aug. 10, 1855

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Usual wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pittsburgh Penna.

PARENTS

10 NAME OF FATHER: [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): John F. Miller 824 N. Monroe St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 27-1931

17

I HEREBY CERTIFY, That I attended deceased from July 13, 1931, to Oct 27, 1931

that I last saw her alive on Oct 26, 1931

and that death occurred, on the date stated above, at 6.30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam.

10/27, 1931 (Signed) Louis T. Levy M. D.

(Address) 1844 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pittsburg Pa.

DATE OF BURIAL: Oct. 28 1931

20 UNDERTAKER: Martin Isley & Sons

ADDRESS: 1827 W. North Ave

Spec—0-30—A. & Co.—250 Bks.

Wales

E 73342

73342 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 108

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 W. Barre St.) 22-30 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles St. Wales

(a) RESIDENCE NO. 626 W. Barre St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosetta Wales 1905

6 DATE OF BIRTH (month, day, and year) Jan 20 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B & O R.R.

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Rose

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) 626 W. Barre St.

15 Filed .19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 26 '31

17

I HEREBY CERTIFY, That I attended deceased from Oct. 1 .19 31 . to Oct 31 .19 31

that I last saw h[illegible] alive on Oct 26 .19 31

and that death occurred, on the date stated above, at 4. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY ...
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) S P Connell M. D.

10/31 19 31 (Address) 830 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cemetery

DATE OF BURIAL 10/28 1931

20 UNDERTAKER Walter B. Sprigg

ADDRESS 1324 Hollins St.

AaCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 73343

CERTIFICATE OF DEATH

E 73343

53V

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1837 N Charles St. 12-19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles G. Sr. Kroontz

(a) Residence: No. 1837. N Charles St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma F. Kroontz

6. DATE OF BIRTH (month, day, year): Oct. 1861

7. AGE: Years 70; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Railroader

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B & O.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER FATHER

13. NAME: Charles Kroontz

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

15. MAIDEN NAME: Emma Preston

16. BIRTHPLACE (city or town) (State or country): Frederick Md.

17. INFORMANT: Jessie H Davis

(Address): 622 W Cross St

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Date Oct 28, 1931

19. UNDERTAKER: Wendell Lippitt

(Address): 301 S Eden St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1930 to Oct 25, 1931

I last saw him alive on Oct 25 1931 death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of Head & Cerebral Hemorrhage — Oct 4/30

Other contributory causes of importance:

Exhaustion

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. C. Campbell M. D.

(Address) 1644 Hanover St

AaCo. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

E 73344

E 73344

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) # 771 W Cross St. 21-29 Ward)

Length of residence in city or town where death occurred 53 yrs. 1 mos. 24 ds. How long in U.S. If of foreign birth? yrs mns ds.

2. FULL NAME Margaret L. Ulrich

(a) Residence: No. # 771 W Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles L. Ulrich.

6. DATE OF BIRTH (month, day, year) Sept 1 1877

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	53	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Conrad Eisler

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Charles L. Ulrich
(Address) 771 W Cross St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 10/24/ 1931.

19. UNDERTAKER John Cowan & Son.
(Address) 901 Fallsway

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/25/ 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 20. 1931. to Oct 25. 1931

I last saw h[illegible] alive on Oct 25. 1931 death is said to have occurred on the date stated above, at 6 P. m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	10/25/31

Other contributory causes of importance:

Chronic Myocarditis	3 Yrs

Name of operation None Date of

What test confirmed diagnosis? Typ. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. Horton, M. D.

10/27/31 (Address) 188 N Paca St

1-20—M & T—100 B—50L

73345

Justi

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+168 ✓ E 73345

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 9-17 WARD)

2-FULL NAME Henry K. Justi

(a) RESIDENCE NO 206 Glenn Road, Ardmore ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if at foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth K. Justi

6 DATE OF BIRTH (month, day, and year) Dec 5/1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Dental Manufacturer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phila, Pa.

PARENTS

10 NAME OF FATHER Henry D. Justi

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Kummerle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila., Pa.

14 Informant Henry K. Justi, Jr.
(Address) 130 Llanfair Rd. Ardmore

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Terminal Bronchopneumonia
(Attempted suicide by cutting himself with penknife on Oct 28.31
Hemorrhage of arteries & veins of wrist

Duration yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? .....

(Signed) ..... Coroner, M. D.
, 19 (Address) 806 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Philadelphia Pa — DATE OF BURIAL Oct 1931

20 UNDERTAKER Wm Tucker & Sons — ADDRESS North Pa

Spec.—1-30—M. & T.—250 Blks.

E 73346

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003E 73346

CERTIFICATE OF DEATH.

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2411 Maryland Ave ST., 12-51 WARD)

2-FULL NAME Mary Althea Robinson

(a) RESIDENCE NO. 2411 Maryland Ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	Widowed.

5a If married, widowed, or divorced HUSBAND of or) WIFE of Lewis H. Robinson

6 DATE OF BIRTH (month, day, and year) Aug 25 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Levi Rust.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary Mother

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Clara Thomas
(Address) 2411 Maryland ave

15 Filed _____ 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 27/31

17 I HEREBY CERTIFY, That I attended deceased from Aug 1930 to Oct 27 1931

that I last saw her alive on Oct 27 1931

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

Cardio Vascular Hypertension

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) H. Hanna M. D.

Oct. 1931 (Address) 1875 W Baltimore St Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Oct 30 1931

20 UNDERTAKER George J Smith

ADDRESS 532 Hollins

Spec.—9-30—A. & Co.—250 Bks.

E 73347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 E 73347

REGISTERED No.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2034 Ellsworth ST 8-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Bonnell Van Dantzler

(a) RESIDENCE No 2034 Ellsworth ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	—

8a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Instantr

6 DATE OF BIRTH (month, day, and year) Dec 8 - 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	19	

8 OCCUPATION OF DECEASED?

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Joseph Van Dantzler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Sara Conn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Sara V. Dantzler
(Address) 2034 Ellsworth

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21-193

17

I HEREBY CERTIFY, That I attended deceased from Oct 14, 19 31, to Oct 21, 19 31

that I last saw her alive on Oct 21, 19 31

and that death occurred, on the date stated above, at 6:30 A m.

The CAUSE OF DEATH* was as follows:

Enteritis with
Dehydration

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward [illegible] M. D.

19 31 (Address) 413 N Washington

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Oct 24 1931

20 UNDERTAKER Grace Direct Serv 1916 Cathedral St — ADDRESS

1-30—M & T—100 B—50L

E 73348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 E 73348

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1952 Ridgehill ST. 15-71 WARD)

2-FULL NAME Wm F Beall

(a) RESIDENCE No. 1952 Ridgehill ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Flora M.

6 DATE OF BIRTH (month, day, and year) Sept 8-1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Md

PARENTS

10 NAME OF FATHER Nathan Beall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Md

12 MAIDEN NAME OF MOTHER Eliza Burgee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Md

14 Informant Louis Beall

(Address) 909 Ridgehill Rd

15 Filed Oct 26 1931 192 MWK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regulus

(Signed) By H. A. Leach, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cem.

DATE OF BURIAL Oct 29 1931

20 UNDERTAKER Josias Syfan

ADDRESS W. Fayette St

See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 73349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57-003

E 73349

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 E Pratt St ST. 3-4 WARD)

2-FULL NAME Infant. Hammond

(a) RESIDENCE NO 1632 E Pratt St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 22 1931

7 AGE	Years	Months	Days	If LESS than 1 day, 8 hrs or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm H Hammond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Cath. ——?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Wm H Hammond

(Address) 632 E Pratt St

15 Filed ..... 1931 C. BLANDON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Congenital Cardiac Malformation

(1/2 Foetus) Miscarriage

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 4/10

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) C. B. Jones M.D. Coroner, M. D.

Oct 23 1931 (Address) 1305 E. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lakewood Cemetery	Oct 25. 1931
20 UNDERTAKER	ADDRESS
Standard Funeral	208 Edm

Cor.—10-15-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73350

85 E 73350

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Central Ave South of Aliceanna St. Ward)

2-FULL NAME Julianna Lisiecki

(a) RESIDENCE NO. 1507 Aliceanna Street St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	White	Married

6a If married, widowed, or divorced WIFE of Ludwik Lisiecki

6 DATE OF BIRTH (month, day, and year) About 1883

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	48			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Poland
(State or country)

PARENTS

10 NAME OF FATHER John Gromacki

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Franciszka Czeipolkowski

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Mr. Ludwik Lisiecki
(Address) 1507 Aliceanna Street

15 Filed . 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/27/31 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said decessed came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Epilepsy

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B. F. Hermann M. D.

, 19 31 (Address) 130 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cemetery	Oct. 30 1931
20 UNDERTAKER	ADDRESS
George A. Weber	705 S. Ann

Important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 73351

E 73351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at Hopkins Hospital

CITY OF BALTIMORE: (No. _____ ST., 2-4 WARD)

2-FULL NAME John Szymanik

(a) RESIDENCE NO 1814 Lancaster ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lengshoreman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Michael Szymanik

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant F. H. Ozaszewski
(Address) 1930 Eastern Ave

15 Filed _____, 19__ _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Alcoholism

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) _____ Coroner, M. D.

Oct. 19__ (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem

DATE OF BURIAL Oct 29 19 31

20 UNDERTAKER J. N. Grasmick

ADDRESS 1930 Eastern

1-30—M. & T.—100 B—50L

E 73352 ✓ E 73352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 S Broadway ST. 2-4 WARD)

2-FULL NAME Anna Kuczarska

(a) RESIDENCE NO. 622 S. Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Kuczarska

6 DATE OF BIRTH (month, day, and year) Mar 2 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	64	4	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Kobianka

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Anna Kobianka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Mary Kobianka

(Address) 622 S Broadway

15 Filed _____, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) J. J. Konzagmd, M. D.
Coroner

Oct 27 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL Oct 30 1931

20 UNDERTAKER H. W. Bagnuski

ADDRESS 1900 Eastern Ave

Spec.—9 30—A. & Co.—250 Pks

(Prii)

73353

HEALTH DEPARTMENT—CITY OF BALTIMORE

73353

CERTIFICATE OF DEATH

131

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 2138 Pennsylvania Ave (St.) 20-69 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anna Prii

(a) RESIDENCE NO. 2138 Pennsylvania Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Jos Prii

6 DATE OF BIRTH (month, day, and year): July 27 1860

7 AGE — Years: 71 — Months: 3 — Days: 30 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany

14 Informant (Address): Mrs Margaret Prii 2138 Pennsylvania Ave

15 Filed Nov 1 1931, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 26-1931

17

I HEREBY CERTIFY, That I attended deceased from Mar, 19 30, to Oct 26, 19 31

that I last saw h[illegible] alive on Oct 26, 19 31

and that death occurred, on the date stated above, at 3A m.

The CAUSE OF DEATH* was as follows:

Senile Reflinitus Arteriosclerosis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary): Paralysis

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walter E. Carpenter M. D.

11/28, 1931 (Address) 2002 E Lexington

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem — DATE OF BURIAL: 10/29/1931

20 UNDERTAKER: George E Kirby — ADDRESS: Fulton & Fayette

AaCo. 5-31 250B

73354

HEALTH DEPARTMENT—CITY OF BALTIMORE

73354

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) 13-54

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Georgia De Shields

(a) Residence: No. 2522 Madison ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James De Shields

6. DATE OF BIRTH (month, day, year) Feb. 22, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Unknown

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME George Booth

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Adella Pegran

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Stony Creek Date 10/28/31

19. UNDERTAKER Barnum & Schmeltz
(Address) 1785 W. Baltimore

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1931 to Oct. 25, 1931

I last saw her alive on Oct. 25, 1931 death is said to have occurred on the date stated above, at 9.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	March 1931
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis Lab. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Laurence H. Sera, M. D.

(Address) Baltimore City Hospitals

AdCo. 5-31 250B

73355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37-L 73355

1. PLACE OF DEATH Johns Hopkins Hosp. 6-9

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sadie Bizzazero

(a) Residence: No. 104 Jackson Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. J. Bizzazero

6. DATE OF BIRTH (month, day, year) Feb 28 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME Louis Allen
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Rose Fone
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Parente
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Boston, Mass Date 10-28- 1931

19. UNDERTAKER Pace Funeral Inc.
(Address) 1931 E. Baltimore St.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1931, to Oct 28, 1931
I last saw h.e alive on Oct 28 1931 death is said to have occurred on the date stated above, at 2 p m

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy. — Date of onset 10-27

Other contributory causes of importance:
Malignant Hypertension

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry M. Lowden, M. D.
(Address) Johns Hopkins Hospital

Spec.—1-30—M. & T.—250 Blks

73356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 73356

REGISTERED NO. 13-54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3810 Pleasant Place ST. (WARD)

2-FULL NAME Mary E. Kriger.

(a) RESIDENCE NO. 3810 Pleasant Place ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of John W. Kriger

6 DATE OF BIRTH (month, day, and year) Aug 7, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Wm. Steinour

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Hanna Essick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Ernest E. Kriger (Address) 3810 Pleasant Place

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from 1 yr 1 .19 31. to Oct 28 .19 31

that I last saw h alive on Oct 27 .19 31.

and that death occurred, on the date stated above, at 4 40 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Liver

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Gall bladder trouble

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 1 yr

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D.

10/27/31 (Address) 2022 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Park

DATE OF BURIAL: Oct 31 19 31

20 UNDERTAKER: Thanhouser

ADDRESS: 3615 Eutaw

Spec.—1-30—M. & T.—250 Bks

E 73357

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73357

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3811 Batiman Ave ST. 15-65 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William L. Hedgce.

(a) RESIDENCE NO. 3811 Batiman Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	marred

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Rose A. Hedgce

6 DATE OF BIRTH (month, day, and year) June 14 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	4	12	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work Motorman 078

(b) General nature of industry, business, or establishment in which employed (or employer) U. R. R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W. Va

PARENTS

10 NAME OF FATHER Wm. L. Hedgce

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va

12 MAIDEN NAME OF MOTHER Mollie J. Burkett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va

14 Informant Rose A. Hedgce

(Address) 3811 Batimand Ave

15 Filed OCT 28 1931 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26, 1931

17 I HEREBY CERTIFY, That I attended deceased from about Sept. 1929. to Oct 26 1931.

that I last saw h-- alive on Oct 26 1931.

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Coronic Cardio-Vascular Renal Disease

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hubert Eskridge M. D.

(Address) 1216 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem

DATE OF BURIAL Oct 29 1931

20 UNDERTAKER Chenowith Son

ADDRESS 3615 Edmondson Ave

1-30—M. & T.—100 B—50%

E 73358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

E 73358

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 15-22 WARD)

2-FULL NAME Elsie Holland

(a) RESIDENCE NO 1502 Laurens ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1 1915

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
16	16	5	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

PARENTS

10 NAME OF FATHER Joshua Holland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Emma Holland

(Address) 1502 Laurens St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous Meningitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1502 Laurens St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) P. L. Leyton M.D. M. D. Coroner

10/27 1931 (Address) 1305 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Oct 30 1931

20 UNDERTAKER Thomas E. Nelson

ADDRESS 1303 Presstman St

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

73359

CERTIFICATE OF DEATH

23 E 73359

1. PLACE OF DEATH Baltimore City Hospitals (The) 15-21

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... da. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Reva Williams

(a) Residence: No. 1519 N. Stricker st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Nov. 28, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William Moore

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Maggie Hollmar

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt Auburn Cemetery Date Oct 29, 1931

19. UNDERTAKER Thomas E. Kelson
(Address) 1223 Presstman st.

20. FILED ..... 1931 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1931 to Oct. 26, 1931

I last saw her alive on Oct. 26, 1931 death is said to have occurred on the date stated above, at 5.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Caseous pneumonia	Unknown
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Laurence B. Sears, M. D.

(Address) Baltimore City Hospitals

AACo. 5-31 250B

73360 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 73360

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 22-6 ..... Ward) 108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME John Baird

(a) Residence: No. 17 E. Lee St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 23, ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. out of work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

MOTHER FATHER

13. NAME Mace Baird

14. BIRTHPLACE (city or town) ?
(State or country) Md.

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt Auburn Date Oct 30 19 31

19. UNDERTAKER Wm. E. Miller
(Address) 1515 E Baltimore St

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1931, to Oct. 26, 1931

I last saw him alive on Oct. 26, 1931, death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct 16, 31

Other contributory causes of importance:

Name of operation No Date of .....

What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. S. Arnold Jr., M. D.

(Address) Balto. City Hosp.

1-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73361

93-004 E 73361

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1020 W Le Fayette ST. 16-23 WARD

2-FULL NAME Carrie Hooks

(a) RESIDENCE NO. 1020 W Le Fayette ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Black Cool

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Lee Hooks

6 DATE OF BIRTH (month, day, and year) June - 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
34	31	10		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Wm Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Sarah Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Andrew L. Hooks (Address) 1020 W Lafayette

15 Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) autopsy thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) autopsy and inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardiac Failure

(duration) — yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Wm A. Smith Coroner, M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W.P. Calvary — DATE OF BURIAL 10/29/1931

20 UNDERTAKER Wm. Geo. H. Kolb & Sons — ADDRESS 1631 Pennsylvania Ave

...TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73362

CERTIFICATE OF DEATH.

82-9-001 E 73362

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3024 Pine St. 4-26 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Evans

(a) RESIDENCE NO. 3024 Pine St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE Colored | 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of James Evans

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Unknown

14 Informant (Address) James Evans 302 N Pine St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 26, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 24 . 1931 . to Oct 26 . 1931 .

that I last saw h alive on Oct 26 . 1931 .

and that death occurred, on the date stated above, at 2.10 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) J. [illegible] Hensley, M. D.

. 19 (Address) 3024 Pine St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem | DATE OF BURIAL Oct 29 31

20 UNDERTAKER Samuel F. Hensley | ADDRESS McBride

Spec.—9-20—A. & Co.—250 Bks.

73363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 VE 73363

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 Preston St. 17-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Annie M. Wilson

(a) RESIDENCE NO. 1824 Preston ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jno. C. Jones

6 DATE OF BIRTH (month, day, and year) 1859.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook 21

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Jno. C. Jones 1824 Preston St.

(Address)

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/27/31

17

I HEREBY CERTIFY, That I attended deceased from 9/9/31 19 to 10/27/31

that I last saw h[illegible] alive on 10/27/31

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach 75

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

Signed H. C. Lee Clark M. D.

(Address) 724 Madison

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL

Laurel Cem. Oct 29 1931

20 UNDERTAKER ADDRESS

Samuel F. Stansbury

Spec.—8-16-29—L. F. S.—100 Bks.

E 73364

HEALTH DEPARTMENT—CITY OF BALTIMORE

Quad 6495W

CERTIFICATE OF DEATH

131

REGISTERED NO. E 73364

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2759 Rayner Ave ST. 16-68 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Caroline Virginia Weaver

(a) RESIDENCE NO. 2759 Rayner Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Weaver

6 DATE OF BIRTH (month, day, and year) October 17-1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	78	-	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER Henry Pumphrey

11 BIRTHPLACE OF FATHER (city or town) Penn Barge Co (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Emma Bates

13 BIRTHPLACE OF MOTHER (city or town) Washington (State or country) D.C.

14 Informant Martha Smith

(Address) 2759 Rayner Ave.

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 27-1931

17 I HEREBY CERTIFY, That I attended deceased from October 18, 1931, to October 27, 1931, that I last saw h- alive on October 27, 1931, and (hat death occurred, on the date stated above, at 12:33 P. m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) unknown yrs. mos. da.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) unknown yrs. mos. da.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis, Physical Signs

(Signed) Chester Roland, M. D.

10-27, 1931 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem

DATE OF BURIAL Oct 30 1931

20 UNDERTAKER Henry W. Tenkins Sons

ADDRESS 1119 Eutaw & Richard Sts

AaCo. 5-21 2508

E 73365

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-E 73365

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 N. Lafayette St., 7-17 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Kaemsten

(a) Residence: No. 714 N. Lafayette St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 13 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam R.R.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 8/6

FATHER

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

13. NAME John Kaemsten
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Bernard Kimbaudt
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary A. Smith
(Address) 714 N. Lafayette

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt. Lebanon Date Oct 30 1931

19. UNDERTAKER Philip Nevins
(Address) 2016 Eutaw St

20. FILED ..... 19.. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929 to Oct 27, 1931

I last saw him alive on Oct 27, 1931, at 3:45 p.m. death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endo + Myocarditis	2 yrs ?
Other contributory causes of importance: Cerebral Embolism	

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. Thaysen M. D.

(Address) 301 S. Edwood Ave

Spec.—9-30—A & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 7336

CERTIFICATE OF DEATH.

46 V 73366

REGISTERED No. 27-443

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 6012 (ST.) Seton Ave (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bridget C Vaughan Bride

(a) RESIDENCE No. 6012 (Usual place of abode) Seton Ave ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Charles McBride

6 DATE OF BIRTH (month, day, and year): July 11 1869

7 AGE — Years: 72 — Months: 1 — Days: 16 — If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Havre De Grace Md

PARENTS

10 NAME OF FATHER: Patrick Hallahand

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Spring Grove Hospital

15 Filed ___, 19___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 27-31

17

I HEREBY CERTIFY, That I attended deceased from Oct 21, 1931, to Oct 27, 1931

that I last saw h[illegible] alive on Oct 26, 1931

and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

Contributory (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Pathologic findings in accord with clinical diagnosis

What test confirmed diagnosis? Symptomatic

(Signed) Howard A Kelly M. D.

(Address) 720 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakland Cem

DATE OF BURIAL: 10-30 19 31

20 UNDERTAKER: Edward J. Rock

ADDRESS: Govans

1-30—M. & T.—100 B—50L

73367

King

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3-4 119 ✓ E 73367

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. ..... WARD)

2-FULL NAME Goldie Moody King

(a) RESIDENCE NO. 253 S. Spring ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	Negro	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 6/30

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	✓	11	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Herbert Andersen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary (Stevenson) Kane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Mary Kane
(Address) 1212 Orleans St

15 Filed ..... 193 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Celitis-ricketts-general nutritial disturbance

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis? .....

(Signed) [illegible], M. D. Coroner

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashbury

DATE OF BURIAL Oct 29 1931

20 UNDERTAKER Wendel J. Dippel

ADDRESS 300 S Edwards

AaCo. 5-41 2408

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73368 E 73368

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4414 Bellevue St. 28-63 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Edward Klees

(a) Residence: No. 4414 Bellevue St., Ward.

(Usual place of abode) 170 years (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Catherine A. Klees

6. DATE OF BIRTH (month, day, year) Apl 29 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railway Mail Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 9/28

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Fairmount Co Md

MOTHER FATHER

13. NAME John Klees

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Anna Covel

16. BIRTHPLACE (city or town) (State or country) Carpenters Pt Md

17. INFORMANT Mrs Katherine A Klees (Address) 4414 Bellevue Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Hill Cem Date Nov 3 '31

19. UNDERTAKER W. Rickard Sons (Address) Mount St

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1931, to Oct 28, 1931

I last saw him alive on Oct 27 1931 death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1928
Cardiac Hypertrophy.	1929

(Other contributory causes of importance: Uraemia. — Duration 3 days

Name of operation None — Date of

What test confirmed diagnosis? Nursing — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hilma F. Hillman, M. D.

(Address) 6 East Biddle St

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73369 V 82-2 73369

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2224 Gamson Blvd (Ward) 15261

Length of residence in city or town where death occurred 19 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Virginia Emma Watson

(a) Residence: No. 2224 Gamson Blvd Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 5 1850

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	81	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Accomac Co Va

MOTHER FATHER

13. NAME Mitchell Watson
14. BIRTHPLACE (city or town) (State or country) unknown
15. MAIDEN NAME Sally Hayden
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Miss Lula M. Hayden
(Address) 2801 Norfolk Ave

18. BURIAL, CREMATION, OR REMOVAL
Westminster, Md Date Oct. 29, 1931

19. UNDERTAKER Wm. J. Pickrell Son
(Address) North & Pa Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1931, to Oct 27, 1931

I last saw her alive on Oct 27 1931 death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage and paralysis	Oct 26/31
Other contributory causes of importance: Arterio sclerosis No hypertension	? ?

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following.
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Nalbro S. Hubbett, M. D.

(Address) 2220 Garrison Blvd

AaCo. 5-01 2508

73370 **HEALTH DEPARTMENT CITY OF BALTIMORE** 73370

CERTIFICATE OF DEATH T 122-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. 4:30 (Ward)

Length of residence in city or town where death occurred yrs mos 8 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME John H. Friedhofer

(a) Residence: No. Lamore & Co Rd. St., Ward.
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 5, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	59	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME John F. Friedhofer
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rachel Kitney
16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Mrs. Grace Zimmerman
(Address) Lamore Md

18. BURIAL, CREMATION, OR REMOVAL
Place Ft Mead Date Oct 31 1931

19. UNDERTAKER Wm. J. Pickert & Son
(Address) Woodlawn

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) Oct 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1931 to Oct 29, 1931

I last saw h alive on Oct 29, 1931 death is said to have occurred on the date stated above, at 2:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ventral Hernia	1925

Other contributory causes of importance:

Acute Cardiac decompensation	Oct 29
Obesity	1900

Name of operation Ventral Herniotomy Date of 10/21/31

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) University Hosp.

Spec.—2-29-28—L. F. S.—500 Hks.

E 73371

HEALTH DEPARTMENT—CITY OF BALTIMORE

OCT 29 1931

82-001 E 73371

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2401 Eager ST. 7-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Tina Vesely

(a) RESIDENCE NO. 2401 Eager ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Alois Vesely

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 48 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John Vacek

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant: Alois Vesely

(Address) 2401 Eager St

15 Filed ....., 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1931, to Oct. 28, 1931, that I last saw h[illegible] alive on Oct. 28, 1931, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy, Arteriosclerosis and Hypertension

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Hypertension (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Vincent J. Jokay, M. D.

, 19 (Address) 745 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Oct 31 1931
20 UNDERTAKER	ADDRESS
Frank Brockbon	Woodlawn

Spec.—9-30—A. & Co.—250 Blks

73372

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73372

131v

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2416 E Preston St ST 8-16 WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Martin Joseph Mannion

(a) RESIDENCE NO 2416 E. Preston St. ST WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Barbara M. Mannion

6 DATE OF BIRTH (month, day, and year) January 6-1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	51	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Detective (Policeman)

(b) General nature of industry, business, or establishment in which employed (or employer) Balto City 161

(c) Name of employer Police Dept.

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER Joseph Mannion

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Anna Cone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Interment (Address) Mrs Barbara Mannion 2416 E Preston St.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29-1931

17

I HEREBY CERTIFY, That I attended deceased from Oct 29, 1930, to October 29, 1931

that I last saw h[illegible] alive on October 28, 1931

and that death occurred, on the date stated above, at 2 00 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis Decompensated

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis

(duration) 1 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) Thos J. a Stevens M. D.

10/29/1931 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: Nov 2 1931

20 UNDERTAKER: Hemsley & Gross ADDRESS: Reisterstown Md.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

73373

CERTIFICATE OF DEATH

151-804

151 E 73373

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE (No 7 ST. [illegible] WARD) St a.

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Gilbert H White

(a) RESIDENCE NO 1613 Pumphrey St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 26/92

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	✓	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child. do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER John White

11 BIRTHPLACE OF FATHER (city or town) Balt. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Grimm

13 BIRTHPLACE OF MOTHER (city or town) Balt. Md.
(State or country)

14 Informant Elizabeth White
(Address) 1605 Youngstown Ave

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29/931

17

I HEREBY CERTIFY, That I attended deceased from 10/20, 1931 to 10/29, 1931 that I last saw him alive on 10/29, 1931 and that death occurred, on the date stated above, at 12: m.

The CAUSE OF DEATH* was as follows:

Pylorospasm
Pyloric stenosis

(duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. 1/2 mos. ds.

18 Where was disease contracted if not at place of death? 1605 Youngstown Ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical & Xray

(Signed) Robt Hebron M. D.

. 19 (Address) St Agnes Hosp—

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL 10/31 1931

20 UNDERTAKER [illegible] & Co

ADDRESS 1217 St Paul St

1-30—M. & T.—100 B—60L

E 73374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18 ✓ E 73374

REGISTERED NO. 23432

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. South Baltimore General ST. OR HOSP. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joan Risley.

(a) RESIDENCE No. House Boat, Hanover St. Bridge ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed or divorced (or) WIFE of Allen B. Risley.

6 DATE OF BIRTH (month, day, and year) May 19, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	42	5	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None. 31
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Buffalo, N.Y.

PARENTS

10 NAME OF FATHER Charles Lang.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Allen B. Risley. (husband).

(Address) House Boat, Hanover St. Bridge.

15 Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 27, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

1st, 2nd and 3rd degree burns over body. Fell against an open wood stove. Accidental Death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? House Boat, Hanover St. Bridge. October 19, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) H. McGuinness, M. D. Coroner

10/28/31 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery — DATE OF BURIAL 10/29 1931

20 UNDERTAKER William Cook — ADDRESS 1430 Penn

(1) See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks

73375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 ✓ E 73375

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE (No. Little Sisters of the Poor ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary McManus

(a) RESIDENCE NO. 1201 Valley St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Col

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER James McManus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Brennan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Little Sisters of the Poor (Address) 1201 Valley St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 27th 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 23 1931 to Oct 27th 1931, that I last saw her alive on Oct 27th 1931, and that death occurred, on the date stated above, at 7-P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) E. McCorkell, M. D.

10/28, 1931 (Address) 1114 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Oct 30 1931

ADDRESS

UNDERTAKER Chas. H. Ware & Son

ADDRESS 1811 Eutaw Pl

Spec.—1-30—M. & T.—250 Blks.

E 73376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

E 73376

1-PLACE OF DEATH Home for the Aged

CITY OF BALTIMORE: (No.) 2211 Rogers Ave ST. 27-55 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Annie Kirby

(a) RESIDENCE NO. Home for the aged of the ST. M E Church

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If ~~married, widowed, or divorced~~ HUSBAND of or) WIFE of James Kirby

6 DATE OF BIRTH (month, day, and year) ~~October 30~~ May 20, 1841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	90	5	8	4

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry Rigby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Records of the Home (Address)

15 Filed ..... 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 11, 1931, to Oct 28, 1931, that I last saw her alive on October 27, 1931, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. ✓ mos ✓ ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis.

(duration) 3 yrs. ✓ mos ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical methods

(Signed) George C. Shannon, M. D.

9/24 1931 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Oct 30 1932

20 UNDERTAKER George J Smith

ADDRESS Hollins

A&Co. S-II 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73377 — 34 E 73377

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1208 Edmondson Ave. St., 16 Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Gertrude Eliz. Lydon

(a) Residence: No. 1208 Edmondson Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 22, 1931

7. AGE: Years — | Months 5 | Days 6 | If LESS than 1 day hrs or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John W. Lydon

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME E. Richardson

16. BIRTHPLACE (city or town) (State or country) Louisiana

17. INFORMANT (Address) John W. Lydon 1208 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Cathedral Cem. Date Oct 29, 1931

19. UNDERTAKER (Address) C. Orin Lammon 5401 Park Heights Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from ~~Oct 27~~, 1931, to Oct 28, 1931

I last saw her alive on Oct 28, 1931 death is said to have occurred on the date stated above, at 11:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical & Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Victor Levy, M. D.

(Address) 2324 Eutaw Place

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73378 108 E 73378

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 251 W. Hoffman ST. 11-24 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roberto Gary.

(a) RESIDENCE NO. 251 W Hoffman ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE Male Col

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Gary.

6 DATE OF BIRTH (month, day, and year) Dec 25 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	27	10	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Godwin N.C.

PARENTS

10 NAME OF FATHER Thos Blue

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Thos Gary 251 W Hoffman

(Address)

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Oct 27 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) ..... Coroner ....., M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Godwin N C

DATE OF BURIAL 10/29 1931

20 UNDERTAKER Samuel Easley

ADDRESS Pace

TION is very important! See instructions on back of c

Spec.—9-30—A. & Co.—250 Blks.

73379

HEALTH DEPARTMENT—CITY OF BALTIMORE

73379

CERTIFICATE OF DEATH.

157-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Saint Joseph's Hospital ST. 1-1 WARD)

2 FULL NAME Baby Frec (-girl)

(a) RESIDENCE NO. St. Jos. Hosp. 3000 Hiddenwood Pl. Children's Ward ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) October 29, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1/ 28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Alphonus Svec

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Catherine Sprole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant (Address) Mr. Alphonus Svec 3044 Hudson St.

15 Filed —, 19—. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 29, 1931

17

I HEREBY CERTIFY, That I attended deceased from October 10, 19 31, to October 29, 19 31, that I last saw he alive on October 28, 19 31 and that death occurred, on the date stated above, at 6:50 A. M.

The CAUSE OF DEATH* was as follows:

Congenital Spina Bifida (duration) yrs. 2 mos. 20 dys.

CONTRIBUTORY (Secondary) Respiratory Pneumonia (duration) yrs. mos. dys.

18 Where was disease contracted if not at place of death? Place of birth

Did an operation precede death? Yes Date of 10-12-31 (Aug.)

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) N. B. Hendrix M. D.

(Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Oct. 30 1931

20 UNDERTAKER John A. Moran — ADDRESS 3000 E. Balto St.

Spec.—9-30—A. A. Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

73380 — CERTIFICATE OF DEATH — 52E 73380

1 PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No.) Lafayette Ave. (Street) 9-17 (Ward)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Nicholas White

(a) RESIDENCE NO. 2 Muscapan S. Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~ Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Nicholas White

6 DATE OF BIRTH (month, day, and year): 8-18-1879.

7 AGE: Years 52 — Months — — Days 21. — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Office Manager

(b) General nature of industry, business, or establishment in which employed (or employer): 609

(c) Name of employer: Cotton Mill

9 BIRTHPLACE (city or town) (State or country): N. Y.

PARENTS

10 NAME OF FATHER: Charles H. White

11 BIRTHPLACE OF FATHER (city or town) (State or country): N.Y.

12 MAIDEN NAME OF MOTHER: Ida Terry

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.Y.

14 Interment — (Address): Mrs Nicholas White Muscapan S. C.

15 Filed .19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-29-31.

17 I HEREBY CERTIFY, That I attended deceased from Sept. 2. 1931 to October 29 1931

that I last saw h alive on October 29/31

and that death occurred, on the date stated above, at 12. o'clock noon

The CAUSE OF DEATH* was as follows:

Cerebral Embolism 2nd operation for glands of neck

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Squamous Carcinoma Neck metastasis to glands (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Removed here

Did an operation precede death? Yes. Date of 8-20-31

Was there an autopsy? No

What test confirmed diagnosis? P E — Path Exam

(Signed) Hjalmar S. Anderson M. D.

10-29-31 .19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Utica N.Y.

DATE OF BURIAL: 10-31-31

20 UNDERTAKER: Martin Fahey & Sons

ADDRESS: 1523 N North Ave

AACo. 5-31 250B

25316 2L 73381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119L 73381

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 13-31 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jean Bentz

(a) Residence: No. Florence Cottenden Home Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/30/31

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME George Steil
14. BIRTHPLACE (city or town) (State or country) Balto (?)
15. MAIDEN NAME Catherine Bentz
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Hopkins Med Col Date ... 19...

19. UNDERTAKER
(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1931, to Oct 22, 1931

I last saw her alive on Oct 22, 1931 death is said to have occurred on the date stated above, at 11.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Oct 16

Other contributory causes of importance:

Otitis media	Oct 0

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) ... M. D.
(Address) ...

OCT 22 1931 JOHNS HOPKINS HOSPITAL

1931 5270

AaCo. 5-31 250B

253737
Ped 73382

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH

119 E 73382

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Porter

(a) Residence: No. Middle River Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Child

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 24 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

FATHER

12. BIRTHPLACE (city or town) (State or country) Maryland
13. NAME Vernon Porter

MOTHER

14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Pauline Georgeau
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Md Date ... 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1931 to Oct 25 1931
I last saw him alive on Oct 25 1931 death is said to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea & enteritis	Oct 11
Other contributory causes of importance:	

Name of operation None Date of ...
What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.
(Address) [illegible]

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 73383 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73383

CERTIFICATE OF DEATH. 52

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2236 E. University Pkwy. ST.; 49 WARD.

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Lee Kaufe

(a) RESIDENCE No. 2236 E. University Pkwy ST.. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of August F. Kaufe

6 DATE OF BIRTH (month, day, and year) Aug 10, 1852

7 AGE Years 78 Months 2 Days 17

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John P. Pruefer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Denmark

12 MAIDEN NAME OF MOTHER Anna Lee Jensen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Denmark

14 Informant August F. Kaufe (Address) 2236 E. University Pkwy

15 Filed Oct. 29 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 27 1931

17

I HEREBY CERTIFY, That I attended deceased from May 25 1931 to Oct. 27 1931, that I last saw her alive on Oct. 27 1931, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Myxosarcoma —

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bowel

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Biopsy Date of

Was there an autopsy? no

What test confirmed diagnosis? Microscopic

(Signed) Jos. Kraus, M. D.

, 19 (Address) Med. Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL Oct 30 1931

20 UNDERTAKER — ADDRESS 2700 Edmondson Ave

Spec.—9-30—A. & Co.—250 Blks.

73384 # 1 E 73384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO 15-68

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2743 W. North Ave. St. WARD

2 FULL NAME Louis T. Greifzu

(a) RESIDENCE NO 2743 W. North Ave. St. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 49 yrs. 9 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lillie Greifzu(nee Wellner)

6 DATE OF BIRTH (month, day, and year) Jan. 6, 1882.

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	49	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Marine Contractor

(b) General nature of industry, business, or establishment in which employed (or employer): 016

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Charles Greifzu

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Wenchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs. Lillie Greifzu 2743 W. North Ave.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 27-31

17
I HEREBY CERTIFY, That I attended deceased from May 19, 1931, to Oct 27, 1931
that I last saw him alive on Oct 26, 1931
and that death occurred, on the date stated above, at 2:0 a. m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Larynx
Duration about 5 mo
Tuberculosis of Lungs
(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Toxemia + Exhaustion
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Laboratory

(Signed) L. K. Mackall M. D.
10/28/31 (Address) 2757 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL
Loraine Park	10/ 19 31.
20 UNDERTAKER Harry S. Metzger	ADDRESS 4101 Edmondson Ave.

Spec.—9-30—A. & Co.—250 Blks.

73385

HEALTH DEPARTMENT—CITY OF BALTIMORE

73385

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 101 S. Catherine St. St. 20-69 WARD)

2 FULL NAME Magdalina Elizabeth Blunt

(a) RESIDENCE NO. 101 S. Catherine St. St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. 5 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Late Charles H. Blunt

6 DATE OF BIRTH (month, day, and year) April 11 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Roth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaretsteinecker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) William H. Blunt (Son) 135 S. Catherine St.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-28-31.

17 I HEREBY CERTIFY, That I attended deceased from March 1 1916 to Oct 28 1931

That I last saw her alive on Oct 28 1931

and that death occurred, on the date stated above, at 5.10 P m.

The CAUSE OF DEATH* was as follows:

Circulatory Hypertension

(Duration) 15 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Haemorrhage

(duration) — yrs. 1 mos. 16 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Chas. C. Conner M. D.

10/29/31 (Address) 1101 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 10/31/31

20 UNDERTAKER [illegible] ADDRESS 4101 Edmondson Ave.

Spec.—9-30—A & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

73386 — CERTIFICATE OF DEATH — 73386

93-003

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) 4129 Roland Ave (Street) 3-52 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Rachel Gist Oliver

(a) RESIDENCE NO. 4129 Roland Ave (Street) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of William A. Oliver

6 DATE OF BIRTH (month, day, and year) May 12th 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	77	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Joseph Gist

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Eleanor Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs T. J. Cavanaugh (Address) 4129 Roland Ave

15 Filed ___, 1931. ___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 29th 1931

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1929, to October 29, 1931, that I last saw h[illegible] alive on October 29, 1931, and that death occurred, on the date stated above, at 9.30 m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac decompensation

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Senile Myocarditis (duration) about yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Examination

(Signed) Edgar M. Stitt, M. D.

10/29/31 (Address) 2431 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 10/31/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

73387 — 73387

CERTIFICATE OF DEATH.

REGISTERED NO. 82-09

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3908 W.Garrison Bl'vd ST., 15-63 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Cox

(a) RESIDENCE No. 3908 W.Garrison Bl'vd. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs 10 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Alma Cox

6 DATE OF BIRTH (month, day, and year) Dec 1 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	74	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Printer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.Md.

PARENTS

10 NAME OF FATHER John Cox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.Md.

12 MAIDEN NAME OF MOTHER Elizabeth Kirby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mary Alma Cox
(Address) 3908 W.Garrison Bl'vd.

15 Filed Oct 31 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28/31

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1931, to Oct 1931, that I last saw h alive on Oct 28, 1931, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Arterio Sclerosis
+ Cerebral Hemorrhage

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) A. C. Emmert, M. D.

Oct 30 1931 (Address) 4304 Gelsby Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Oct 30 19 31

20 UNDERTAKER: Henry W. Arnscott & Son 420 N Ridgewood Ave — ADDRESS

Spec.—9-30—A. & Co.—250 lbs.

73388

HEALTH DEPARTMENT—CITY OF BALTIMORE

73388

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5016 Reisterstown Road WARD 24-56

REGISTERED NO. ....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Stephen T. Kieffer

(a) RESIDENCE NO. 5016 Reisterstown Road WARD ....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Lula R. Kieffer

6 DATE OF BIRTH (month, day, and year): July 16-1858

7 AGE: Years 73 | Months 3 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED:
(a) Trade, profession or particular kind of work: Manager
(b) General nature of industry, business, or establishment in which employed (or employer): Lumber Yard
(c) Name of employer: ...

9 BIRTHPLACE (city or town) (State or country): Carlisle Pennsylvania

PARENTS

10 NAME OF FATHER: Daniel B. Kieffer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Ann E. Hoover

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant (Address): Mrs. Lula R. Kieffer 5016 Reisterstown Road

15 Filed 10-29-1931 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 28-1931.

17 I HEREBY CERTIFY, That I attended deceased from ... during a period of 2 yrs 10 mos 28 ds. 19.. that I last saw him alive on 10-28 19 31 and that death occurred, on the date stated above, at 3:30 A. M. The CAUSE OF DEATH* was as follows:

Gastric Cancer

(duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? At Place of death. Did an operation precede death? No Date of ... Was there an autopsy? No What test confirmed diagnosis? X ray & clinical

(Signed) Harry Agnoff M. D. 10-29-31 (Address) 3902 Groveland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — DATE OF BURIAL: Oct. 30-1931.

20 UNDERTAKER: Forest F. Burgee — ADDRESS: 3631 Falls Road

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

2572 Circle 73389 — 82-0 73389

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-9 (Ward)

Length of residence in city or town where death occurred yrs. 1 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Manning

(a) Residence: No. Wilson N.C. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 1, 30 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N Carolina

FATHER

13. NAME Needham Manning
14. BIRTHPLACE (city or town) (State or country) N Carolina

MOTHER

15. MAIDEN NAME Kelly Lucas
16. BIRTHPLACE (city or town) (State or country) N Carolina

17. INFORMANT Johns Hopkins Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Wilson N.C. Date Oct 30 1931

19. UNDERTAKER Atlantic Coast Line Co.
(Address) Wilson N.C.

Oct 30 1931 [illegible] M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-27-1931

22. I HEREBY CERTIFY, That I attended deceased from 9-8-1931 to 10-27-1931

I last saw him alive on 10-27-1931 death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, bilateral	10-28-31
Cerebral embolism, right	10-28-31

Other contributory causes of importance:

Multiple embolic, rt. lower lobe	9-27-31
Embolism, left lower lobe	10-27-31
Benign prostatic hypertrophy (removed)	

Name of operation Perineal prostatectomy Date of 9-14-31

What test confirmed diagnosis? X Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Glenn Wilson Zeiders M. D.

(Address) Johns Hopkins Hospital

Spec.—9-30—A. & Co.—250 Blks

73390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

73390

93-003

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No) Sinai Hospital ST. 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Clara Ostrowsky

(a) RESIDENCE NO. 406 N. Broadway ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE: Years 54 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cutter

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Morris Ostrowsky

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Sarah Shapiro

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Rosella Ostrowsky 406 N Broadway

15 Filed ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29 31

17 I HEREBY CERTIFY, That I attended deceased from 10/23, 1931, to 10/29/, 1931

that I last saw h[illegible] alive on 10/29/, 1931

and that death occurred, on the date stated above, at 5.20 P m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Found at autopsy

2 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M L Levison M. D.

10/30, 1931 (Address) Brailtmore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herring Run

DATE OF BURIAL: 10/30, 1931

20 UNDERTAKER: Sol Hyman & Bro

ADDRESS 127 E Baltimore

Spec.—9-30—A. & Co.—250 Blks.

E 73391 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13/ E 73391

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 1724 E. Pratt St. (St.) 2-4 (Ward)

2 FULL NAME CHARLES G. J. ACKERMANN

(a) RESIDENCE NO. 1724 E. Pratt St. ST. WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Ackermann

6 DATE OF BIRTH (month, day, and year) July 8, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Proprietor of Grocery Store

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Louis Ackermann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Kunigunda Pfeifer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Anna M. Ackermann (Wife)

(Address) 1724 E. Pratt St.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 27, 1931

17

I HEREBY CERTIFY, That I attended deceased from Sept 30, 1931, to Oct 27, 1931.

that I last saw h[illegible] alive on Oct 27, 1931

and that death occurred, on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:

Acute regurgitation, chronic diffuse nephritis & cardiac asthma

(duration) yrs. mos. 28+ ds.

CONTRIBUTORY (Secondary) Bronchopneumonia & Heart failure

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & symptoms

(Signed) Wm. A. Rowbotham M. D.

19 (Address) 1623 E Baltimore

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cemetery	Oct. 30 '31
20 UNDERTAKER Henry Sander & Sons, Inc.	BALTIMORE & BROADWAY

1-20—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

73392

REGISTERED NO. 167 E 73392

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) WARD 30-6 ST. 2541 Edmondson Ave

2-FULL NAME Charles Stuart Gilbert.

(a) RESIDENCE NO. 2541 Edmondson Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 11 mos. 25 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie B. Gilbert

6 DATE OF BIRTH (month, day, and year) Nov 3rd 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	62	11	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Auditor
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Felson Cork Co

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER, Robert K. Gilbert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

PARENTS

14 Informant Bessie B. Gilbert (Address) 2541 Edmondson Ave

15 Filed OCT 30 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/28/1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide - Self-inflicted gunshot wound of head, while temporarily insane. immediately

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probable fracture of skull and sub-dural hemorrhage (duration) immediate yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Bromwell, M. D. Coroner

10/30 1931 (Address) 203 Patapsco Ave Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fairmount — DATE OF BURIAL 10/31 1931

20 UNDERTAKER F. D. Wright — ADDRESS 1302 Eutaw Place

AdCo. 5-31-2908

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73393

CERTIFICATE OF DEATH

1 31 V E 73393

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4022 Ridgecroft Rd St. 27-41 Ward

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME A. Willis Henderson

(a) Residence: No. 4022 Ridgecroft Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elmer F. Henderson

6. DATE OF BIRTH (month, day, year) Feb 10 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md

FATHER
13. NAME [illegible]
14. BIRTHPLACE (city or town) (State or country) [illegible] Co

MOTHER
15. MAIDEN NAME [illegible]
16. BIRTHPLACE (city or town) (State or country) [illegible] Frederick Co Md

17. INFORMANT Ellie May Kent
(Address) 4022 Ridgecroft Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 10-30-1931

19. UNDERTAKER J. D. Bryant
(Address) 1122 E. Baltimore St

20. FILED ____, 19____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/29/1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1931 to Oct 29, 1931

I last saw h[illegible] alive on Oct, 19__ death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance:	
Chr. Nephritis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter H. Wurster M.D.

(Address) 2800 St Paul St

AACo. 5-31 2M8

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73394 — 93-003 — E 73394

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (No. 26-37 St. ... Ward)

CITY OF BALTIMORE: (No. .....)

Length of residence in city or town where death occurred life yrs ... mos ... ds How long in U.S. if of foreign birth? ... yrs ... mos ... ds

2. FULL NAME John L. Kennedy

(a) Residence: No. none St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ? ? 1856 ?

7. AGE	Years	Months	Days	If LESS than 1 day... hrs or ... min.
	75 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Oct. 30 1931

19. UNDERTAKER John F. Fahey & Son
(Address) 1815 Edgar St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1922 to Oct. 28, 1931

I last saw him alive on Oct. 28, 1931 death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr.	9-28-31

Other contributory causes of importance:

Arteriosclerosis	chronic

Name of operation None Date of

What test confirmed diagnosis? Clinically an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No no, specify

(Signed) Jas G Kennedy Jr. M.D.

(Address) Balto. City Hosp.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

73395

CERTIFICATE OF DEATH

79-001 E 73395

1 PLACE OF DEATH Sinai Hosp.

CITY OF BALTIMORE: (No Monument St. St 15-27 WARD

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sarah Oppenheim

(a) RESIDENCE NO 1618 N. Monroe St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Oppenheimer

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	43	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Abraham D Feikhund

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Freida Faessman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Joseph Oppenheimer 1618 N. Monroe St

15 Filed ____, 19__ ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29/31

17
I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1931, to Oct 27, 1931

That I last saw h[illegible] alive on Oct 27, 1931

and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Staphylococcus Septicemia
Staphylococcus Burning the Focus ? (duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. B. Kirsh M. D.

10/24 1931 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel — DATE OF BURIAL 10/30 1931

20 UNDERTAKER Jack Lauraine — ADDRESS 1439 Eutaw St

Spec—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73396 — 131 V B 73396

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Sinai Hospital ST. 15-68 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Golden

(a) RESIDENCE No. 1815 Warwick Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Golden

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Leather Goods

(b) General nature of industry, business, or establishment in which employed (or employer): Operator

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Aaron Golden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Sarah Golden (Address) 1815 Warwick Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 29, 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1931, to Oct 29, 1931

That I last saw h im alive on Oct 29, 1931

and that death occurred, on the date stated above, at 11:30A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Hypertension

Cerebrovascular Renal disease

?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Milton B Kerr M. D.

10/29/1931 (Address) Union Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mehrer Rosedale	10/30 1931

20 UNDERTAKER: Jack Lewis (ADDRESS) 1439 E Baltimore

4

A&Co. 5-31 250B

25267 T. 73397

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 T 73397

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 15 ~~Ward~~)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. 3 mos 22 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isaac Wilson

(a) Residence: No. 1354 Whatcoat St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edna

6. DATE OF BIRTH (month, day, year) July 9 - 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	3	19.	

OCCUPATION

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Wilson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Celia

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Record
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Nov 1 1931

19. UNDERTAKER Virginia A. Brooks
(Address) 1413 N. Carey St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1931, to Oct 28, 1931

I last saw him alive on Oct 28, 1931 death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach — Date of onset 1929

Other contributory causes of importance:

Heart failure

Name of operation Exploratory laparotomy Date of 9/24/31

What test confirmed diagnosis? Op. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. Wells M. D.
(Address) Johns Hopkins Hospital

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73398

93-003

E 73398

CERTIFICATE OF DEATH.

REGISTERED NO. 10-14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 714 E. Chase St. ST. (WARD)

2-FULL NAME Mary Griffin

(a) RESIDENCE NO. 714 E. Chase St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ? mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Michael D. Griffin

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	93			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Conway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mr. Griffin (Address) 714 E. Chase St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 29/31

17 I HEREBY CERTIFY, That I attended deceased from Oct. 20. 1931. to Oct. 29. 1931. that I last saw her alive on Oct. 28. 1931. and that death occurred, on the date stated above, at 6.30 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 1512 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Oct-31 1931

20 UNDERTAKER Rita Wiedefeld

ADDRESS [illegible]

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73399

CERTIFICATE OF DEATH.

82-001 E 73399

REGISTERED NO.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1310 Argyle Ave. (ST.) 17-2 (WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Charles Dwight Bennett

(a) RESIDENCE NO. 1310 Argyle ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Esther Bennett

6 DATE OF BIRTH (month, day, and year) Oct 6, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	62		22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Wm Cumming

9 BIRTHPLACE (city or town) (State or country) Dayton Ohio

PARENTS
10 NAME OF FATHER ?
11 BIRTHPLACE OF FATHER (city or town) (State or country) ?
12 MAIDEN NAME OF MOTHER ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Wm M. Bennett
(Address) 1310 Argyle Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1931, to Oct 28, 1931.
That I last saw him alive on Oct 28, 1931
and that death occurred, on the date stated above, at 10:40 p m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Hypertension (duration) ... yrs. 4 mos. ... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) ..... M. D.
, 19 (Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Lukes Cem.
DATE OF BURIAL: 10-30 1931
20 UNDERTAKER: Dennis Easton
ADDRESS 916 Pa Ave.

Spec.—9-30—A. & Co.—250 Blks. Dr Drain 1227 Washington Blvd

73400 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

73400

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2118 Sidney Ave) (Ward 26 East Dist)
REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Joseph H. Cook

(a) RESIDENCE NO. North Braddock (St.) Penna (Ward)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 Week ... Length in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Henrietta Cook

6 DATE OF BIRTH (month, day, and year) May 2nd 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	✓	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Steam Pitter
(c) Name of employer: Humphreyville

9 BIRTHPLACE (city or town) (State or country): Penna

PARENTS
10 NAME OF FATHER: Joseph Cook
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: Elizabeth Hoffmann
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna

14 Interment (Address): Home Cook North Braddock Pa

15 Filed 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 30-31

17
I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1931 to Oct 30 1931
that I last saw h alive on Oct. 29 1931
and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach & Liver

(duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): Dropsy
(duration) ... yrs. ... mos. 30 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of ...

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Shepherd Drain M. D.
10/30/31 (Address) 1227 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: North Braddock Pa — DATE OF BURIAL: 10/30/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

Spec.—9-36—A. & Co.—250 Blks

73401 HEALTH DEPARTMENT—CITY OF BALTIMORE 73401

CERTIFICATE OF DEATH

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) 2122 N. Charles ST. 17 WARD 51

2. FULL NAME Mary E. Waring

(a) RESIDENCE NO. 2122 N. Charles ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~ ~~Widowed~~, or ~~Divorced~~ (write the word)
F	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 4 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Colora Md.

PARENTS

10 NAME OF FATHER Wm Waring

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER Lydia Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Phila Pa

14 Interment Bernard E. Waring
(Address) Lawrenceville N.J.

15 Filed . 19 . . . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29th 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 20 . 1931 . Oct. 29 . 1931

that I last saw her alive on Oct. 29 1931

and that death occurred, on the date stated above, at 2.05 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage
Cardio-vascular renal disease 8

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical

(Signed) Benj Sanders M. D.

. 19 (Address) 2128 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Colora Cecil Co Md

DATE OF BURIAL: Oct 31 1931

20 UNDERTAKER: Fontaine & Joe

ADDRESS: 2224 N. Eagle St.

1-20—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

73402

CERTIFICATE OF DEATH

REGISTERED NO. 73402

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Hopkins Hospital ST. 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Augustyniak

(a) RESIDENCE NO. 545 S. Washington St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 6/1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65	6	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work laborer
(b) General nature of industry, business, or establishment in which employed (or employer) O
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Dorothy Redman

(Address) 609 S. Rose St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) I find that said deceased came to him death on the day stated above.

The CAUSE OF DEATH* was as follows: Illuminating gas poisoning-probably accidental. Rubber hose detached from stop cock to the burner due

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. W. Porter, M. D. Coroner

, 19 (Address) Oct 26/31 100 S. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem

DATE OF BURIAL Oct 30 1931

20 UNDERTAKER John M Welsh

ADDRESS 401 S. Christy Av

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

73403 93-E 73403

CERTIFICATE OF DEATH

Registered No. 64

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 137 S. Calverton Road) Ward 50

Length of residence in city or town where death occurred yrs mos ds (If non resident give City or town and State) How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mrs. Julia A. Collins

(a) Residence: No. 137 S. Calverton Road Ward.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles E. Collins

6. DATE OF BIRTH (month, day, year) May 15 1853

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	78	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Ind.

MOTHER FATHER

13. NAME David McKenzie

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Sallie Jones

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Charles E. Collins

(Address) 137 S. Calverton Road

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn (Cemetery) Date Nov. 2 1931

19. UNDERTAKER George L. Lehnert

(Address) 2101 Pinkney Ave

20. FILED 30 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 1 1931 to Oct 29 1931

I last saw h e alive on Oct 29 1931 death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Hypertension	

Other contributory causes of importance:

Hydremia

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas E Collins, M. D.

(Address) 2145 N. Calvert

AACo. 5-11-2M8

E 73404

HEALTH DEPARTMENT—CITY OF BALTIMORE

73404

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-14 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Oscar Lee Williams

(a) Residence: No. 1323 St Paul St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs Lena B. Williams

6. DATE OF BIRTH (month, day, year) March 30, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	56	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER FATHER

13. NAME John N. Williams

14. BIRTHPLACE (city or town) (State or country) Delaware

15. MAIDEN NAME Elizabeth Bame

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Oscar L. Williams
(Address) 1313 Kirwan Cleveland, Ohio

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date Oct 31 1931

19. UNDERTAKER E. J. Whitehall & Sons
(Address) Greenmount Ave

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/29/31. 19

22. I HEREBY CERTIFY, That I attended deceased from 10/22/31. 19 to 10/29/31. 19

I last saw him alive on 10/29/31. 19 death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostasis	
Hypostatic Bronchopneumonia	
Hypostatic Pneumonitis	
Hypostatic Pneumonitis	
Hypostatic Lobular Pneumonia	

Other contributory causes of importance:

1) Bronchopneumonia
2) Hypostatic Pneumonia
3)

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. L. Thurston, M. D.

(Address) Mercy Hosp.

AaCo. 5-31 2108

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 73405

CERTIFICATE OF DEATH

131

Registered No. C 73405

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 121 Hillard St. 70-64 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Anna Bossert.

(a) Residence: No. 121 Hillard St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Antone Bossert

6. DATE OF BIRTH (month, day, year): May 24 1854

7. AGE: Years 77; Months 5; Days 4; If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired & Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country): Germany
13. NAME: Joseph Hechmer
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Hanna
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Margaret Williams
(Address) 124 Hillard St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 2 1931

19. UNDERTAKER: George L. Schwab.
(Address) 711 Fulton Ave.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 28 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 13 1931 to Oct 28 1931

I last saw her alive on Oct 28 1931 death is said to have occurred on the date stated above, at 1:23 m.

The principal cause of death and related causes of importance were as follows:

Chronic Intestinal Nephritis

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Martin Et Cal M. D
(Address) 711 Fulton Ave

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

73406 — 131 VE 73406

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 N. Gilmore ST., 14-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jane Matthews

(a) RESIDENCE NO. 218 N. Gilmore ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced (write the word): Widowed

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: Major Matthews

6 DATE OF BIRTH (month, day, and year): Dec 31, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	56	9	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Henry Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Lucy Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mr. Edward Matthews
(Address): 218 N. Gilmore St

15 Filed .19 , Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/28/31

17 I HEREBY CERTIFY, That I attended deceased from Oct 24th 31 to Oct 28th 31,

that I last saw her alive on Oct 28th 31

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage from apoplexy.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Endocarditis Chronic Nephritis (Interstitial) (duration) yrs 2 mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical

(Signed) H. T. Bruns M. D.

.19 (Address) 522 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Nov 1, 1931

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 3227 Schroeder St

Spec.—9-29—A. & Co.—250 Blks

73407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 L 73407

1 PLACE OF DEATH

CITY OF BALTIMORE (No 1633 Purston Ave. St 15-68 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Abraham Cohen

(a) RESIDENCE NO 1633 Purston Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Fannie Cohen

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Ben Cohen
(Address): 1633 Purston Ave.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/30/31

17
I HEREBY CERTIFY, That I attended deceased from Oct 21, 1931, to Oct 30, 1931
that I last saw h[illegible] alive on " 30, 1931
and that death occurred, on the date stated above, at 2 9. m.

The CAUSE OF DEATH* was as follows:
Arteriosclerosis, Chronic Nephritis
(duration) 3 yrs. — mos. — ds.
CONTRIBUTORY (Secondary): Bronchopneumonia
(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? at place of death
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Exam. —

(Signed) M. B. Levin M. D.
10/30 1931 (Address) 1800 N. Charles St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arlington Turnpike Cemetary — DATE OF BURIAL: 10-30-1931

20 UNDERTAKER: Pace Funeral Inc, 1439 E. Balto St — ADDRESS

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

73408

159

1 PLACE OF DEATH Johns Hopkins Hospital.

CITY OF BALTIMORE: (No. 10-13 St. WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Smothers

(a) RESIDENCE NO. 212 N. Caroline St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 21 - 31

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER William Smothers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Pearl Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Johns Hopkins Hospital.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 23-31

17

I HEREBY CERTIFY, That I attended deceased from 8-21, 1931, to 8-23, 1931

that I last saw h PR alive on 8-23, 1931

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Malnutrition

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY ... (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. B. Snyder M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: OCT 30 1931

UNDERTAKER: [redacted]

ADDRESS: [redacted]

Spec—9.30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73409

CERTIFICATE OF DEATH

79-001 73409

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No Baltimore Md. St 17-2 Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Augusta Hall.

(a) RESIDENCE NO. 511 W Biddle St St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9-22-57

7 AGE — Years: 14 — Months: 1 — Days: 4 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: 0
(b) General nature of industry, business, or establishment in which employed (or employer): Domestic
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ann Arundel Co Maryland

PARENTS
10 NAME OF FATHER Philip Hall
11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland
12 MAIDEN NAME OF MOTHER Harriet Watts
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Records (Address) Balto City Hospitals

15 62.6 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/26/31

17
I HEREBY CERTIFY, That I attended deceased from 10-21- , 19 31 , to 10-26- , 19 31
that I last saw her alive on 10-26- , 19 31
and that death occurred, on the date stated above, at 7 45 P m.
The CAUSE OF DEATH* was as follows:
Cerebro-spinal meningitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Harry J. Corbett M. D.
, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL — DATE OF BURIAL OCT 30 1931, 19

20 UNDERTAKER — ADDRESS

Per. Wm. E. Woodall

AaCo. 5-31 250B

E 73410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53 E 73410

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 14-37 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Mack

(a) Residence: No. 328 N. Bruce St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eliza

6. DATE OF BIRTH (month, day, year) Mar. 15, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Rowsley

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records of
(Address) Balto. City Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS HOSPITAL Date OCT 30 1931 19...

19. UNDERTAKER Wm. E. Woodall Co.
(Address) For Wm. E. Woodall

20. FILED 6275 ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1931 to Oct. 27, 1931

I last saw him alive on Oct. 27, 1931 death is said to have occurred on the date stated above, at 4:PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spinal Cord Tumor with Paraplegia	Oct 4, 1931
Other contributory causes of importance: Cystitis, acute	12 days

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. Elwood Jr. M. D.
(Address) Balto. City Hosp.

AaCo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73411

CERTIFICATE OF DEATH

Hospitals

154 73411

1. PLACE OF DEATH Baltimore City

CITY OF BALTIMORE: (No. 13-57 St., Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Jordan

(a) Residence: No. 3614 Pasadale Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-23-31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Stanley Jordan

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Adaide Brown

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Mother
(Address)

18. BURIAL [illegible] HOSPITAL
Place JOHNS HOPKINS Date OCT 30 1931 19
(Sexton)

19. UNDERTAKER per. Wm E. Woods
(Address)

20. FILED 10-27 19 31 [illegible] M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-23-31. 19

22. I HEREBY CERTIFY, That I attended deceased from 10-23-31, 19, to 10-23-31, 19

I last saw him alive on 10-23-31 19; death is said to have occurred on the date stated above, at 10:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Prematurity	
b.	
c.	
d.	

Other contributory causes of importance: Delivery

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Baltimore City. Md.

M. & T.—100 B—50L

73412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 73412

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident ST. 21-24 (WARD)

2-FULL NAME Jas Brown

(a) RESIDENCE NO 762 Dover ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Col 5 Single, Married, Widowed, or Divorced (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) USA

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Provident Hosp Record

(Address)

15 Filed 6270 By ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) Inquest thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prostate Obstruction

(duration) yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) (duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Blum, M. D. Coroner

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ERSITY OF MARYLAND

DATE OF BURIAL OCT 30 1931

20 UNDERTAKER Commissioner Health.

ADDRESS

FROM the very important See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 ✓

E 73413

E 73413

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 801 Hamilton Ter (St.) 11-24 (Ward)

2-FULL NAME Albert Moore

(a) RESIDENCE NO. 801 Hamilton Ter St., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Cul | 5 Single, Married, Widowed, or Divorced (write the word) Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant T. W. Police Record

(Address) UNIVERSITY OF MARYLAND

15 Filed 6273, 192 H. E. Jones, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency Sudden

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Edw. H. Pearce, M. D. Coroner

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state 1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

20 UNDERTAKER Wm. B. WOODALL.

DATE OF BURIAL OCT 30 1931

ADDRESS

Spec.—0-30—A. & Co.—250 Blks.

E 73414 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 73414

CERTIFICATE OF DEATH 117-002

REGISTERED NO.

1 PLACE OF DEATH Provident Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 12-50 ST. WARD)

2 FULL NAME Hezekiah Williams

(a) RESIDENCE NO. 406 E. 24th ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	colored	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Williams

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer do

9 BIRTHPLACE (city or town) (State or country) N. Carolina

PARENTS

10 NAME OF FATHER Wm. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Addie Williams
(Address) 406 E. 24 St.

15 Filed . 19 . 1971 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-28-31

17 I HEREBY CERTIFY, That I attended deceased from Oct 22, 1931, to Oct 28, 1931

that I last saw h in alive on Oct 28, 1931

and that death occurred, on the date stated above, at 8 40 A. m.

The CAUSE OF DEATH* was as follows: Generalized Arteriosclerosis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Ruptured Duodenal Ulcer (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 10-25-31

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Operation

(Signed) Dr. Thos. Stiggins M. D.

. 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary DATE OF BURIAL Oct 30, 1931

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 1225 Eastland Ave

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73415 ✓ E 73415

CERTIFICATE OF DEATH

111-001

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St., 8-13 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Citizen

(a) Residence: No. 1635 Ellsworth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louisa Citizen

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. out of work

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Citizen

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Bessie ? ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Oct 30 1931

19. UNDERTAKER Mrs. H. A. Elliott (Address) 1725 Eastlondon Ave.

20. FILED ..... 19 .... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1931 to Oct. 27, 1931

I last saw him alive on Oct. 27, 1931 death is said to have occurred on the date stated above, at 11:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism of Pulmonary Artery	1 week

Other contributory causes of importance:

Arteriosclerosis. | over 1 year

Name of operation ..... Date of .....

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas. L. Arnold Jr. M. D.

(Address) Balto. City Hosp.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73416

CERTIFICATE OF DEATH

95-002

E 73416

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 Lanham St. H-26 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city of death where death occurred 29 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gladys Hinton

(a) Residence: No. 713 Lanham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1899

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lynchburg Va

FATHER

13. NAME Lee Brown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sophie Mitchell

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Earl Brown

(Address) 713 Lanham St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Oct 30 1931

19. UNDERTAKER Samuel J Hemsley

(Address) 578 N Eddle St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1931, to Oct 28, 1931

I last saw her alive on Oct 28, 1931, death is said to have occurred on the date stated above, at 6:35 m.

The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation — Date of onset

(Other contributory causes of importance:

Hypertension

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? and if so, specify

(Signed) Geo. McDonald, M. D.

(Address) 400 W Franklin St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73417

CERTIFICATE OF DEATH.

34 ✓ E 73417

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1905 Annapolis ave. ST. 25-32 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Arthur W. Penrose

(a) RESIDENCE NO. 1905 Annapolis ave. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 26 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	27	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sobare

(b) General nature of industry, business, or establishment in which employed (or employer) Waste factory

(c) Name of employer Levy Bk.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Tom Penrose

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Emeline Legie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ritter Ennis

(Address) 1504 Kennedy Ave

15 Filed —, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1926, to Oct 30, 1931, that I last saw h in alive on Oct 24, 1931, and that death occurred, on the date stated above, at 5:20 a. m.

The CAUSE OF DEATH* was as follows:

Syphilis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dementia paralytica

(duration) 4 yrs. 11 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Insanity

(Signed) Raymond F. Ennis, M. D.

(Address) 2208 Hollins Ferry Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Nov. 2, 1931

20 UNDERTAKER J. Vernon Kuehnel

ADDRESS 1532 Hollins St.

-30—M. & T.—100 B—501.

E 73418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

E 73418

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4103 Bateman Ave. ST., 15-63 WARD)

2-FULL NAME Jeannette Bernhard

(a) RESIDENCE NO — 4103 Bateman Ave. ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Bernhard

6 DATE OF BIRTH (month, day, and year) October 6, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	71	--	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER George Wolf

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Jeanette Petelshki

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mr. Conrad Bernhard, Jr.
(Address) Elizabeth Apartments

15 Filed Dec 2 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 29 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (inquest, autopsy or inquiry) thereon and from the evidence obtained by said _____ (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos _____ ds. ?

CONTRIBUTORY (Secondary) (duration) yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of _____

Was there an autopsy? No Regular

What test confirmed diagnosis? _____

(Signed) _____ M. D. Coroner

(Address) North Ave. and Division St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Oct. 31 19 31

20 UNDERTAKER Joseph Cook

ADDRESS 1003 West Baltimore St.

Cor.—12-9-35—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73419

CERTIFICATE OF DEATH. X 186-901 ✓ E 73419

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 4-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dillon Andrew Hill

(a) RESIDENCE NO. 133 Leeds Ave., Arbutus St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Lillie J. Hill

6 DATE OF BIRTH (month, day, and year)
January 28, 1879

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	52	9	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Telephone Repairman 67
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer C & P Telephone Co.

9 BIRTHPLACE (city or town) Indiana
(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Daniel Hill

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Katherine Phelemlee

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Pennsylvania

14 Interment Mrs. Lillie J. Hill
(Address) 133 Leeds Ave., Arbutus

15 Filed ___ 19__ ___ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 29, 1931 19__

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:
Fractured Spine
Fractured Pelvis
Accidental death.
(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)
(duration) ___ yrs. ___ mos. ___ ds.

(Signed) Edgar Feldman M. D.
(Coroner)
10/30, 19 31 (Address) 2739 Eastern Ave.

(over)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death? In rear of 1144 Bond St
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery Date of Burial Nov. 2 19 31

20 UNDERTAKER Joseph H. Cook
ADDRESS 1003 West Baltimore St.

NOV 2 1931 C. Robinson Jones M. D.

Spec.—2-29-28—L. F. C.—500 Blks.

73420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 73420

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2823 Fleetwood Ave. WARD) 27-43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Cavanagh

(a) RESIDENCE NO. 2823 Fleetwood Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S., if foreign birth? 50 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: John Cavanagh

6 DATE OF BIRTH (month, day, and year): Sept 22, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: Mr. Baker Gunther

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Gunther

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Ruth Ruby

(Address) 2823 Fleetwood Ave

15 Filed 30-1931 C. Ransom Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 29, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 23, 1931, to Oct 29, 1931, that I last saw her alive on Oct 29, 1931 and that death occurred, on the date stated above, at 11:45 A.m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) ? yrs. mos. da.

CONTRIBUTORY (Secondary): Chr. Nephritis

(duration) ? yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) George E. Shannon, M. D.

10-27-1931 (Address) 700 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. John's Cemetery Patty Hill

DATE OF BURIAL: Nov. 1, 1931

20 UNDERTAKER: Joseph Block

ADDRESS: 1003 West Baltimore St.

1-20—M. & T.—100 B—50L.

E 73421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

73 E 73421

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 11-24 WARD

2-FULL NAME Lloyd Patterson

(a) RESIDENCE NO 1017 Druid Hill Ave ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	7		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Musician
(b) General nature of industry, business, or establishment in which employed (or employer) O&O
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER Simon Patterson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Alice Tunnick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Elenor Bailey

(Address) 1504 DeCalb St Richmond Va

15 OCT 30 1931 , 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

2

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1017 Druid Hill

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) G. F. Herzog M.D. M. D. Coroner

10/30 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL Richmond Va DATE OF BURIAL 10-31 1931

UNDERTAKER Samuel Hensley ADDRESS Balto

Spec—9-30—A. & Co.—250 Blks.

73422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 73422

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1340 E Fort ave St 24-35 WARD 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Veronica Kennedy

(a) RESIDENCE NO. 1340 E. Fort ave ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Richard R Kennedy

6 DATE OF BIRTH (month, day, and year): Aug. 23, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	66	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Patrick Walsh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Mary Ann Roche

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Interment (Address): Mrs Mary Woods Lancaster 2916 Talaneda Blvd

15 Filed ... 19... C. HAMPSON JONES, M. D. Registrar

30 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/29/31

17

I HEREBY CERTIFY, That I attended deceased from June 8, 1931, to October 29, 1931

that I last saw her alive on October 28, 1931

and that death occurred, on the date stated above, at 6.30 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis (Decompensated)

Arteriosclerosis, Hypertension

(duration) yrs. 4 mos. 2 ds.

CONTRIBUTORY (Secondary): Chronic Parenchymatous Nephritis

(duration) yrs. 4 mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis, Blood Chem.

(Signed) Thos. A. Stevens M. D.

10/29 1931 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: 10/31 1931

20 UNDERTAKER: Margaret E Flynn

ADDRESS: 1422 Eight St

Spec.—9-30—A. & Co.—200 Blks

(Dreyer)

73423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97-E 73423

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3318 Cliftmont ~~Place~~ St.

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa M. Dreyer

(a) RESIDENCE No. 3318 Cliftmont St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick Dreyer

6 DATE OF BIRTH (month, day, and year): Oct 30 1868

7 AGE: Years 63 | Months 11 | Days 28 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Roese

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs Freida Lambfer 3318 Cliftmont St

15 Filed 30 1931 C. P. JAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 28 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 22 19 31 to Oct 28 19 31

that I last saw h[illegible] alive on Oct 28 19 31

and that death occurred, on the date stated above, at 7.45 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 30 E 20th St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemy — DATE OF BURIAL: Oct 30 31

20 UNDERTAKER: J. J. Jacobsen Son — ADDRESS: 2673 Pa

AaCo. 5-31 250B

73424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73424

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2316 E. Madison St. 13-54-59 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos ds How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Elizabeth Mason

(a) Residence: No. 2316 E. Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William B. Mason

6. DATE OF BIRTH (month day year) May 2 1878

7. AGE Years	Months	Days	LESS than 1 day hrs. or min.
53	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Good

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Maggie Egan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT William B. Mason
(Address) 2316 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Nov 2 1931

19. UNDERTAKER Mrs. E. Millington
(Address) 2334 Jefferson St.

Nov 2 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) 10-29-31

22. I HEREBY CERTIFY, That I attended deceased from 10-1 1931 to 10-29-31 1931
I last saw h[illegible] alive on 10-29 1931 death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhagic Nephritis	
Uremia	
Pneumonia	10-31

Other contributory causes of importance:

Acute Duodenal Ulcer

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) 1200 N. Eutaw St.

Spec.—1-12-29—MAT—500 Rec.

(Radtke) ✓

E 73425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 73425

1-PLACE OF DEATH 2703 E. Fayette St. 6-10

CITY OF BALTIMORE: (No. ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Ella Radtke

(a) RESIDENCE NO. 2703 E. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	married

5a If married, widowed, or divorced (or) WIFE of Gustav C. Radtke

6 DATE OF BIRTH (month, day, and year) March 8, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
✓	48	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Henry Zeigler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Md.

12 MAIDEN NAME OF MOTHER Ella Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Indiana

14 Informant (Address) Gustav C. Radtke 2703 E. Fayette St.

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 27 1931

17 I HEREBY CERTIFY, That I attended deceased from June ✓, 1931, to Oct. 28, 1931,

that I last saw h[illegible] alive on Oct. 27, 1931,

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Hypertension chr. interstitial nephritis, cardiac

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical findings.

(Signed) E. C. Bohlen, M. D.

10/29, 1931 (Address) 447 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Cemetery

DATE OF BURIAL Oct 31 1931

20 UNDERTAKER Chas C. Miller & Son

ADDRESS 2354 Jefferson St

30 1931

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

73426

CERTIFICATE OF DEATH

46 E 73426

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3601 Mohawk Ave 27th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ivo E. Gibbs

(a) Residence: No. 3601 Mohawk Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ivo W. Gibbs

6. DATE OF BIRTH (month, day, year) May 1st 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	73	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City, Md.

FATHER

13. NAME Richard Wells

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary L. Trott

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT G. G. Beach
(Address) 3601 Mohawk Ave.

18. BURIAL, CREMATION, OR REMOVAL. Color Death Cemetery
Place Indianapolis, Ind. Date 10 31 1931

19. UNDERTAKER E. J. Symons & Sons
(Address) 1338 E. Lafayette Ave

20. FILED 10 31 1931, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1931, to Oct. 28, 1931
I last saw her alive on Oct 28, 1931 death is said to have occurred on the date stated above, at 4a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cardiac end of stomach.	
Other contributory causes of importance:	

Name of operation None. Date of —

What test confirmed diagnosis? X Ray. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. G. Queen M. D.
(Address) 3501 Garrison Blvd.

A4Co. 5-31 2508

73427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001 73427

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2007 E Lafayette Ave St.) (Ward) 17

Length of residence in city or town where death occurred 20 yrs. 1 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Randall

(a) Residence: No. 2007 E Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 11 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	54	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md.

FATHER
13. NAME Wm L Randall
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Sarah Stanley
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Sarah Neale
(Address) 2007 E Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL,
Place Cathedral Date 10/31/1931

19. UNDERTAKER Fleming & Son
(Address) 1933 E Lafayette Ave

20. FILED 10 30 1931 C. HILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from October 27, 1931, to October 29, 1931.
I last saw him alive on October 29, 1931, death is said to have occurred on the date stated above, at 12.15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza and Bronchial Pneumonia	Oct 25, 1931
Other contributory causes of importance: Cardiac Dilatation	Oct 28, 1931.

Name of operation — Date of
What test confirmed diagnosis? Physical Examination, No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Eisenberg M. D.
(Address) 2027 E North Ave

AACo. 5-31 2500

253961 73428

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 131 73428

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 1-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs ..... mos 7 da. How long in U.S. If of foreign birth? ..... yrs ..... mos ..... da.

2. FULL NAME Frank Schilling

(a) Residence: No. Belmar Rd. Harpers Ferry St., Ward. West Va
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar - 18 - 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
✓	54	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W Va

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) W Va

MOTHER

15. MAIDEN NAME Mary Herdeman

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Records
(Address) JOHNS HOPKINS Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Bolivar W Va Date Oct. 31 - 1931

19. UNDERTAKER Rogers & Burgee
(Address) 2631 Falls Road

OCT 31 1931 CORONER JOHNS HOPKINS HOSP.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from October 23, 1931, to October 30th, 1931

I last saw him alive on Oct. 30 1931 death is said to have occurred on the date stated above, at 6:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	? July, 1931
Pulmonary edema	Oct. 30, 1931
Chronic nephritis	? — 1931

Other contributory causes of importance:
Benign prostatic hypertrophy ? ?

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Glenn Wilson Zeiders, M. D.

(Address) Johns Hopkins Hospital

AaCo. 5-11 2500

73429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1545 73429

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. [illegible] Ward)

Length of residence in city or town where death occurred 49 yrs 6 mos 18 da How long in U. S. If of foreign birth? yrs mos da

2. FULL NAME George A. Steiger

(a) Residence: No. 272 Mosher St. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Christina Steiger

6. DATE OF BIRTH (month, day, year) April 12, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	49	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rockies Bakery
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Adolph Steiger
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Hall
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 2 1931

19. UNDERTAKER Wm. J. Kuehner & Sons
(Address) 2611 Penna Ave

20. FILED 31 1931 19 WRH Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from October 3, 1931 to October 30, 1931

I last saw h[illegible] alive on October 30, 1931 death is said to have occurred on the date stated above, at 2 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Hemoglobin of Stein	

Other contributory causes of importance:

Leukemia

Name of operation Incision & Drainage Date of 10/5/31

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) Edward Steiger M. D.

(Address) Mercy Hospital

AACo. 5-31 250B

73430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 73430

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3605 Plateau Ave St. 28-6th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 2 mos. 2 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Alvina Herring

(a) Residence: No. 3605 Plateau Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Charles Laurence Herring

6. DATE OF BIRTH (month, day, year) Aug 27 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	60	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Wilson Scott

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Rapple

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Frank Herring

(Address) 3605 Plateau Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Date Oct 31 1931

19. UNDERTAKER H. C. Dickson, Sons

(Address) 1 W. Chesapeake Ave

31 1931 19 BCH Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1931 to Oct. 28, 1931

I last saw her alive on 10-25- 1931 death is said to have occurred on the date stated above, at 11:30 a m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Large Intestine. — Date of onset about Apr 1930

Other contributory causes of importance:

Mitral Regurgitation. —

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Amerrith Lovell, M.D.

(Address) 3705 Liberty Heights Ave

1-30—M. & T.—100 B—50L

E 73431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-0E 73431

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 3-4 WARD)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alberta F. Gobdsborough

(a) RESIDENCE NO 2318 E. Dallas ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Goldsborough

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant John Goldsborough.

(Address) 410 West Eat

15 Filed Oct 31, 1931 Registrar

1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by auto while Crossing street

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract. Femur - (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Bay & High

Did an operation precede death? Yes Date of 10-27

Was there an autopsy? No

What test confirmed diagnosis? Clin & Phy Exam

(Signed) _____, M. D. Coroner

10-29-31 (Address) Traffic Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery

DATE OF BURIAL Oct. 31 1931

20 UNDERTAKER Chas. H. Johnson

ADDRESS 416 N. Carolina St.

Spec.—2-29-28—L. F. S.—500 Blks.

E 73432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1931 E 73432

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2123 E. Federal St., ST., 8th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Herman Frederick Garmatz

(a) RESIDENCE NO. 2123 E. Federal ST., 8th WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 6 mos. 10 ds. How long in U. S., if foreign birth? 50 yrs. 6 mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie A. Garmatz

6 DATE OF BIRTH (month, day, and year) 12/27/54

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	75	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work (Retired 3 years)

(b) General nature of industry, business, or establishment in which employed (or employer) Mattress Maker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lauenberg Germany

PARENTS

10 NAME OF FATHER Herman Garmatz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lauenberg Germany

12 MAIDEN NAME OF MOTHER X

13 BIRTHPLACE OF MOTHER (city or town) (State or country) X

14 Informant Elizabeth L. Garmatz

(Address) 2123 E. Federal St.

FILED OCT 1 1931 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from October 21, 1931 to October 30 1931.

that I last saw him alive on October 29, 1931

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis

Mitral Insufficiency

Chronic Interstitial Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No Urinary issues Typical

What test confirmed diagnosis? Palpation

(Signed) C. Hunt Carroll, M. D.

Oct 30 1931 (Address) 2035 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Nov. 2 1931
20 UNDERTAKER Louis Heeman	ADDRESS 32 S. Broadway

A&Co. 5-31 250B

73433

HEALTH DEPARTMENT—CITY OF BALTIMORE

73433

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 E. 20TH. ST. St. 9-18 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie McKewen Fogarty

(a) Residence: No. 1115 E. 20TH. ST. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOWED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: James Fogarty

6. DATE OF BIRTH (month, day, year) 1880

7. AGE: Years 51 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Mc Kewen

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Egan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Raymond Fogarty
(Address) 1115 E. 20TH. ST.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Nov. 2 19 31

19. UNDERTAKER Mary M. Wiedefeld
(Address) 1715 E. Fayette St.

20. FILED ... 19 NW Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/28, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1931 to Oct 27, 1931

I last saw h[illegible] alive on Oct 26 1931 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset ...

Other contributory causes of importance: ...

Name of operation ✓ Date of ...

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19 ...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. ✓

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. ...

(Signed) E. V. Kirby, M. D.

(Address) 1105 E Fort Ave

AaCo. 5-31 2508

73434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 v 73434

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 Brune St. 17-76 Ward)

Length of residence in city or town where death occurred 50 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Morris H Nelson

(a) Residence: No. 505 Brune St., Ward
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Marian Nelson

6. DATE OF BIRTH (month, day, year) Nov 8 - 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	41	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Robert Nelson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ida Diggs

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Marian Nelson
(Address) 505 Brune St

18. BURIAL, CREMATION, OR REMOVAL Date Oct 31 1931

19. UNDERTAKER Samuel Heugley
(Address) 838 N Bradford

20. FILED 31 1931 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1931, to Oct 28, 1931

I last saw h[illegible] alive on Oct 23, 1931 death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	2 June 31

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Sputum Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C Williams Trey M. D.

(Address) 1925 Point Rd

Spec.—9-30—A. & Co.—250 Blks.

E 73435

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73435

CERTIFICATE OF DEATH

82-001

1 PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 16-22 St. Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ernest Herbert

(a) RESIDENCE No. 1144 Stricker St St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Blanche Herbert

6 DATE OF BIRTH (month, day, and year): 1881

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
50	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pennsylvania

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant (Address): Mattie Herbert 1144 N Stricker St

15 Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-30-31

17

I HEREBY CERTIFY, That I attended deceased from 10-26, 1931, to 10-30, 1931

that I last saw him alive on 10-30, 1931

and that death occurred, on the date stated above, at 7 PM

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Hypertension, Arteriosclerosis Several yrs.
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Pathological

(Signed) George McDonald M. D.

10-30 1931 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Hope Cem Calvert Lea	11/2 1931

20 UNDERTAKER: Samuel F Hensley

ADDRESS: McBride

Form.—2-29-28—L. F. S.—500 Blks.

E 73436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

E 73436

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 118 E. Clement St ST. 24-33 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lawrence A. Davern

(a) RESIDENCE NO. 118 E. Clement St ST.. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of Delia Davern

7 DATE OF BIRTH (month, day, and year) Nov. 1 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman 073

(b) General nature of industry, business, or establishment in which employed (or employer) B & O R. R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Martinsburg W Va.

PARENTS

10 NAME OF FATHER James Davern

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Nora Kirby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs. Davern

(Address) 118 E. Clement

15 Filed . 19 Registrar

OCT 31 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29 1931

17 I HEREBY CERTIFY, That I attended deceased from 9/18 . 1931 . to Oct. 29 . 1931 .

that I last saw him alive on Oct. 29 . 1931

and that death occurred, on the date stated above, at 11.05 A m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) L. DiFranco, M. D.

, 19 (Address) 430 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL Nov 2 1931

20 UNDERTAKER L. Frew McCully

ADDRESS 130 E Fort

Spec.—1-10-21—MAT—1500 Blks.

73437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

53 E 73437

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5005 Arabia Ave (St.) 27-44 (WARD)

2-FULL NAME Frank Louis Steckli

(a) RESIDENCE NO. 5005 Arabia Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs 4 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Louise Freda Steckli

6 DATE OF BIRTH (month, day, and year) June 14/1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pharmacist

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Walter Pretre

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Henry (deceased)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Florence Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Mr Otter 5005 Arabia Ave

15 Filed 3 1 1931 16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 6, 1931, to Oct 28, 1931, that I last saw h alive on Oct 28, 1931, and that death occurred, on the date stated above, at 10. Nt. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Spine & Ribs

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-Ray

(Signed) Joseph Sindler M. D.

, 19 (Address) 2345 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL 10/31/31 19

20 UNDERTAKER Leo Limlach 525 N Lyndhurst

ADDRESS

TION is very important. See instructions on back of certificates.

A&Co. 5-31 2508

E 73438 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 73438

CERTIFICATE OF DEATH † 13 v

Registered No. 4-30

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Boswell

(a) Residence: No. Telchester Md. (Telchester)
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stephen Boswell

6. DATE OF BIRTH (month, day, year) Feb. 2. 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	31	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Telchester Md.

FATHER

13. NAME Charles Veth
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minnie Bendel
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Stephen Boswell
(Address) Telchester, Md.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem. Date 11/2/31

19. UNDERTAKER Koontz & Co.
(Address) Telchester, Md.

20. FILED OCT 31 1931, 19 — WILLIAM H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from October 18, 1931, to October 30, 1931

I last saw her alive on October 30 1931 death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	6 Yrs.

Other contributory causes of importance:

Uraemia	10/27/31
Pericarditis	10/27/31
Bronchopneumonia	10/29/31

Name of operation none Date of

What test confirmed diagnosis? Lab Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

D. (Signed) Maurice Lamb Abrams M. D.
(Address) University Hospital

Spec.—2-29-28—L. F. S.—500 Blks

. The deceased was at Hopkins Hospital from August to Oct 28

E 73439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 46 E 73439

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 W. Franklin ST. 19-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Albert McReady

(a) RESIDENCE NO. 1713 W. Franklin ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary Frances McReady

6 DATE OF BIRTH (month, day, and year): Feb. 26, 1882

7 AGE — Years: 49 — Months: 8 — Days: 2 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lab.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Crapeole, Md. Dorchester Co.

PARENTS

10 NAME OF FATHER: John McReady

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dorchester Co. Md.

12 MAIDEN NAME OF MOTHER: Dorothy (maiden name)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dorchester Co. Md.

14 Informant: Ethel Freeman

(Address): 1713 W. Franklin St.

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1931, to Oct. 28, 1931, that I last saw him alive on Oct 27, 1931, and that death occurred, on the date stated above, at 1.40 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of intestines

(duration) 3 yrs., mos. ds.

CONTRIBUTORY (Secondary): General Carcinosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical, Lab

(Signed) H. Macco Williams, M. D.

10-30, 1931 (Address) 1830 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson

DATE OF BURIAL: Oct 31st 1931

20 UNDERTAKER: Joseph A Lively

ADDRESS: 709 N Mount st

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73440

CERTIFICATE OF DEATH.

23 E 73440

REGISTERED NO. 42640

1-PLACE OF DEATH

City of BALTIMORE: (No. 520 W. Conway St. 22-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annebell Santon

(a) RESIDENCE NO. 520 W. Conway St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Negro	Married

3a If married, widowed, or divorced — HUSBAND of (or) WIFE of Bonnie Santon

6 DATE OF BIRTH (month, day, and year) Dec 24, 1908

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
22	23	two 10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Woodruff S.C.

(State or country)

PARENTS

10 NAME OF FATHER Robert Nance

11 BIRTHPLACE OF FATHER (city or town) S.C.

(State or country)

12 MAIDEN NAME OF MOTHER Mary Moodie

13 BIRTHPLACE OF MOTHER (city or town) S.C.

(State or country)

14 Informant (Address) Bonnie Santon 520 W. Conway

15 Filed Nov 1 1931 C. HAMPSON JONES M.D. Registrar

By _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1931, to Oct 30, 1931, that I last saw her alive on Oct 30, 1931, and that death occurred, on the date stated above, at 3:55 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 3 yrs. 3 mos. 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Microscopical Lab. Exam

(Signed) Wm H. Watts, M. D.

10/31/19 (Address) 928 Penna. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Spartanburg S. C. Date of Burial Nov 2 1931

20 UNDERTAKER ADDRESS Joseph A Lively 409 N Monroe St

AdCo. 5-31-2000

HEALTH DEPARTMENT CITY OF BALTIMORE

E 73441 — 73441

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2421 Shirley Ave St. 15-58 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs mos da How long in U.S. If of foreign birth? 40 yrs mos da

2. FULL NAME Frank Klein

(a) Residence: No. 2421 Shirley Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Pearl Klein

6. DATE OF BIRTH (month, day, year) 1849

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portland Maine

MOTHER FATHER

13. NAME Alex Klein

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Geo Klein
(Address) 1817 Eutaw Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 11/1 19 31

19. UNDERTAKER Jack Laurs Sons
(Address) Lang & Bacon St

C. ATKINSON JONES, M. D.
Registrar

Filed 11/1 19 31 No. 11934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-31, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 19 31 to Oct 31, 19 31
I last saw h alive on Oct 29, 19 31 death is said to have occurred on the date stated above, at P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. D. Drapier, M. D.
(Address) 1324 N. Lanvale St

AACo. 5-31 2M8

HEALTH DEPARTMENT—CITY OF BALTIMORE

73442 — 73442

CERTIFICATE OF DEATH

59V

1. PLACE OF DEATH :

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2316 E. Balto. St. 6-10 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... da. How long in U.S. If of foreign birth? ... yrs ... mos ... da.

2. FULL NAME Samuel Siegael

(a) Residence: No. 2316 E Balto. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Celia Siegael

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 043
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Jacob Seigael
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Bessie
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Frances Cannino
(Address) 700 E Fayette ave

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Rodeph Shalom Date 11/1 1931

19. UNDERTAKER Jacob Lewis Inc
(Address) 1733 E Balto st

20. FILED ... 19... Registrar.

NOV 1 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30th 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 30th 1931 to Oct 30th 1931
I last saw him alive on Oct 30th 1931 death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10-30

Other contributory causes of importance:

Real Estate	5 years

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Jacob L Weinman, M. D.
(Address) 30 S. Broadway

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

73443

CERTIFICATE OF DEATH

73443

REGISTERED NO.

1 PLACE OF DEATH Sinai Hospital 10-15 13

CITY OF BALTIMORE: (No. 712 Greenmount Ave. ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME David Bernstein

(a) RESIDENCE NO. 712 Greenmount Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? 51 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Bernstein

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailoring

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Samuel Bernstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Antonia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Interment (Address) Rosa Bernstein 712 Greenmount ave

15 Filed . 19 . Registrar

31 1931 EMPSON JONES, M. D.

1867

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/30/31

17 I HEREBY CERTIFY, That I attended deceased from October 28, 1931, to October 30, 1931

that I last saw he was alive on October 30, 1931

and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

1) Benign Prostatic hypertrophy

2) Chronic retention.

3) ascending Kyelonephritis, ?

(duration) 2 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Uremia — Kidney failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No Date of —

Was there an autopsy? Yes —

What test confirmed diagnosis? Laboratory - Autopsy

(Signed) J. E. Buchanan M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Cem. — DATE OF BURIAL: 11/1 1931

20 UNDERTAKER: Jack Levin Ave 1439 E Balto — ADDRESS

Spec.—1-30—M. & T.—250 Blks

73444

HEALTH DEPARTMENT—CITY OF BALTIMORE

73444

CERTIFICATE OF DEATH.

159

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 16-23 WARD

2-FULL NAME Baby Boy Harrod

(a) RESIDENCE NO. 1024 Carlton St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Baby

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Baby

6 DATE OF BIRTH (month, day, and year) 10/27/31

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 19 min.
—	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER John Edlow

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Lula Harrod

13 BIRTHPLACE OF MOTHER (city or town) Anne Arundel Co
(State or country) Md.

14 Informant Lula Harrod
(Address) 1024 Carlton St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/27/31

17 I HEREBY CERTIFY, That I attended deceased from Oct 27, 19 31, to Oct 27, 19 31, that I last saw him alive on Oct 27, 19 31, and that death occurred, on the date stated above, at 11 25 P m.

The CAUSE OF DEATH* was as follows:

Premature birth
(30 wks.)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Maternal Nephritis Toxemia

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Lewis A Kracke Jr M. D.

10/30 19 31 (Address) Isaac Hopk.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL NOV 3 1931 19

20 UNDERTAKER C. Hanson Jones, M. D. Commissioner Health

ADDRESS

NOV 1931

AACo. 5-31 250R

253249 Med 73445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46V 73445

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 26 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rev. Silas Weeks.

(a) Residence: No. Lansdowne Va. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~the~~ ~~WIFE~~ of Mildred Heaton

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	72	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 018

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York.

FATHER

13. NAME Silas Weeks

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME ? Nelson

16. BIRTHPLACE (city or town) (State or country) Lunenburg.

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Greenwood Date Nov 2 19 31

19. UNDERTAKER John W. Hunt
(Address) 2008 Orleans St

20. FILED ... 19 ... RK Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 30 1931, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1931, to Oct 30, 1931

I last saw [illegible] alive on Oct 30, 1931, death is said to have occurred on the date stated above, at 10:50 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca of Stomach	

Other contributory causes of importance: Broncho pneumonia

Name of operation Exploratory laparotomy Date of Oct 1, 1931

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) [illegible] H. H.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73446 — 53 V E 73446

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 138 S Highland Ave St. 76-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David U Reese

(a) Residence: No. 138 S Highland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 5 th 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night watchman do?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. wholesale drug house

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Reese

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Sarah Harris

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Mrs Dora Reese
(Address) 138 S Highland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Nov 1 19 31

19. UNDERTAKER John Ulbert
(Address) 2008 Orleans

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-29 1931

22. I HEREBY CERTIFY, That I attended deceased from July 12 1930 to Oct 29 1931
I last saw him alive on Oct 29 1931 death is said to have occurred on the date stated above, at 7 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	3 days

(Other contributory causes of importance:

Adeno-Carcinoma of Cervix 2 yrs
Mets of Liver

Name of operation Cauterization Date of 6/24/30

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify no

(Signed) David Riesler M. D.
(Address) 1500 N Broadway

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

48 E 73447

E 73447

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura. Robinson

(a) RESIDENCE NO. Preston + Valley ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	B	Single

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Samuel Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Ann Hardy

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor (Address) 120 Valley St.

15 Filed . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31st 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 21st, 1931, to Oct 31st, 1931, that I last saw her alive on Oct 31st, 1931, and that death occurred, on the date stated above, at 11.30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cahexia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? Surgical

What test confirmed diagnosis?

(Signed) L. D. McCarthy M. D.

10/31, 193 (Address) 111 E Hartford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster — DATE OF BURIAL Nov 2 1931

20 UNDERTAKER H B Ambrose & Son — ADDRESS Westminster

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73443 — 73443 ✓

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. 1058 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grace Kidd

(a) Residence: No. 4013 Reisterstown Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~
HUSBAND of (or ~~WIFE of~~) Grace E. Kidd

6. DATE OF BIRTH (month, day, year) Aug 27th 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Daylight Garage
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Madison Hights Va

FATHER

13. NAME Melville P. Kidd
14. BIRTHPLACE (city or town) (State or country) Livingston Va

MOTHER

15. MAIDEN NAME Minnie L Ewers
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Grace E. Kidd
(Address) 4013 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Madison Hights Va Date 11/1/1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1931, to Oct 31, 1931

I last saw him alive on Oct 31, 1931, death is said to have occurred on the date stated above, at 3 2/3 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exfoliative Dermatitis	1895
Erosion of Exfoliations	10/22/31
Acute Hypostatic Pneumonia	

Other contributory causes of importance:

Exfoliative Dermatitis	10/30/31

Name of operation Removal of Foreign Body Date of 10/24, 10/27

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milford H Breuchers M. D.
(Address) University Hospital

Spec.—9-30—A. & Co.—250 Blks

285-F

73449

HEALTH DEPARTMENT—CITY OF BALTIMORE

48 L 73449

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2317 Harford Road WARD 6-45

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Delia E. Smith

(a) RESIDENCE NO. 2317 Harford Road WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William S

6 DATE OF BIRTH (month, day, and year) September 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Henry A Freeman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Interment (Address) Mt. Zion 2317 Harford Rd

15 Filed . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31, 1931

17

I HEREBY CERTIFY, That I attended deceased from June . 1930 to Oct. 31 . 1931

that I last saw h[illegible] alive on Oct. 31 . 1931

and that death occurred, on the date stated above, at 1.15 a.m.

The CAUSE OF DEATH* was as follows:

Cancer of the uterus

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancer of the Liver (duration) 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Geo. L. Zimmerman M. D.

(Address) 1107 Hayward Rd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood	Nov 3 1931

20 UNDERTAKER	ADDRESS
Williams Cook	12 E. Saratoga St.

A4Cs. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

254054 E 73450 X 53 W-78450

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 1-9 Ward) JOHNS HOPKINS HOSPITAL

Length of residence in city or town where death occurred ... yrs ... mos 5 dys How long in U.S. If of foreign birth? ... yrs ... mos ... dys

2. FULL NAME Julia Pennifield

(a) Residence: No. Lanham Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Everett

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs or ... min
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME Wm Shore

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Emma Hannes

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT JOHNS HOPKINS HOSPITAL
(Address) Records

18. BURIAL, CREMATION, OR REMOVAL
Place Bloxenberg Md Date 11/1/31

19. UNDERTAKER Dulaney Funeral Home
(Address) 1220 Broadway

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-31, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct-26, 1931 to Oct-31, 1931

I last saw her alive on Oct 31, 1931 death is said to have occurred on the date stated above, at 7.00 P m

The principal cause of death and related causes of importance were as follows:

Date of onset

Main tumor cerebellar, dural endothelioma — May 1929

Other contributory causes of importance:

None

Name of operation Cerebellar exploration Date of 10 29 31

What test confirmed diagnosis? Op. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M Kidwood ... M. D.

(Address) Johns Hopkins Hospital

Spec.—1-10-21—MAT—1500 Blks.

E 73451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

E 73451

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4210 Raspe Ave., Raspeburg, Md (ST.) 26-42 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Larkin Pitts

(a) RESIDENCE NO. 4210 Raspe Ave., Raspeburr, Md ST. 26th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Elmira Burnett

6 DATE OF BIRTH (month, day, and year) May 15, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer (retired)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Lewis Pitts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Matilda Chilcoat

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Ray W. Pitts
(Address) 4210 Raspe Ave., Raspeburr, Md.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 31st 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1931, to Oct. 30th, 1931, that I last saw him alive on Oct. 30th, 1931, and that death occurred, on the date stated above, at 6:30A. m.

The CAUSE OF DEATH* was as follows:

(1)- Chronic Myocarditis

(2)- Cardiac Hypertrophy

(3)- Arterio-Sclerosis

(duration) Many yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. A few hours. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) A. L. Wilkinson, M. D.
A.L. Wilkinson,

10/31, 1931 (Address) 5713 Belair Rd., Raspeburg, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Greenmount Cemetery Conveyance Nov 3 1931

20 UNDERTAKER — ADDRESS

George Schilling & Sons 1120 Eutaw St

THIS is very important. See instructions on back of certificates.

1-20—M. & T.—100 B—50L

E 73452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 E 73452

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 14-20 WARD)

2-FULL NAME Dolores Powell

(a) RESIDENCE NO 1405 N. Fremont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 5/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Wm. Powell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Leona Jordon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Leona Powell (Address) 1405 N. Fremont St

15 Filed _____, 192 _____, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Ricketts- Intestinal Disturbance

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) _____, M. D.
Coroner

Oct. 31/31 (Address) 518 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Nov 2 DATE OF BURIAL 19 31

UNDERTAKER Virginia A. Brooks ADDRESS 1463 N. Carey

IMPORTANT—See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

73453 | CERTIFICATE OF DEATH | 131 | E 73453

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stephen J. Roach, Catonsville, Md.

(a) Residence: No. Linden Ave., ... St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ..... None

6. DATE OF BIRTH (month, day, year) Dec. 28, 1879.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52 51	51	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 009

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Stephen J. Roach

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Barbara McKing

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs Edw Lavender

(Address) 1226 Carroll St

18. BURIAL, CREMATION, OR REMOVAL, Place Cathedral Date Nov 3 1931

19. UNDERTAKER Bernard C. Harlan

(Address) 1000 E Biddle St

20. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1st, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1931, 19 ..., to Nov 1, 1931, 19 ...

I last saw him alive on Nov 1, 1931 19 ... death is said to have occurred on the date stated above, at 2 58 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Oct 31, 31
Arterio-Sclerosis
Hypertension & Cystitis - Infection
Cardio-Vascular Disease — 7 yrs.

Other contributory causes of importance:

Obstinate Nephritis — 4 yrs?

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. L. Chambers M. D.

(Address) Mercy Hospital

Spec.—9-30—A. & Co.—250 Blks

73454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

87-002

73454

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 959 Rosedale St 16-67 WARD 1

2 FULL NAME William Henry Ohl

(a) RESIDENCE NO 959 Rosedale St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Roberta Ohl

6 DATE OF BIRTH (month, day, and year) Oct 13, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	0	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm H. Ohl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER do not know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) The Roberta M Russ 727 Rosedale St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30-1931

17 I HEREBY CERTIFY, That I attended deceased from May 27, 1927 to Oct 30, 1931

That I last saw him alive on Oct 30, 1931

and that death occurred, on the date stated above, at 3:05 P. M.

The CAUSE OF DEATH* was as follows:

Paralysis agitans

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) hypostatic pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual tests.

(Signed) Geo H Nipp M. D.

. 19 (Address) 3030 Edmondson ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Nov 2 19 31

20 UNDERTAKER Harry W. Ellen

ADDRESS 1040 W. Fond. ave

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73455 46 E 73455

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1536 E Clement St. 24-35 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Wolfram

(a) RESIDENCE NO. 1536 E Clement St. 24 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Frank H. Wolfram

6 DATE OF BIRTH (month, day, and year) July 14 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70 71	2 3	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS
10 NAME OF FATHER August Lambka
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Christina Ladrow
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant 14-Frank H Wolfram
(Address) 1536 E Clement St.

Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31 1931

17 I HEREBY CERTIFY, That I attended deceased from July 15 . 1931 . to Oct 31 . 1931 .
that I last saw h er alive on Oct 20 . 1930
and that death occurred, on the date stated above, at 6 2 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver
(duration) 2 yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) J Walter Thomas M. D.
(Address) 1228 N Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: Nov 2 1931

20 UNDERTAKER: Chas. L. Sterne — ADDRESS: 1507 E Fort Ave

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

73456

CERTIFICATE OF DEATH

53 E 73456
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 915 Rutland Ave St., 7-13 Ward)

Length of residence in city or town where death occurred 10 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Emily Burton

(a) Residence: No 915 Rutland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	M

3a. If married, widowed, or divorced (or) WIFE of Alonzo Burton

6. DATE OF BIRTH (month, day, year) Oct 7 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	24			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month, day, year) Latter Part of June 1931
11. Total time (years) spent in this occupation 0 3 mo

12. BIRTHPLACE (city or town) (State or country) Buckingham Co Va.

FATHER

13. NAME Wm Carter
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sallie Epperson
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Fannie Wilkerson (Sister)
(Address) 915 Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Jamesville Date Nov. 1st 1931

19. UNDERTAKER Robert C Williams
(Address) 515 McElderry St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/31, 1931

22. I HEREBY CERTIFY, That I attended deceased from Latter Part June 1931, to Oct 31, 1931
I last saw h e alive on Oct 30, 1931 death is said to have occurred on the date stated above, at 4.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (Gynecological) of Pelvis and Bladder (Urinary)	June 1931
Other contributory causes of importance:	
Cardiac Insufficiency	Oct 1931

Name of operation None Date of
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. F. Young M. D.
(Address) 1429 E Monument St

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 — 73457

Registered No. 73457

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 425 Mosher St. (14-20 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel Harrison

(a) Residence: No. 425 Mosher, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Female~~	Colored	Widowed

3a. If married, widowed, or divorced (or) WIFE of Joseph Harrison

6. DATE OF BIRTH (month, day, year) May 28, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Richard Waters

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Charlotte Jones

16. BIRTHPLACE (city or town) (State or country) Md

17. INTERMENT Harriett Passey
(Address) 425 Mosher St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 11/2/31

19. UNDERTAKER Mrs. Geo. H. Holland
(Address) 630 Druid Hill Ave

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1931 to Oct 30, 1931

I last saw her alive on Oct 30, 1931 death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	
Nephritis	

Other contributory causes of importance

Cardiac failure

Name of operation Date of

What test confirmed diagnosis Taylor Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No specify

(Signed) W. G. Howell M. D.

(Address) 701 Carrollton Ave

AdCo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24 E 73453

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 73453

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 12-50 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Helen Mary Johnson

(a) Residence: No. 52 Homewood Apt. 3 St. or Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of?

6. DATE OF BIRTH (month, day, year) June 1, 1884

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
47	47	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ob

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James T. Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Louise Powell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Dr. Louise Powell Johnson
(Address) 1 East Pleasant St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date Nov. 2 1931

19. UNDERTAKER George L. Schwab
(Address) 2101 Frederick Ave.

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1931, to October 30, 1931

I last saw her alive on October 30, 1931 death is said to have occurred on the date stated above, at 1.48 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess, spinal cord (tuberculous)	8/27/31
(discovered at operation)	(about)
Tuberculous meningitis	10/17/31

Other contributory causes of importance:
None

Name of operation Drainage of abscess Date of 8/27/31

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? —— Date of injury ....., 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel McLanahan, M. D.

(Address) Union Memorial Hospital

Spec.—9-30—A. & Co.—250 Blks.

73459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 931 73459

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1123 E. Lexington St (WARD) 5th

2 FULL NAME William Brooks

(a) RESIDENCE NO. 1123 E. Lexington St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Brooks

6 DATE OF BIRTH (month, day, and year) Aug. 13/1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fla

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bertha Brooks (Address) 1123 E. Lexington St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27/31

17 I HEREBY CERTIFY, That I attended deceased from Oct 25 . 19 . to Oct 27 . 1931

that I last saw h[illegible] alive on Oct 27 . 1931

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? ;

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? [illegible]

(Signed) [illegible] M. D.

11-4-1931 (Address) 57 Arsenal St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Calvary	Nov. 6 1931
20 UNDERTAKER Mrs. F. A. Elliott.	ADDRESS 1225 Eastlundon

1-30—M & T.—100 B—50L

73460

HEALTH DEPARTMENT—CITY OF BALTIMORE

73460

CERTIFICATE OF DEATH

93

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 127 S Castle ST. 2-4 (WARD)

2-FULL NAME Catherine Jankiewicz

(a) RESIDENCE NO 127 S Castle St ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Jankiewicz

6 DATE OF BIRTH (month, day, and year) May 4 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	64	5	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Joseph Defoski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany Plantzposki

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frank Jankiewicz

(Address) 127 S. Castle St

15

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H J Norgord M.D., M. D. Coroner

Oct 31, 1931 (Address) 1305 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	Nov 3 1931
20 UNDERTAKER	ADDRESS
John M Weber	401 S Chester St

TION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 E 73461

REGISTERED NO. _____

E 73461

1-PLACE OF DEATH

City of BALTIMORE: (No. John,s Hopkin,s Hosp. St. 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Stankowski

(a) RESIDENCE NO. 402 N. Duncan St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 3 1854

7 AGE	Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
	76	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, professing or particular kind of work 0

(b) General nature of industry, business, or establishment in which employed (or employer) Labor

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Louis Stankowski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Teodozya Sroczynska

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Martha. Kedzierska

(Address) 402 N. Duncan St.

15 Filed _____, 19 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol Shot Woundrt Temple

Suicide (No Autopsy)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) _____ M. D. (Coroner)

Oct 31/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem Nov 2 1931

20 UNDERTAKER John M Weber ADDRESS 401 S Chester St

OF DEATH in plain terms, so that a definite and unmistakable opinion may be formed as to the cause of death. Underlining is very important. See instructions on back of certificate.

AaCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

673462

CERTIFICATE OF DEATH

131 E 73462

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 Riverside St. 24-33 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Edward Reardon

(a) Residence: No. 1210 Riverside St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O
10. Date deceased last worked at this occupation (month and year) Mch.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Edw Reardon
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Shannon
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Robt Reardon
(Address) 1234 Caroline St.

18. BURIAL, CREMATION, OR REMOVAL
Place Riverside Date 11-2-1931

19. UNDERTAKER Fairstone
(Address) 731 Eastern

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1931, to Oct 30, 1931
I last saw h.. alive on Oct 30, 1931, death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with hypertension	1923
Chronic interstitial nephritis	1923

Other contributory causes of importance

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sidney H. Strull, M. D.
(Address) 753 Eastern Ave.

AaCo. 5-31 2503

HEALTH DEPARTMENT—CITY OF BALTIMORE E 73463

254180 E 73463 X53 73463

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE (No.) JOHNS HOPKINS HOSPITAL St. [illegible] (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Elmo Fitzgerald

(a) Residence: No. Springdale St., Fayette Co Ward. West Va
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-11-1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	5	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W Va

FATHER
13. NAME Herbert
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Nota Redding
16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Meadowville Va
Place Date 11/1 1931

19. UNDERTAKER Joseph Evans
(Address) 2318 Greenmount Ave

20. FILED ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1931 to Oct 31 1931
I last saw him alive on Oct 31 1931 death is said to have occurred on the date stated above, at 1025 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, glioma of the pons	Sept 1931

Other contributory causes of importance:
None

Name of operation Craniotomy Date of 10-29-1931
What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M K Woodhall M. D
(Address) Johns Hopkins Hospital

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE 73464

E 73464

CERTIFICATE OF DEATH.

+131

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St. 4-17 WARD)

2. FULL NAME Theodore A Read

(a) RESIDENCE NO. 16 Westminster md ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred ..... yrs. ..... mos. 16 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret Read

6 DATE OF BIRTH (month, day, and year) April 20 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phila Pa

PARENTS

10 NAME OF FATHER .....

11 BIRTHPLACE OF FATHER (city or town) (State or country) Phila Pa

12 MAIDEN NAME OF MOTHER Margaret Powers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila Pa

14 Informant Eugene Read
(Address) Westminster Md

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30, 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct 14, 1931, to Oct 30, 1931

that I last saw h[illegible] alive on Oct 30, 1931

and that death occurred, on the date stated above, at 3 26 P.M.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerotic-Cardio-Vascular-Renal disease.

(duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Myocardial failure

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J M Baumgardner M. D.

..... 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Philadelphia Pa	Nov 2 1931

20 UNDERTAKER Josiah Lyter ADDRESS 1600 N. North Ave

Spec. 1-1921 MAT 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73465

E 73465

CERTIFICATE OF DEATH.

48

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1625 Hanover ST. 23-32 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena W. Kern

(a) RESIDENCE NO. 1625 Hanover ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 4 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo V. Kern

6 DATE OF BIRTH (month, day, and year) June 7. 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John H. Dieht

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Charlotte Kerner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Maggie H. Greenberg (Address) 1625 Hanover St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 29, 1930, to Oct 30, 1931, that I last saw her alive on Oct 30, 1931, and that death occurred, on the date stated above, at 3:25 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Phantom

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) R. H. Campbell M. D.

Oct 30, 1931 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Nov 2 1931

20 UNDERTAKER Eichlonan & Son ADDRESS 1039 Hanover

TION is very important. See instructions on back of certificates.

AaCo. 5-11 2508

73466 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 73466

+ 108 v

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. Madison & Linden Ave St. 11-24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos 3 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Eckman

(a) Residence: No. Glyndon, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margie Eckman

6. DATE OF BIRTH (month, day, year) Oct. 13, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	—	19	16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Flower raising
10. Date deceased last worked at this occupation (month and year) Months (?)
11. Total time (years) spent in this occupation (?)

12. BIRTHPLACE (city or town) (State or country) Baltimore, County

FATHER

13. NAME Jacob Eckman
14. BIRTHPLACE (city or town) (State or country) Balt. County Maryland

MOTHER

15. MAIDEN NAME Fannie A. Marsh
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Ashburn Cemetery Date Nov 3 1931 Funeral Home

19. UNDERTAKER (Address) Reisterstown Md

20. FILED Nov 3 1931 19 E.G. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/1, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10/29, 1931, to 11/1, 1931

I last saw him alive on 11/1, 1931, death is said to have occurred on the date stated above, at 7:40 P. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 10/23/31

Other contributory causes of importance:

Cardio-renal-vascular disease { Chr. myocarditis; Chr. Nephritis; arteriosclerosis (?)

Name of operation — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) Edward W. Wagner, M. D.

(Address) Maryland Gen. Hosp.

Spec.—2-23-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73467

131 E 73467

CERTIFICATE OF DEATH

REGISTERED NO.

E 73467

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 Ridgewood Road ST. 27-WARD 53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Rutherford Kendig

(a) RESIDENCE NO. 208 Ridgewood Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Myra Hinny Kendig

6 DATE OF BIRTH (month, day, and year) Mch.2.1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Vice Pes. Canton N.B.

(b) General nature of industry, business, or establishment in which employed (or employer) Banker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Middletown Pa.

PARENTS

10 NAME OF FATHER Daniel Kendig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Sarah Rutherford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant Charles E. Kendig

(Address) 5720 Pimlico Road

15 Filed . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31.1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st. 1931. to Oct 31st. 1931.

that I last saw him alive on Oct 30th. 1931

and that death occurred, on the date stated above, at 3 . a. m.

The CAUSE OF DEATH* was as follows:

Uraemia or Sequel to

Chronic Nephritis

(duration) yrs. 1 mos. 8 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis arterio-Sclerosis (duration) Unknown

18 Where was disease contracted if not at place of death? /

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis? /

(Signed) Lawrence Quackenbush M. D.

11/1 . 1931 (Address) 5 Club Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Middletown Penna

DATE OF BURIAL Nov.2 1931

20 UNDERTAKER

ADDRESS Place

Edward D. Whitehill & Sons Mag Entrance

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

73468 | 131 E 73468 | Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 N. Lakewood ave. St. 6-10 Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Josephine E. Fischer

(a) Residence: No. 28 N. Lakewood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 8 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
29	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John C. Fischer
14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Mary M. Burkhauser
16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mary M. Baltzheidt
(Address) 28 N. Lakewood

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Nov. 3 1931

19. UNDERTAKER J. J. Kerr
(Address) 15 E. N. Lakewood

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-30-31

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 . 19 11 to 10-30 . 1931
I last saw h alive on 10-30 . 1931 death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

Hepatitis Date of onset
Peritonitis
Pneumonia Aneurism
Secondary
acute Cardiac Dilatation

Other contributory causes of importance:

Name of operation Exploratory Date
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M.D.
(Address)

Spec.—9-30—A. & Co.—200 Blks

E 73469

E 73469 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. E 7346

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1571 Edmondson St. 19-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Josephine C Tucker

(a) RESIDENCE NO. (Usual place of abode) 1571 Edmondson ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: [illegible]

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Richard Tucker

6 DATE OF BIRTH (month, day, and year): Dec 24 1863

7 AGE — Years: 75 — Months: 10 — Days: 7 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: At home

9 BIRTHPLACE (city or town) (State or country): Prince Geo Co Md

PARENTS

10 NAME OF FATHER: Edw Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Lucretia [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Interment (Address): Loudon Park 1571 Edmondson Ave

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 31 31

17

I HEREBY CERTIFY, That I attended deceased from Oct 7, 1931, to Oct 31, 1931

That I last saw h[illegible] alive on Oct 21, 1931

and that death occurred, on the date stated above, at 7.15 P m.

The CAUSE OF DEATH* was as follows: Carcinoma of Uterus

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did no operation precede death? No Date of

Was there no autopsy? No

What test confirmed diagnosis?

(Signed) C William Fiey M. D.

(Address) 1738 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Nov 1 1931

20 UNDERTAKER: [illegible] — ADDRESS: 904 Carrell Ave

Cor.—12-9-31—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73470

CERTIFICATE OF DEATH.

E 73470

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE; (No. Sr Jos. Hosp 4-17 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18)

2-FULL NAME Walter C. Hunt

(a) RESIDENCE NO. Hammond Ferry Rd and Bet-Wav Ward Lansdowne

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

3a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Catherine M. Hunt

6 DATE OF BIRTH (month, day, and year) Nov. 14, 1902

7 AGE: Years 28; Months 11; Days 17; IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sheet Metal worker

(b) General nature of industry, business, or establishment in which employed (or employer) 084

(c) Name of employer Willis Carey Co. Balto

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Walter H. Hunt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary E Cunningham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Catherine M. Hunt Wife Hammond Ferry Rd Lansdowne

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1st 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Injs he received when Collided with Auto

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds. Fract Skull

(duration) yrs. mos. ds.

Nov 2 (Signed) [illegible] M. D. (Coroner)

1931 (Address) Fallsie Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death? Baltimore & Vicinity

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — Date of Burial: Nov 3, 1931

20 UNDERTAKER: Walter Lange — ADDRESS 3418 Eastern Ave

Cut on dotted line in part here. Be sure that every item is correct. Every item is very important. See instructions on back of certificate.

Cor.—10-18-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMO[illegible]

CERTIFICATE OF DEATH

92-0

E 73471

E 73471

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2637 Bernard St. 12-51 Ward)

2-FULL NAME William D. Bradford

(a) RESIDENCE NO. 2648 Bernard St.. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~. (write the word)
Male	White	Married (nee Kidd)

3a If married, ~~widowed, or divorced~~ HUSBAND of (~~or WIFE of~~) Elsie M. Bradford

6 DATE OF BIRTH (month, day, and year) April 2 1898

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	33	6	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Truck driver
(b) General nature of industry, business, or establishment in which employed (or employer): 623
(c) Name of employer: Consumers Ice Co

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John A. Bradford

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Blanche Massmore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Elsie M. Bradford (wife) 2648 Bernard St

15 Filed _____, 19__ _____ Registrar

16 DATE OF DEATH (month, day, and year) Oct 30 1931

CORONER'S CERTIFICATE OF DEATH

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) ~~inquest~~ thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) ~~inquest~~, au- find that said deceased came to ~~his~~ death on (the day stated above.

The CAUSE OF DEATH was as follows: Paralysis Duration Heart

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) E. M. Mossenor M. D.

10/3/31 (Address) 2632 Pennsylvania Ave

•State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery Balto Md	Nov 2 1931
20 UNDERTAKER	ADDRESS
Walter Davis	2018 Eutaw Ave

Important. See instructions on back of certificate. Typewrite or print in plain terms, so that it may be properly classified. Each statement of occupation must be full and complete, so that it may be properly classified.

AACo. 5-31 250B

E 73472 02

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73472

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL St. 2-4 Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joe Helenski

(a) Residence: No. 831 S Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 4-1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (month and year) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME John
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Mary Wierkowski
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date Nov 2-1931

19. UNDERTAKER George A. Weber
(Address) 1132 Penn St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-30 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1931, to Oct 30 1931

I last saw him alive on Oct 30 1931 death is said to have occurred on the date stated above, at 1055 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery, acute bacillary	Oct 27
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None (Date of injury ..... 19....)

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert O. Y. Warren M. D.

(Address) Johns Hopkins Hospital

1-30—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

73473

CERTIFICATE OF DEATH

E 73473

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp.) (St. 11-24 WARD)

2-FULL NAME Willie Seymour

(a) RESIDENCE NO 1000 Mc Culloh St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Ford Seymour

(Address) 1000 Mc Culloh St

15 Filed Nov 2 1931 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

THE CAUSE OF DEATH* was as follows: Struck & knocked down by a hit & run driver in a stolen machine, not apprehended (duration) yrs. mos ds

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Foreign or Biddle

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Coroner

17 (Signed) J. Fancy Q. M. D. Coroner

2, 1931 (Address) Franklin Co.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Deady

DATE OF BURIAL Nov 2 1931

20 UNDERTAKER Jones Funeral

ADDRESS 916 Dru

TION is very important See instructions on back of certificate.

AACo. 5-31 250M

E 73474 HEALTH DEPARTMENT CITY OF BALTIMORE E 73474

V 45

CERTIFICATE OF DEATH

Registered No. 27-44 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen. Hospital

Length of residence in city or town where death occurred 49 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Helen Myers

(a) Residence: No. 540 Edmondson Ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write this word): Single

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 17 1875

7. AGE: Years 57 | Months 9 | Days 14 | If LESS than 1 day, hrs or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Va.

FATHER

13. NAME Wm Ingram

14. BIRTHPLACE (city or town) (State or country) W Va.

MOTHER

15. MAIDEN NAME Sophie Biermann

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Cem Date 11-2-1931

19. UNDERTAKER George R. Parker (Address) 1737 E. Eager St.

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-31-1931

22. I HEREBY CERTIFY, That I attended deceased from 10/23 . 1931 . to 10/30 . 1931 . I last saw her alive on 10/30 . 1931 . death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic, Myocarditis - Myocardial Failure

Other contributory causes of importance Carcinoma of Tongue - Rt Metastasis to Rt Neck Hypertension

Name of operation Neck dissection Cauterization of Ca of Tongue Date 10/26/31

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.

(Address) Md. General Hospital

AdCo. 5-31 250M

E 73475 ~~75~~ HEALTH DEPARTMENT CITY OF BALTIMORE E 73475

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6616 Fait Ave St., 7-27 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Jerome Grimes Jr.

(a) Residence: No. 6616 Fait Av St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Cora Elizabeth Grimes

6. DATE OF BIRTH (month, day, year) Oct 3/59

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	—	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R.

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md Howard Co.

FATHER

13. NAME Jerome Grimes Sr.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Claude M. Grimes

(Address) 6616 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md. Date Nov 2 1931

19. UNDERTAKER Philip Herwig Jr.

(Address) 2016 Orleans St

20. FILED — — 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29. 1931

22. I HEREBY CERTIFY, That I attended deceased from July 29th, 1931, to Oct 29, 1931

I last saw him alive on Oct 27 1931, death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Chronic Interstinal Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Adam Fahl, M. D.

(Address) 1616 Eastern Ave

AACo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 253812
73476

CERTIFICATE OF DEATH

25 E 73476

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hosp. 18-29

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Turner

(a) Residence: No. 45 S. Stockton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

MOTHER FATHER

13. NAME: John Turner

14. BIRTHPLACE (city or town) (State or country): Pa

15. MAIDEN NAME: Harriet Wallet

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSP.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Date Nov 2nd 1931

19. UNDERTAKER C. Jones
(Address) 111 S. Gilmor St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1931, to Oct 29, 1931

I last saw h~~im~~ alive on Oct 29 1931 death is said to have occurred on the date stated above, at 7.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous peritonitis	1931
Chronic intestinal obstruction	?
Chronic pulmonary tuberculosis	?
Heart failure	10/29/31
Other contributory causes of importance:	
Intestinal obstruction well	
for a year.	
Pneumonia - broncho	

Name of operation Exploratory laparotomy Date of 10/29/31

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. Hill M. D.

(Address) Johns Hopkins Hospital

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE E 73477

CERTIFICATE OF DEATH

1. PLACE OF DEATH 522 N. Lakewood Ave. 7-10 Ward)

Registered No. 1317
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Catherine Wolfe

(a) Residence: No. 522 N. Lakewood Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widow

5a. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND~~ (or) WIFE of Charles Wolfe

6. DATE OF BIRTH (month, day, year) June 19, 1861

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	70	4	12	

OCCUPATION
8. Trade, Profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER
13. NAME Adam Vogel
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Elizabeth M. Schmidt
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lily Zimmerman
(Address) 522 N. Lakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL 11/3/31
Place Wilkens Ave Cem Date 1931

19. UNDERTAKER Southeastern Ave
(Address) 2424 E. Oldenburg

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1931, to Oct. 31, 1931, I last saw h[illegible] alive on Oct. 30, 1931, death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	10/31/31
Other contributory causes of importance: Asthma, hypertension, chr. interstitial nephritis	10/27/31

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. E. Schubert, M. D.
(Address) 447 N. Kenwood Ave

A4Cm 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

73478

CERTIFICATE OF DEATH

23 vE 73478

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2331 E Chase St. 8th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Earl Bernard Caldwell Jr

(a) Residence: No. 2331 E Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 17th 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as splnner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) City

MOTHER FATHER

13. NAME Earl B. Caldwell Sr

14. BIRTHPLACE (city or town) (State or country) City

15. MAIDEN NAME Mary E. Duggan

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Earl B. Caldwell
(Address) 2331 E Chase St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Cathedral Date 11/3/ 1931

19. UNDERTAKER E. J. Young & Son
(Address) 1921 E. Baltimore St.

20. FILED ..... 19 .....

Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31st 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 31 to Oct 31 31

I last saw him alive on Oct 30 31 death is said to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance were as follows:

1. Tuberculosis Mediastinum Glands — Date of onset about 2 years ago.

Other contributory causes of importance:

Acute Cardiac Dilatation — 1 day

Name of operation ..... Date of

What test confirmed diagnosis? Xray & Autopsy

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Earl Caldwell Jr M.D.

11-2-31 (Address) 1500 N Washington Ave

Spec.—9-30—A. & Co.—250 Bks.

73479 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73479

CERTIFICATE OF DEATH.

108 v

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 833 Ashland Ave. 10-14 WARD)

2 FULL NAME George Weir

(a) RESIDENCE NO. 833 Ashland Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C.	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Beatrice Weir

6 DATE OF BIRTH (month, day, and year) Sept 16, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) V. C.

PARENTS

10 NAME OF FATHER Thomas Weir

11 BIRTHPLACE OF FATHER (city or town) (State or country) V. C.

12 MAIDEN NAME OF MOTHER Louise Preston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) V. C.

14 Informant Beatrice Weir
(Address) 833 Ashland ave

15 Filed 1931 Registrar GHR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-28-31

17 I HEREBY CERTIFY, That I attended deceased from Oct 27, 1931, to Oct 27, 1931

that I last saw h[illegible] alive on Oct 27, 1931

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical

(Signed) A H Weinstein M. D.

11/2, 1931 (Address) 733 Hesperus St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery DATE OF BURIAL: Nov 2, 1931

20 UNDERTAKER: Wm R. A. Elliott ADDRESS: 1925 Ashland ave

Spec.—9-30—A. & Co.—250 Blks.

E 73480

E 73480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1191

1 PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE (No. 819 St. (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George White

(a) RESIDENCE NO. (Usual place of abode) 1627 Lafayette Avenue St. WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1yr. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 15, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore md

PARENTS
10 NAME OF FATHER Richard White
11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.
12 MAIDEN NAME OF MOTHER Lillian Haynes
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga

14 Informant Lillian White
(Address) 1627 Lafayette ave.

15 Filed NOV 2 - 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-31-31

17
I HEREBY CERTIFY, That I attended deceased from 10-16, 19 31, to 10-31, 19 31
that I last saw h (M alive on 10-31, 19 31
and that death occurred, on the date stated above, at 6.25 A m.

The CAUSE OF DEATH* was as follows:

Acute malnutritional Disturbance

(duration) yrs. mos. 3wks ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore md
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis? Clinical
(Signed) George M. Donald M. D.
11/3/1931 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Nov 2 1931

20 UNDERTAKER Thomas E. Kelson — ADDRESS 1303 Pressman St

1-30—M. & T.—100 B—591.

E 73481

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73481

CERTIFICATE OF DEATH

1088

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp 5-21 (WARD)

2-FULL NAME Doris Carter

(a) RESIDENCE No 1709 N. Bruce St., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fml	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Apr 9-1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		7	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jakesper Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Florida Peters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Annie Carter
(Address) 1709 N. Bruce

15 Filed OCT 3 1931 C. T. Register

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or neither) thereon and from the evidence obtained by said (Inquest, autopsy or neither) find that said deceased came to death on the day stated above.
(autopsy or inquiry)

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Negative

(Signed) H. Klinck, M. D.
(Coroner)
(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park DATE OF BURIAL Oct 7 1931

20 UNDERTAKER Chas. A. Caddis ADDRESS 1300 W. Baltimore

TION is very important See instructions on back of certificates.

OCT 2 1931

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73182

CERTIFICATE OF DEATH

1931

Registered No. E 73182

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 Mc. Kewin ave. St. 47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alonzia C. Roberts.

(a) Residence: No. 628 Mc Kewin ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Williamanna Roberts

6. DATE OF BIRTH (month, day, year) Dec 16, 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Light Dept.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME William Roberts.
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. A. C. Roberts.
(Address) 628 Mc Kewin ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Interred Date 11/2 19 31

19. UNDERTAKER John J. McGran
(Address) 3020 E. Baltimore St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1931 to , 19 ; I last saw h alive on Nov 1, 1931 death is said to have occurred on the date stated above, at 4.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

Chronic Interstitial Nephritis

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) , M. D.
(Address)

Spec.—8-16-29—L. F. S.—100 Blks.

E 73483

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73483

CERTIFICATE OF DEATH

95-002

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1811 Vine ST. WARD 20-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Chas. H. Jones

(a) RESIDENCE NO. 1811 Vine ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col'd

5 Single, Married, Widowed, or Divorced (write the word): Mar

5a If married, widowed, or divorced RUSBAND of (or) WIFE of: Mattie Jones

6 DATE OF BIRTH (month, day, and year): May 6, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Thomas Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Matilda Hackett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Francis Hall

(Address): 1811 Vine

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 31/31

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1931, to Oct 30, 19..,

that I last saw h alive on Oct 30, 19..

and that death occurred, on the date stated above, at 12:15 A m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart.

CONTRIBUTORY (Secondary): Pulm. Oedema (duration) yrs. 1 mos. ds.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J J Horwood, M. D.

Oct 31 19 31 (Address) 939 N Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

20 UNDERTAKER: Mrs. Katie R. Wehrane

DATE OF BURIAL: Nov 3, 1931

ADDRESS 322 Schroeder St

1-30—M. & T.—100 B—501.

E 73484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 210-001

E 73484

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen ST. 16-67 WARD)

2-FULL NAME Ray'md E Kaufman

(a) RESIDENCE NO. 1130 Poplar Grove St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 16 87

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	4	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Geo M Caufman

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Florence

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Lenney Waters

(Address) 1130 Poplar Grove

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11—1 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by a moving auto

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract skull

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Edmondson Ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. Faul M. D.
Coroner

11 1 1931 (Address) Traffic Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL 11/4 1931

20 UNDERTAKER Harvey Brannan Son

ADDRESS 1136 Pulaski

TION is very important See instructions on back of certificates.

AACo. 5-31 250B

Wil 10035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

464 E 73485

E 73485

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1604 N Monroe St. 15-21 (Ward)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Solamon Tobias Round

(a) Residence: No. 1604 N. Monroe St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Etta

6. DATE OF BIRTH (month, day, year) 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hirsh Round
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rosie R. Brodie
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT N. Round
(Address) 1604 N Monroe St

18. BURIAL, CREMATION, OR REMOVAL.
Place Lutnor Washington Date Nov. 2 1931

19. UNDERTAKER Jos. Lumpert & Bro.
(Address) 1127 E Baltimore St.

20. FILED Nov 2 1931 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1931 to Oct 31 1931
I last saw him alive on Oct 31 1931 death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancinoma of abdominal organs	

Other contributory causes of importance:
Mesenteral meloses

Name of operation ..... Date of .....
What test confirmed diagnosis? Signs & symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Friedrich M. D.
(Address) 2225 Reudem av

AaCo. 5-11 250M

E 73486 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

119 E 73486

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 E Hill 22-32 St. ..... Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Edna Mae Ladd

(a) Residence: No. 3 E Hill St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmale	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) Sept 7 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Catlettsburg Ky

FATHER

13. NAME Thomas Ladd
14. BIRTHPLACE (city or town) (State or country) Ky

MOTHER

15. MAIDEN NAME Ella Tyson
16. BIRTHPLACE (city or town) (State or country) Mass

17. INFORMANT Thomas Ladd
(Address) 3 E Hill St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 3 1931

19. UNDERTAKER Harold Evans
(Address) 1 E Preston St

20. FILED ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1st 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st 1931, to Nov 1st 1931

I last saw her alive on Nov 1st 1931 death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia and enteritis	2

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry Kleibel M. D.

11/3/31 (Address) 1224-26 Hanover St.

Spec.-7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73487.

48 ✓

E 73487.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Garrison apts St. 15-65 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Petroff

(a) RESIDENCE NO. Garrison + Fredk Sts. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emil J. Petroff

6 DATE OF BIRTH (month, day, and year) Sept. 14-1874

7 AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min..
	57	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Philadelphia

(State or country) Pa

PARENTS

10 NAME OF FATHER Chas Nelson

11 BIRTHPLACE OF FATHER (City or town) Sweden

(State or country)

12 MAIDEN NAME OF MOTHER Catherine Smith

13 BIRTHPLACE OF MOTHER (city or town) Ireland

(State or country)

14 Informant Mrs. Louis Miller

(Address) 1900 Fredk St

15 Filed ___, 19___ ___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1931

Nov - 2 -

17 I HEREBY CERTIFY, That I attended deceased from June, 1931, to Nov - 2, 1931,

that I last saw her alive on Nov - 1, 1931,

and that death occurred, on the date stated above, at 6 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma uteri

Carcinoma liver

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma liver

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) Chas S. Nicholas, M. D.

Nov. 2. 1931 (Address) 126-25th st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mount Olivet Cem. Balto Md.	11/5/31
20 UNDERTAKER Margaret L. Ellyson	ADDRESS 1422 Eutaw

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

AdCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73488 E 73488

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

Registered No. 20-64

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 20-64 Ward)

Length of residence in city or town where death occurred 56 yrs 5 mos 11 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Mr. Frank J. Mc Dermott

(a) Residence: No. 64 Gorman Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND (or) WIFE of Margaret Mc Dermott

6. DATE OF BIRTH (month, day, year) May 20th 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
56	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as cutter, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Linen Mfg Co

10. Date deceased last worked at this occupation (month and year) Oct 31

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Dennis Mc Dermott

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen Shuda

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Margaret Mc Dermott
(Address) 64 Gorman Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Fair Cathedral Date 11 31 1931

19. UNDERTAKER F. S. Wetzel
(Address) 1500 Eastern Ave

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1931, to Oct 31, 1931

I last saw him alive on Oct 31 1931 death is said to have occurred on the date stated above, at 12 50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	?
Secondary anemia	

Other contributory causes of importance:

Name of operation Laparatomy Date of Oct 28 31

What test confirmed diagnosis? Clinically Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Andres E. Calas M. D.

(Address) Bon Secours Hospital

Spec.—1-10-21—M&T—1500 Blks.

E 73489

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73489

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 504 Brunswick ST. 70-69 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Arndt.

(a) RESIDENCE NO. 504 Brunswick ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 all life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Widowed.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Arndt

6 DATE OF BIRTH (month, day, and year) July 28. 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City

PARENTS

10 NAME OF FATHER Christoph Kaiser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Clementine Glenn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Harriet Kaiser

(Address) 504 Brunswick St

15 Filed . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct 18 . 1931 . to Oct 31 . 1931 .

that I last saw h alive on Oct 31 . 1931 .

and that death occurred, on the date stated above, at 10:00 P m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis (General)
Nephritis Chronic Interstitial
Mitral Stenosis & Myocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia Bronchial.

(duration) yts. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Physical

(Signed) Eliot W Johnson, M. D.

11/1. 1931 (Address) 3432 Brunswick ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL 11/2/ 1931

20 UNDERTAKER Fitzpatrick & Welfley ADDRESS 113 W Fayette, 1550 N Bulverse St

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 73490

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73490

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 Lyndhurst ST. 16-71 WARD)

2-FULL NAME William T. Zimmerman

(a) RESIDENCE NO. 606 Lyndhurst ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Anna Zimmerman

6 DATE OF BIRTH (month, day, and year) Oct 7 - 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82		24	
			25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Zimmerman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Anna Zimmerman (Address) 606 Lyndhurst St

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1931, to Nov. 1, 1931, that I last saw him alive on Oct. 30, 1931, and that death occurred, on the date stated above, at 2.45 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. A. Stamm M. D.

11/1 1931 (Address) 1901 Griffis Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Louden Park Cemetery

DATE OF BURIAL Nov 3 1931

20 UNDERTAKER Jonah Byer

ADDRESS 1600 W. North Ave

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

73491

CERTIFICATE OF DEATH

131 E 73491

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 S. Clinton St., 26 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Rollo

(a) Residence: No. 612 S. Clinton St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas Rollo

6. DATE OF BIRTH (month, day, year) June 11 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper; etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Nicholas Myers.

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edward Rollo Father

(Address) Lynda Ave near Belair Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Nov. 3 1931

19. UNDERTAKER Fuhrman & Waltemeyer

(Address) 608 E. Fayette St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31st, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 5th, 19... to Oct 31, 1931

I last saw h[illegible] alive on Oct 31 1931. death is said to have occurred on the date stated above, at 7.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Edema	
Other contributory causes of importance: Chronic Myocarditis Chronic Nephritis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Fred L. Smith M. D.

(Address) 3313 E Baltimore St

AACo. 5-31 2508

(Garish)

HEALTH DEPARTMENT CITY OF BALTIMORE

73492

CERTIFICATE OF DEATH

93- E 73492

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 37-43 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Catherine Garish

(a) Residence: No. 2803 Eutaw Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Michael Garish

6. DATE OF BIRTH (month, day, year) April-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	67	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

MOTHER FATHER

13. NAME Michael Birmingham
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Logue
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Nov. 5 1931

19. UNDERTAKER Joseph L. Rusk
(Address) 6205 Reisterstown Rd

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/2 1931

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1931 to November 2, 1931
I last saw h[illegible] alive on November 2, 1931 death is said to have occurred on the date stated above, at 1:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spontaneous Pneumothorax	11/1/31

Other contributory causes of importance:

Arteriosclerotic Heart Disease ?

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Simon Bruce, M. D.
(Address) Mercy Hospital

1931 C. PEARSON JONES, M. D.

Spec.—9 3—A. & Co.—250 Bks.

73193 HEALTH DEPARTMENT—CITY OF BALTIMORE E 7345

CERTIFICATE OF DEATH

122-002

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3504 Gibbons Ave ST 27-44 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Anne Buschman

(a) RESIDENCE NO. 3504 Gibbons Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 89 yrs. 0 mos. 30 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Herman V Buschman

6 DATE OF BIRTH (month, day, and year) Oct-1-1842

7 AGE

Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
89	0	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Balto. Maryland

PARENTS

10 NAME OF FATHER Lewis Kramer

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? ? Germany

12 MAIDEN NAME OF MOTHER Rosa C. (Lindmus) ? ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs Mary D. Deck (daughter) 100-E-22-St. City

15 Filed NOV 2 1931 19 C. PARKSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/31-31.

17 I HEREBY CERTIFY, That I attended deceased from 10/26, 1931, to 10/31, 19 31. that I last saw h alive on 10/31, 19 31 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Kyle W Bolby M. D.

19 (Address) 5102 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery DATE OF BURIAL Nov 3 1931

20 UNDERTAKER Stewart & Conners ADDRESS Balto

Spec.—9-30—A. & Co.—200 lots

73494 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 162 E 73494

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2001-N-Calvert St. 12-19 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Matilda Monlell Stewart

(a) RESIDENCE NO. 2001-N-Calvert- ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 93 yrs. 9 mos. 10 ds. How long in U. S., if of foreign birth? 93 yrs. 9 mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of William D Stewart

6 DATE OF BIRTH (month, day, and year) Jan 22-1838

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Francis T Monlell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kasgow Scotland

12 MAIDEN NAME OF MOTHER: Sarah Barton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kasgow Scotland

14 Interment (Address): Mount Auburn Cemetery 200 N Calvert St

15 FILED 2-3 1931 Registrar

C. HARRISON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 2/31

17

I HEREBY CERTIFY, That I attended deceased from Aug 8 1931 to Feb 2 1931

that I last saw her alive on Feb 2 1931

and that death occurred, on the date stated above, at 1:15 a m.

The CAUSE OF DEATH* was as follows:

The deceased had no disease She died of weakness & lack of good

(duration) gradual yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock caused by new

Years death (duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) [illegible] M. D.

2/2 1931 (Address) 1403 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Feb 3 1931

20 UNDERTAKER: Stewart & Co — ADDRESS: Balto

Spec.—1-30—M. & T.—250 Bks. Logan

E 73496 HEALTH DEPARTMENT—CITY OF BALTIMORE E 7

CERTIFICATE OF DEATH. 131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 634 Hospital St. 13-20 WARD)

(If death occurr... a hospital or inst... tion, give its NA... instead of street an... number.)

2-FULL NAME Nathaniel L. Logan (W. North Ave)

(a) RESIDENCE NO. 634 Hospital St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced (HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 9, 1850

7 AGE: Years 81; Months; Days 23; If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Robert L. Logan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Alexandria Va

12 MAIDEN NAME OF MOTHER: Annabella Twomey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Mrs. Sadie Logan 634 North Ave

15 Filed Nov 1 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-1-31

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Nov 1, 1931, that I last saw h... alive on Oct 1, 1931, and that death occurred, on the date stated above, at 7 p.m.

The CAUSE OF DEATH* was as follows: Arteriosclerosis and Nephritis

(duration) ~~10~~ yrs, 10 mos ds.

CONTRIBUTORY (Secondary): Uraemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopical exam

(Signed) Irvin E. Lantz M.D.

Nov 2, 1931 (Address) 700 West North Ave

*State the Disease Causing Death, or in deaths from Violent ... state (1) Means and Nature of Injury, and (2) whether Ac... Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet DATE N...

20 UNDERTAKER: George I Smith

Spec.—1-30—M. & T.—250 Bks

E 73496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-00 E

REGISTERED NO.

(If death occu... a hospital or i... tion, give its N... instead of street ... number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 3602 E. Pratt ST. 76-37 WARD

2-FULL NAME Charles Sessa

(a) RESIDENCE NO. 3602 E. Pratt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Jan 29, 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Gaetano Sessa

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Maria Murci

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mother

(Address)

15 Filed Nov 2 1931. 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/31/31.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 24th., 19 31, to Oct., 31st., 19 31.,

that I last saw him alive on Oct. 31st., 19 31,

and that death occurred, on the date stated above, at 6.00 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) [illegible], M. D.

, 19 (Address) 2942 E. Fayette Street,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Nov 3, 1931
20 UNDERTAKER Frank V. Pikelone	ADDRESS 2818 E. Baltimore

Spec.—9-30—A. A Co.—250 Bks

✓ E. 73497

78497 HEALTH DEPARTMENT—CITY OF BALTIMORE E-78497

CERTIFICATE OF DEATH 131

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2848 Lake Ave (St.) 8-46 (Ward)

2 FULL NAME George Kahler

(a) RESIDENCE No 2848 Lake ave (Usual place of abode) ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 6 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Kahler

6 DATE OF BIRTH (month, day, and year) Oct 6-1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	0	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Police 061

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City of Balto

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Geo. Kahler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Jenkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Fannie Kahler

(Address) 2848 Lake ave

Filed 1931, 19 C. H. THOMPSON JONES, M. D.

By A. L. L. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 1-1931

17 I HEREBY CERTIFY, That I attended deceased (from Nov 1-30, 19, to Nov 1-31, 19) that I last saw h[illegible] alive on Oct 31 1931 and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

(a) Uremia Parenchymatous Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Thompson Jones M. D.

11/1/31 (Address) 1926 Mount Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. DATE OF BURIAL: Nov. 3 1931

20 UNDERTAKER Harry W. Ehlen ADDRESS 1944 W. North Ave

TION is very important. See instructions on back of cer

AaCo. 5-37 2508

73498 HEALTH DEPARTMENT—CITY OF BALTIMORE E

CERTIFICATE OF DEATH

Registered No. 46

(If death ... a hospital ... give its NA... of street and ...

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Belvedere Hotel St. 11-13 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U.S. If of foreign birth? yrs.

2. FULL NAME Seymour Mandelbaum

(a) Residence: No. Belvedere Hotel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Sonnesborn Mandelbaum

6. DATE OF BIRTH (month, day, year) July 25, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Financier

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER FATHER

13. NAME Goetz Mandelbaum

14. BIRTHPLACE (city or town), Germany
(State or country)

15. MAIDEN NAME Minna Milea

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mr. H. Schoen.
(Address) Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Oheb Shalom Date Nov. 3, 19 31

19. UNDERTAKER Levitt Sonnheim & Sons
(Address) 1906 Eutaw Place.

20. FILED Nov 2 1931 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 19 31

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1931, to Nov 1, 1931
I last saw him alive on Nov 1 1931 death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach	

Other contributory causes of importance:

Arteriosclerosis Myocarditis	

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Julius Friedenwald, M. D.
(Address) 1013 N. Charles St.

E 73499 HEALTH DEPARTMENT—CITY OF BALTIMORE E

CERTIFICATE OF DEATH. 23

1-PLACE OF DEATH

CITY OF BALTIMORE—(No. 719 Gold. ST. 15-21 WARD)

REGISTERED NO. (If death ... a hospital ... tion, give it ... instead of st... number.)

2-FULL NAME Amanda S. Caine

(a) RESIDENCE NO. 719 Gold. ST., WARD

(Usual place of abode) (If non-resident give city or town and St...

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem 4 COLOR OR RACE Col 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Henry

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE Years 54 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Hudson Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Josephine Tillman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Mary E. Ross (Address) 719 Gold

15 Filed 2 1931 C. EDISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31

17 I HEREBY CERTIFY, That I attended deceased from Oct 24, 19 31, to Oct 31, 19 31, that I last saw h alive on Oct 31, 19 31, and that death occurred, on the date stated above, at 5.10 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No (Date of)

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) M.D. (Address) Gold and ...

*State the Disease Causing Death, or in deaths from Viol... state (1) Means and Nature of Injury, and (2) whether ... Suicidal, or Homicidal. (See reverse side for additional spa...

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery D...

20 UNDERTAKER Archibald Leidig

B 2408

HEALTH DEPARTMENT—CITY OF BALTIMORE

3500

CERTIFICATE OF DEATH

82-001 E 735

Registered No. 1

(If death occur... a hospital or inst... give its NAME i... of street and numbe...

PLACE OF DEATH South Balto Gen'l Hosp (Ward)

OF BALTIMORE: (No. 4-annexed to City 10 yrs.-

If not in city or town where death occurred, how long there? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos.

FULL NAME Mrs. Emma M. Chase

Residence: No. Pennington Ave Extd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Wh	Widow

(If married, widowed, or divorced) HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan 16 1863

Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

NAME OF FATHER Isaac Bradyhouse

BIRTHPLACE (city or town) (State or country) Baltimore

MAIDEN NAME OF MOTHER Frances E Wright

BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Miss Lida Bradyhouse

(Address) 2306 Eutaw Pl

BURIAL, CREMATION, OR REMOVAL Loco

Marley Church Cemetery Date Nov 3 1931

UNDERTAKER Wm F Denny

(Address) 716 Light St

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-31 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 30th 1931 to Oct 31st 1931

I last saw h... alive on Oct 31st 1931; death is said to have occurred on the date stated above, at 6:20 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Oct 31-31

Other contributory causes of importance:

Hypertensive Cardiovascular Disease
Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis Exam Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert W Johnson M. D.

(Address) 3564 Hayrone St

C. PARSON JONES, M. D.

AaCo. 5-31 2500

E 73501 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73501

CERTIFICATE OF DEATH

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3902 Hanover St. 25-75 (Ward)

Length of residence in city or town where death occurred 6 yrs. mos ds How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth E Ealey

(a) Residence: No. 3902 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F M	W.	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard P Ealey

6. DATE OF BIRTH (month, day, year) Nov 14 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
62	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year:)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

FATHER

13. NAME Nathan Shank

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Toulmon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mr George W. Ealey 3902 Hanover St

18. BURIAL, CREMATION, OR REMOVAL Place Mount Cemetery Rockville Md Date Nov 4, 1931

19. UNDERTAKER John T Denny (Address) 1715 Light St

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-2, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1930 to Nov 2, 1931

I last saw h[illegible] alive on Oct 31, 1931 death is said to have occurred on the date stated above, at 7.10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes.	Oct 1-30

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) [illegible] M. D.

(Address) 481 S Pennington Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 73502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-302

E 73502

REGISTERED NO. 24-35

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto G Ho ST. WARD

2-FULL NAME Co 6 Kitchen

(a) RESIDENCE NO. 1450 Andrew St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 30 - 1905 (Inquest, autopsy or inquiry.)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	4	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Frank Kirschen

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Armanda Blanco

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Mrs Mary Kirschen

(Address) 1450 Andrew St.

15 Filed NOV 2 - 1931 C. HAMILTON JONES, M. D. Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 / 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chain in which he was riding collided with Another Auto

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Fract Femur

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Belle Grove Rd & Old

Did an operation precede death? no Date of Autopsies

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) J. V. Trans, M. D.

11 V. 1931 (Address) Traffic Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington

DATE OF BURIAL Nov 3 1931

20 UNDERTAKER Charles L. Stevens

ADDRESS 1039 E Fort Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73503

E 73503

CERTIFICATE OF DEATH.

REGISTERED NO. C 46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2709 Elsinore Av ST. 15-61 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Ella V. Thompson

(Residence in Baltimore: No. 2709 Elsinore Av St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. October 2, 1855 (Month) (Day) (Year)

7-AGE. 76 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work. House Duties (b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Washington DC

PARENTS.

10-NAME OF FATHER. J Hughes

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country). "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward J Thompson

(Address) 2709 Elsinore Ave

15- Filed NOV 2 1931, 191.. C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 2, 1931. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 16 1931, to Nov 2 1931, that I saw h[illegible] alive on Nov 2 1931, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes Pernicia Cystitis

(Duration) yrs. mos. 14 ds.

(Signed) H. H. Warner M. D.

Nov 2, 1931 (Address) 2604 Harford

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Druid Ridge Cem

DATE OF BURIAL. Nov 4, 1931

20-UNDERTAKER John C Mitchell

ADDRESS 1411 Eutaw Place

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—9-30—A. & Co.—250 Blks.

73504 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 73504

CERTIFICATE OF DEATH. 116

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 Norris St. St. 19-27 WARD)

REGISTERED No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Samuel Campbell

(a) RESIDENCE No. 515 Norris St. (Usual place of abode) ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C.	Married

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Mrs. Jennie Campbell

6 DATE OF BIRTH (month, day, and year) Jan. 18.77

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	54	9	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Interment (Address) Mrs. Jennie Campbell 515 Norris St.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/31/31

17

I HEREBY CERTIFY, That I attended deceased from Oct 26, 1931, to Oct 31, 1931

that I last saw h in alive on Oct 31, 1931

and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Stricture of the Oesophagus (duration) yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Cystitis (duration) — yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. M. Lawrence M. D.

Nov. 19 31 (Address) 1232 W. Hoshen St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Nov 3 1931
20 UNDERTAKER Thomas E. Kelson	ADDRESS 1303 Bressman St

INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. PHYSICIANS

1-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73505

CERTIFICATE OF DEATH

89-001 E 73505

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2334 Stockton ST. (15-59 WARD)

2-FULL NAME Chas T Jones

(a) RESIDENCE NO 2334 Stockton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Co | 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 3-1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER William Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Bessie Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Bessie Thomas
(Address) 2334 Stockton

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Otis Media.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted, if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Regular

(Signed) A. Ellis, M. D.
Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Nov 3 1931

20 UNDERTAKER Thomas E. Kelson

ADDRESS 303 Pressman St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ... mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

NOV 2 1931

Spec.—9 30—A. & Co.—250 Blks

73506

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73506

CERTIFICATE OF DEATH.

94-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 12-49 WARD)

2 FULL NAME Mrs Valbar Billstein

(a) RESIDENCE NO. 2916 Edmondson Road ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~
HUSBAND of (or) WIFE of Ella Lillian Bollstein

6 DATE OF BIRTH (month, day, and year) Apr 16th 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS

10 NAME OF FATHER: Alexander Billstein
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: Loraine Lolbrent
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Ella L. Billstein
(Address): Ambassador Apt

15 FILED NOV 2 - 1931, 19 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/1/31

17
I HEREBY CERTIFY, That I attended deceased from October 4th, 1931, to November 1st, 1931
that I last saw h[illegible] alive on November 1st, 1931
and that death occurred, on the date stated above, at 5:10 P.m.
The CAUSE OF DEATH* was as follows:

Pontaki hypertrophy

(duration) — yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Coronary thrombosis
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of October 30/31
Was there an autopsy? Yes.
What test confirmed diagnosis? Laboratory - Roentgen
(Signed) J. E. Davidson M. D.
11/2, 1931 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: 11/4/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul st

INK—THIS IS A PERMANENT RECORD. Every item
AGE should be stated EXACTLY. PHYSICIANS should state
information should be carefully supplied. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73507

CERTIFICATE OF DEATH.

50

E 73507

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3208 Garrison Blvd ST. 15-6 WARD)

2-FULL NAME Hannah Cohen

3a RESIDENCE NO. 3208 Garrison Blvd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. / How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced, (HUSBAND) of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 1 1854

7 AGE: Years 77; Months 2; Days 1; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hairdresser

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Joseph Cohen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Amelia Bibarsf

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs. Sarah Cohen 3208 Garrison Blvd

15 Filed ..... 19 ..... Registrar

NOV 2 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2 1931

17 I HEREBY CERTIFY, That I attended deceased from March 1931, to Nov 2 1931, that I last saw h alive on Nov 1 1931, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Carcinoma Mammary Gland

(duration) 12 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hilda Pollack, M. D.

19 (Address) 1110 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Nov 4 1931

20 UNDERTAKER: D. Finnegan & Co

ADDRESS: 2432 Pennsylvania Ave

A. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Rpnt—9-30—A. & Co.—250 Blks

E 73508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73508

CERTIFICATE OF DEATH

82-101

1 PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE (No. Wilkins & Caton Aves ST. 9-18 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Clinton Parker

(a) RESIDENCE NO. 1643 Hartford Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~: Amelia Piercy Parker

6 DATE OF BIRTH (month, day and year): Nov. 4th 1851

7 AGE: Years 79 | Months 11 | Days 27 | If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md. Bal.

PARENTS

10 NAME OF FATHER: Chas. H. Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Eliza V.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Georgetown West Va

14 Informant: Son - Clinton Parker
(Address): Emerson Hotel Balt.

15 NOV 2 1931, 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 1 31

17:
I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1931, to Nov 1, 1931
that I last saw ~~he~~ she alive on Nov 1, 1931
and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Hypertension - arteriosclerosis
(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? H. puncture.

(Signed) - George Vrooler M. D.
, 19 (Address) St Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: 11/3/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

INK—THIS IS A PERMANENT RECORD. Every item must be written PLAINLY, WITH UNFADING INK—information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

E 73509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

146 E 73509

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 2-7-48 Ward)

Length of residence in city or town where death occurred 5 yrs mos da How long in U.S. If of foreign birth? yrs mos da

2. FULL NAME Mrs. Rheda Pied

(a) Residence: No. 131 McCabe Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
(or) WIFE of Harry Pied

6. DATE OF BIRTH (month, day, year) Aug 19 1894

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
37	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dy
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

MOTHER FATHER

13. NAME Harvey T. Stutler
14. BIRTHPLACE (city or town) (State or country) md
15. MAIDEN NAME Anna F Stutler
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Joshua D.E. Fuller
(Address) 703 Homestead St

18. BURIAL, CREMATION, OR REMOVAL Parkwood Cemetery Date 11/4/1931
Wm Cook
19. UNDERTAKER (Address) 1217 St Paul St

NOV 2-1931

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 1 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1931 to Nov. 1 1931

I last saw h[illegible] alive on Nov. 1 1931 death is said to have occurred on the date stated above, at 3:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pregnancy complicated by syphilis toxemia	2 wks.
Other contributory causes of importance: Paralytic ileus (toxic)	4 Days

Name of operation Cesarean Section Date of Oct 26 31

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Andres E. Calas, M. D.
(Address) Bon Secours Hospital

GIVE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be OCCUPATION is very important. See instructions on back of certificate.

Dr Cromwell 203 Patapsco ✓

1-30—M. & T.—100 B—50L

E 73510

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73510

CERTIFICATE OF DEATH

92-001

REGISTERED NO. 16-44

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 16-44 WARD)

2-FULL NAME Estelle B. Freyer

(a) RESIDENCE NO. 1305 E. Eager ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if at foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of George A. Freyer

6 DATE OF BIRTH (month, day, and year) Nov 4th 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	51	11	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER James Mentzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Geo A. Freyer

(Address) 1300 Eager St

15 Filed ..... 192 RRN Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2nd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Disease - Aortic Insufficiency

(duration) yrs. mos 21 ds. ?

CONTRIBUTORY (Secondary) ____ (duration) yrs. ...mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical

(Signed) Guy N. Cromwell M. D.
(Coroner)

11/2, 1931 (Address) 203 Patapsco Ave Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery

DATE OF BURIAL 11/4/1931

20 UNDERTAKER Wm Cook 1217 St Paul St

ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 2 - 1931

AdCo. 5-41 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73511

CERTIFICATE OF DEATH

92-001 E 73511

Registered No. 27-41

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin Tyler

(a) Residence: No. 4021 Bellwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Rosalina Cummings

6. DATE OF BIRTH (month, day, year): Sept. ? 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Seaman

10. Date deceased last worked at this occupation (month and year): [illegible]

11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (city or town) (State or country): Somerset Co. Maryland

FATHER

13. NAME: John C. Tyler

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Asa Evans

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Records, U.S. Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL — Place: Fairbanks Md. Date: 11/4/1931

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

20. FILED NOV 2 1931, 19.. Registrar. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 2nd 1931

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1924, to November 2, 1931

I last saw him alive on Nov. 2 1931 death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general	7 yrs.
Hemiplegia, left	
Senility	

Other contributory causes of importance:

Valvular heart disease, mitral insufficiency	5 yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Gordon A. Abbott M. D.

(Address) U.S. Marine Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—240 Blks

E 73512 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73512

CERTIFICATE OF DEATH 95-001

1 PLACE OF DEATH St. Agnes' Hosp. 16-37 REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. ST. WARD)

2 FULL NAME Mrs. Ida Gephardt

(a) RESIDENCE NO. 424 S. Ennall St. ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr. Joseph Gephardt

6 DATE OF BIRTH (month, day, and year): Aug. 17, 1891

7 AGE: Years 40 | Months 2 | Days 13 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Wm. F. Engle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Martha A. Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs. Gephardt
(Address): 424 S. Ennall St

15 Attended from [illegible] 19 to [illegible] 19 HAMPSON JONES, M. D. Registrar

NOV 2 1937 C

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 31. 1937

17
I HEREBY CERTIFY, That I attended deceased from Oct. 30 19 37 to Oct. 31 19 37
that I last saw her alive on Oct. 21 19 37
and that death occurred, on the date stated above, at 7:55 P. m.
The CAUSE OF DEATH* was as follows:

1. Auricular fibrillation.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? 424 S. Eagle St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) George J. Gorsline M. D.

19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cemetery — DATE OF BURIAL: Nov. 3 19 37

20 UNDERTAKER: Geary Sander & Sons Inc — ADDRESS: Baltimore St & Broadway

THIS IS A PERMANENT RECORD. Every item must be written PLAINLY, WITH UNFADING INK—information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

42-001

E 73513

CERTIFICATE OF DEATH

E 73513

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1226 Hurst St. 24-33 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Berry Flowney

(a) RESIDENCE NO. 1226 Hurst St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 14, 1850

7 AGE: Years 80 Months 11 Days 17

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Jas Thomas

11 BIRTHPLACE OF FATHER (City or town) Balto md

(State or country)

12 MAIDEN NAME OF MOTHER Mary Harrigan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Wm Berry (Son)

(Address) 1226 Hurst St

15 Filed NOV 3 - 1931

19 [illegible] JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 31 1931

17 I HEREBY CERTIFY, That I attended deceased from 10/26 1931 to 10/31 1931

that I last saw h[illegible] alive on 10/31 1931.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

11/2 1931 (Address) 1019 Hillman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. — Date of Burial: Nov. 3 1931

20 UNDERTAKER: Margaret A. Flynn — ADDRESS: 1422 Lyd[illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-11 2108

HEALTH DEPARTMENT CITY OF BALTIMORE

E 73514

CERTIFICATE OF DEATH

E 73514

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 618 N. Mount St., 17 Ward)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ida Duvall

(a) Residence: No. Lakewood Apartment St., Ward. Baltimore Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Robert Duvall

6. DATE OF BIRTH (month, day, year) Feby 6th 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Zanesville Ohio

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Walter Duvall
(Address) 618 W. Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date Nov 3 1931

19. UNDERTAKER Henry H. Jenkins Sons Co
(Address) McCulloh & Richards Sts

20. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2nd 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st 1931, to Nov 2nd 1931

I last saw her alive on Nov. 2nd 1931, death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 1st 1931

Other contributory causes of importance:

Hypertension	
Arteriosclerosis	

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. A. Chatard, M. D.

(Address) 1300 N. Calvert St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS CERTIFICATE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be properly classified. Exact statement of it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be on back of certificate. OCCUPATION is very important. See instructions on

A&Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73515

108 E 73515

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 932 Harford Ave St. 10-14 Ward)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Perfield Ford

(a) Residence: No. 932 Harford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Ford

6. DATE OF BIRTH (month, day, year) 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Nicholas S. C

FATHER

13. NAME John Ford

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Jane Ford

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Bessie Ford
(Address) 932 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mullins S.C. Date Nov 3rd 1931

19. UNDERTAKER Baker Hughes
(Address) 12 W. Eager St.

20. FILED Nov 3 1931 10 JK Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-2-, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-25-, 1931 to 11-2-, 1931

I last saw h— alive on 11-2- 1931 death is said to have occurred on the date stated above, at 8 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	10/25/31

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. A. Cactam M. D.

(Address) 600 N. Arlington Ave.

N. B.—WRITE PLAINLY, WITH INK OR INDELIBLE PENCIL. THIS CERTIFICATE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 73516

HEALTH DEPARTMENT—CITY OF BALTIMORE

168 E 73516

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 12-51 WARD)

2-FULL NAME Wilber S. Cunningham

1 (a) RESIDENCE NO. 2912 Bernard ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Cunningham

6 DATE OF BIRTH (month, day, and year) Mar 11/1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	7	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work R.R.Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Penna R.R.

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Chas W. Cunningham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Gertrude Keefer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Chas W. Cunningham
(Address) 3633 Elkader Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) ..... Coroner, M. D.

Nov. 3/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 11/6/31

20 UNDERTAKER

ADDRESS

Spec.—9-30—A. & Co.—250 Bks.

73517

HEALTH DEPARTMENT—CITY OF BALTIMORE

73517

CERTIFICATE OF DEATH

1 PLACE OF DEATH Jews Hospital — REGISTERED No. 157-002

CITY OF BALTIMORE, No. Caroline & Eutaw St. WARD 14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Girl Pruett

(a) RESIDENCE No. 1235 Williams St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Wh	Single

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 10-20-31

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
			14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (City or town) (State or country) Jews Hospital Balto Md.

PARENTS

10 NAME OF FATHER James J. French

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary Clayton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Garland Co. Ark

14 Informant James J. French (Address) 220 Walbrook Ave

15 Filed —, 19— Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-2-31

17

I HEREBY CERTIFY, That I attended deceased from 10-20-31, 19 to 11-2-31, 19

that I last saw h alive on 11-2-31, 19

and that death occurred, on the date stated above, at 11 00 P m.

The CAUSE OF DEATH* was as follows:

Congenital Spina Bifida

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Aspiration Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) W S Kenyon M. D.

19 2 (Address) Jews Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Holy Cross Cemetery Harford Rd. — Nov 3, 1931

20 UNDERTAKER — ADDRESS

James D. Cornelius 924 E Eager St.

This is a permanent record. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A4Co. 5-31 2908

E 73518

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73518

95-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2909 Bernard St. St., 12-51 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George S. McCleary

(a) Residence: No. 2909 Bernard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary J. McCleary

6. DATE OF BIRTH (month, day, year) Sept. 3 1851

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	80	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shepherd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 5

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William McCleary

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Jacobs

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Mary F. McCleary
(Address) 2909 Bernard St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date Nov 5 1931

19. UNDERTAKER George W Zirkle
(Address) 1737 E. Eager St

C. H. GAITHER JONES, M. D.

FILED NOV 3 - 1931 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1931 to Nov 2 1931

I last saw him alive on Nov 1 1931, death is said to have occurred on the date stated above, at 3:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Degeneration	Years
Other contributory causes of importance:	
Cardiac insufficiency	1 day

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Roscoe H Cross M. D.
(Address) 438 Park Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 2508

E 73519

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73519

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 N Edew St. 10-14 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Augusta Smith

(a) Residence: No. 1016 N Edew St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced (or) WIFE of James E Smith

6. DATE OF BIRTH (month, day, year) June 26 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	51	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Wm. Z. Jefferson

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Katie Taylor

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) James E Smith Husband 1016 N Edew St

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Calvary Date Nov 3 1931

19. UNDERTAKER (Address) Mrs. R. A. Elliott 1125 Oakland Ave.

Filed NOV 3 - 1931 19... C. LINWOOD JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1931, to Oct 31 1931

I last saw h w alive on Oct 30 1931, death is said to have occurred on the date stated above, at 8 55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Transverse Colon	Aug 1931

Other contributory causes of importance:

Myocarditis & Endocarditis
Partial intestinal Obstruction

Name of operation None Date of

What test confirmed diagnosis? Physical & X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

M. D. (Signed) J. J. Young M. D.

(Address) 1429 Eutaw Pl St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73520

REGISTERED NO. 82 E 73520

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 2608 Foster Ave ST. 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwin L Hodges

(a) RESIDENCE NO 2608 Foster Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucie Hodges

6 DATE OF BIRTH (month, day, and year) May 1 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	55	6	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Alfred Hodges

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Lucie Hodges

(Address) 2608 Foster Ave

15 Filed NOV 3 - 1931 Chas. H. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) S. P. Sprigg M. D.
Coroner

Nov 2, 1931 (Address) 325 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cem	Nov 5 1931
20 UNDERTAKER	ADDRESS
M. W. E. Dippel Inc	37 Lanvale

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE E 73521

E23358a

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 5-8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Grundy

(a) Residence: No. 1106 Law St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) Aug - 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	70	3	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Solomon Grundy

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Nicie Brooks

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records. JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Uchtung Cem. Date Nov 4 1931

19. UNDERTAKER Chas H. Thomas & Co. (Address) 416 N. Fowlers St.

20. FILED Nov 3 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 - 1 - 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-24- 1931, to 11-1- 1931

I last saw h[illegible] alive on 11-1- 1931 death is said to have occurred on the date stated above, at 1:35 P m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
Myocardial Failure	prior to	10/24/31
Bronchial asthma	For 20 yrs.	
Chronic Bronchitis	prior to	10/24/31
Chronic Nephritis	prior to	10/24/31

Other contributory causes of importance:

Benign Prostatic hypertrophy		9/1/30
acute Retention		10/22/31
uremia		10/22/31

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H Wilmer Young M. D.

(Address) Johns Hopkins Hosp. Baltimore.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 73522 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73522

CERTIFICATE OF DEATH

160-002

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1739 Hanover ST. 23-32 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Arthur Seward

(a) RESIDENCE NO 1739 Hanover ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 1½ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11.1.31

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓			½	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) Child

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Jno Wm Seward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cambridge Md

12 MAIDEN NAME OF MOTHER Ella Elizabeth Goldstraw

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (Address) Mrs Ella Seward 1739 Hanover St

15 Filed NOV 3 - 1931 19 C. HARRY JONES, M. Registrar By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/3/31

17

I HEREBY CERTIFY, That I attended deceased from 11.1. 1931 to 11.3 1931

that I last saw him alive on 11.3, 1931

and that death occurred, on the date stated above, at 3.40 a m

The CAUSE OF DEATH* was as follows:

Dysfunction

(duration) yrs. mos 1½ ds.

CONTRIBUTORY (Secondary) Gen Weakening of Heart (duration) yrs. mos 1½ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr J Linthicum M. D.

19 (Address) 1502 Mt Holly St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Nov 4 1931

20 UNDERTAKER Charles P Sterns — ADDRESS 1805 Ford

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A&Co. 5 11 2502

E 73523 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 73523

CERTIFICATE OF DEATH

162

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2727 Maryland Ave. St. 17-51 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora I. Smith

(a) Residence: No. 2727 Maryland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Joseph P. Smith

6. DATE OF BIRTH (month, day, year): September 10, 185?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	79	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

FATHER

13. NAME: John K. Brady
14. BIRTHPLACE (city or town) (State or country): New York

MOTHER

15. MAIDEN NAME: Mary Rumsall
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Miss Mary A. Smith
(Address) 2727 Maryland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: New Cathedral Cem. Nov. 4, 1931

19. UNDERTAKER: Stephen Cook
(Address) 1003 E. Baltimore St.

Filed NOV 3 1931, 19 — [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10/30/20, 19 to ~~10/30/31~~ 10/1/31, 19

I last saw her alive on 10/29/31, 19 death is said to have occurred on the date stated above, at 2.45 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) old age	
(b)	
(c)	
(d)	

(Other contributory causes of importance:)

Name of operation: Date of:

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury: 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? If so, specify:

(Signed) [illegible] Jones, M. D.
(Address) 321 E. 25th St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73524

CERTIFICATE OF DEATH

E 73524 Registered No. 57

1. PLACE OF DEATH University Hospital St. 4-38 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 6 weeks yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Weidemeyer (Mary Catherine Weidemeyer)

(a) Residence: No. Woodlawn Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) December 17, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Woodlawn
(State or country) Maryland

FATHER

13. NAME John V. Weidemeyer

14. BIRTHPLACE (city or town) Baltimore County
(State or country) Maryland

MOTHER

15. MAIDEN NAME Susan Minerva Ewing

16. BIRTHPLACE (city or town)
(State or country) Pennsylvania

17. INFORMANT Mr. John V. Weidemeyer
(Address) Woodlawn, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date Nov. 4 1931

19. UNDERTAKER Ralph Cook
(Address) 1005 E. Baltimore St.

20. FILED Nov 4 1931 [illegible] M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1931, to Nov 2, 1931

I last saw h[illegible] alive on Nov 2 1931 death is said to have occurred on the date stated above, at 9:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Recurrent Hemorrhage	11/2/31

Other contributory causes of importance:

Polyarthritis	1931

Name of operation Evisceration of pelvis 10/30/31

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harry S. Theiler M. D.
(Address) 3849 Ryland Ave or Univ Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 73525

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73525

CERTIFICATE OF DEATH

119

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2417 Lauretta Ave WARD 64)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Norman Leroy Elliott

(a) RESIDENCE NO 2417 Lauretta Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

8a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 4 1931

7 AGE — Years: 0 — Months: 8 — Days: 28 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Single
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Webster F. Elliott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co Md

12 MAIDEN NAME OF MOTHER: Mildred Bafford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Webster F. Elliott 2417 Lauretta Ave

Filed NOV 3 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 2 1931

17
I HEREBY CERTIFY, That I attended deceased from Oct. 30 1931 to Nov 2 1931

that I last saw him alive on Nov 2 1931

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Bronchitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Nov 4 1931

20 UNDERTAKER: Jos Joerdens & Son — ADDRESS: 2178 Pa Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73526

CERTIFICATE OF DEATH

23 ✓ E 73526

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 2813 Montebello Ave. 27 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Agnes Mallory.

(a) RESIDENCE NO. 2813 Montebello Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE: Michael Mallory.

6 DATE OF BIRTH (month, day, and year): March 1887

7 AGE: Years 43 | Months 11 | Days 27 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House Wife.
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER: Thos. J. Hafer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto City

12 MAIDEN NAME OF MOTHER: Mary A. Burkert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Michael Mallory 2813 Montebello Ave.

15 Died NOV 3 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1926, to Nov 2nd, 1931.
that I last saw her alive on Nov 1st, 1931
and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) L. J. Gordy, M. D.

1931 (Address) Harford & Overland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem.

DATE OF BURIAL: Nov. 4 1931

20 UNDERTAKER: Hornthyer & Goo

ADDRESS: Russ.

NOV 3 1931

mation should be carefully supplied. Age should be stated in YEARS, MONTHS and DAYS. Cause of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 250M

73527 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 73527

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 33 h. Curley St. 6-11 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine Higgins Mitchell

(a) Residence: No. 330 Calhoun St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of dont know

6. DATE OF BIRTH (month, day, year) Dec. 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	64	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER
13. NAME Smith
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Margret Sullison
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT James Higgins
(Address) 330 Calhoun St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov 4, 1931

19. UNDERTAKER John A. Moran
(Address) 3000 E. Baltimore St

20. FILED ... 19... Registrar.

NOV 3 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1st, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 9th, 1931, to Nov. 1st, 1931

I last saw her alive on Nov. 1, 1931 death is said to have occurred on the date stated above, at 10:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Gustav C. Rheuf, M. D.

(Address) 164 N. Kenwood Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2M B

HEALTH DEPARTMENT—CITY OF BALTIMORE

73528

CERTIFICATE OF DEATH

X 93-603

73528

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. 11-24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas A. Whalen

(a) Residence: No. 311 E. St. Sparrows Point Md.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed or divorced HUSBAND of – Celia Whalen (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 25, 1861

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	69	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Whalen

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Nov. 5, 1931

19. UNDERTAKER John A. Mahan

(Address) 3000 E. Baltimore St.

20. Filed NOV 3 - 1931, 19... C. Duncan Jarvis M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1931, to Nov. 1, 1931

I last saw him alive on Nov. 1, 1931, death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart block	
Myocardial failure	18 mo.
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac dilatation	3 hr.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Albert R. Wilkerson, M. D.

(Address) Md. Gen. Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—59L.

B 73529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163 E 73529

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 76-K WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Morlock

(a) RESIDENCE NO. 120 S Clinton ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Morlock

6 DATE OF BIRTH (month, day, and year) May 31 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
✓	40	2	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Oiler Obs
(b) General nature of industry, business, or establishment in which employed (or employer): marine Boat
(c) Name of employer: U.S.T.Z Employment

9 BIRTHPLACE (city or town) (State or country): Yale City

PARENTS

10 NAME OF FATHER: John A Morlock

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto City

12 MAIDEN NAME OF MOTHER: Lillroth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Morlock

(Address) 120 S Clinton

15 Filed NOV 3 - 1931, 193 By ..... Registrar

C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Phenol & Bichlorides Mercury Poison Suicide

(duration) ..... yrs. ..... mos 3 hrs

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Hospital ward

(Signed) James M Fenlon, Coroner, M. D.

Nov. 3, 1931 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel — DATE OF BURIAL Nov. 4, 1931

UNDERTAKER: John F. Moran — ADDRESS 3000 E Balto St.

NOV 3 - 1931

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L.

E 73530

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73530

CERTIFICATE OF DEATH

114-002

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., WARD) 6-9

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adeline Tartleton

(a) RESIDENCE NO 21 N. Durham ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Norman Tartleton

6 DATE OF BIRTH (month, day, and year) about 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 24			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Norman Tartleton

(Address): 21 N. Durham St

15 Filed ..... 19.. Registrar

6287

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct24/31[19]

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septicemia- Multiple abcesses of lungs (Not tubercular)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Post Hemorrhagic Anaemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at Hopkins Hospital

What test confirmed diagnosis?

(Signed) [illegible], Coroner, M. D.

Nov. 2/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health

NOV 3 - 1931

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS CERTIFICATE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC TION is very important. See instructions on back of certificate.

AdCo. 5-11 2598

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73531

CERTIFICATE OF DEATH

159 E 73531

1. PLACE OF DEATH JOHNS HOPKINS HOSP.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 22 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy #1 (Clara) Adams

(a) Residence: No. 745 Lamont St., Ward. 10-14
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mcmahon

6. DATE OF BIRTH (month, day, year) Oct. 30, 1931

7. AGE	Years	Months	Days	If LESS than 1 day 12 hrs or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Clinton Adams
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Clara Chambers
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT
(Address) JOHNS HOPKINS HOSP. NOV 3 - 1931

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 19

19. UNDERTAKER
(Address)

NOV 3 - 1931

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1931, to Oct. 31, 1931

I last saw h[illegible] alive on Oct. 31 1931 death is said to have occurred on the date stated above, at 9:32 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation None, Date of

What test confirmed diagnosis? X Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) Raymond D. Senier, M. D.
(Address) Johns Hopkins Hospital

NOV 3 - 1931
JOHNS HOPKINS HOSPITAL
Bureau of Vital Statistics

information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

E 73532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E 73532

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 62 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy #2 (Clara) Adams 10-14

(a) Residence: No. 913 Hanover St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Members

6. DATE OF BIRTH (month, day, year) Oct. 30, 1931

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or ... min.
			1 day	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Members

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Clinton Adams

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Clara Chambers

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19...

19. UNDERTAKER
(Address)

NOV 3 - 1931

20. FILED ... 19...

... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31, 1931.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1931. 19... to Oct. 31, 1931. 19...

I last saw him alive on Oct. 31, 1931 death is said to have occurred on the date stated above, at 4:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? X Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Raymond R. Spencer M. D.

(Address) Johns Hopkins Hospital.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73533 ✓ 34 E 73533

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Doris Lee Howard

(a) Residence: No. 1635 E. Fayette St., ... Ward. 6-9

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1931

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md—

MOTHER FATHER

13. NAME James Howard

14. BIRTHPLACE (city or town) (State or country) Md—

15. MAIDEN NAME Ida Bell Ellis

16. BIRTHPLACE (city or town) (State or country) Va—

17. INFORMANT Cards—

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date NOV 3 - 1931

19. UNDERTAKER

(Address) C. FERDINAND GAITHER, M. D.

NOV 3 - 1931 Health Commissioner

FILED (2418 11th) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1931, to Nov. 1, 1931

I last saw her alive on Nov. 1, 1931, death is said to have occurred on the date stated above, at 12 25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Syphilis.	Birth
Marasmus	10 29 31

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. J. Anderson, M. D.

(Address) Wolfe 5500

information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73534

CERTIFICATE OF DEATH

107-001

E 73534

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clifton Morton.

(a) Residence: No. 105 W. 20th St. St., ... Ward. 12-20

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Elliot Albina

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Lucille Morton.

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date ..... 19...

19. UNDERTAKER

(Address) C. Harrison Jones, M.

(Signature)

NOV 3 - 1931

Bureau of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27 , 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 17th , 1931, to Oct 27th , 1931

I last saw him alive on Oct 27th 1931, death is said to have occurred on the date stated above, at 9:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10 23 31

Other contributory causes of importance:

Acute Nephritis	10-22-31
Malnutrition	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) K. O. Y. Wang, M. D.

(Address) Johns Hopkins Hospital.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73535 — 13-092 — 73535

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 628 N. Vincent St. (WARD) 15-21

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Wilson

(a) RESIDENCE NO. 628 N. Vincent St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX — 4 COLOR OR RACE — 5 Single, Married, Widowed, or Divorced (Write the word)

Female Col Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1860-

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work — Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) — 070
(c) Name of employer — Howard Co.

PARENTS

9 BIRTHPLACE (city or town) (State or country) — Md

10 NAME OF FATHER — Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) — Md

12 MAIDEN NAME OF MOTHER — Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) — Md

14 Informant — Alice Brighton
(Address) 628 N. Vincent St.

15 Filed ... 192 — Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Dysentery 5 ds.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Bacteriological

(Signed) H. Louis Hoffman, M. D. Coroner

(Address) 628 N. Vincent St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL NOV 2 - 1931

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health

N.B.—WRITE PLAINLY, WITH UNFADING INK. THIS CERTIFICATE should be stated EXACTLY. PHYSICIANS should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73536

93-2 3/73536

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital St., Ward)

2-FULL NAME Hamy Woode

(a) RESIDENCE NO. 117 N. Greene St., Ward H-25

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) ?
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant
(Address)

Filed NOV 3 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zeller M. D.

11/2. 1931. (Address) 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND NOV 3 1931

Spec.-7-17-26—A Co.—200 Blks.

E 73537

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73537

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 230 N. Kenwood Av St., — Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alvis L. Campbell.

(a) RESIDENCE NO. 230 N. Kenwood av. St. — Ward 6-10

(Usual place of abode) Waynesboro Pa.

(If non-resident give city or town and State) Waynesboro Pa.

Length of residence in city or town where death occurred yrs. 2 mos. — ds. How long in U. S. if of foreign birth? — yrs. — mos. — da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Campbell.

6 DATE OF BIRTH (month, day, and year): Nov. 11 1868

7 AGE: Years 63 12 yr. Months 11 Days 28 22

IF LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House - wife

(b) General nature of industry, business, or establishment in which employed (or employer): House - work.

(c) Name of employer: Self.

9 BIRTHPLACE (city or town) (State or country): Metal Furnace Pa

PARENTS

10 NAME OF FATHER: John Campbell

11 BIRTHPLACE OF FATHER (City or town) (State or country): Metal Furnace Pa

12 MAIDEN NAME OF MOTHER: Sarah Rouzer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Robert Long

(Address): 230 N. Kenwood Av.

CLIMPSON JONES M. D. Registrar

NOV 3 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 3 — 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1931, to Nov. 2, 1931, that I last saw h[illegible] alive on Nov. 2 1931, and that death occurred, on the date stated above, at ___ m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(duration) ___ yrs. mos. 3 da.

CONTRIBUTORY (Secondary) Carcinoma of Pylorus Stomach

(duration) ___ yrs. ___ mos. ___ da.

18 Where was disease contracted? Waynesboro Pa

If not at place of death?: Waynesboro Pa

Did an operation precede death?: No Date of

Was there an autopsy?: No

What test confirmed diagnosis?: Symptoms

(Signed) Climpson Jones M. D.

Nov 3. 1931 (Address) 3047 Linden Ave Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Waynesboro Pa

Date of Burial: 11/5 1931

20 UNDERTAKER: Walter Y. Grove

ADDRESS: Waynesboro Pa

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2 10-00 E 73538

~~E~~ 73538

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Mem Hosp ST., WARD)

2-FULL NAME Leo Rooney Jr

(a) RESIDENCE NO 2062 Rockrose ~~AVE.~~ ST. WARD 13-57

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5 23 08

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	5	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laundry Worker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Leo Rooney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliz Deal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Leo Rooney Jr.

(Address) 2062 Rockrose Ave

15 Filed 11-3-1931 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-2 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Chest injuries in which he was a victim collided with a loaded truck

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract Skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Sinai Hosp Did operation precede death? yes Date of 11/2/31

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) L. Traub M. D. Coroner

11/3, 1931 (Address) Baltimore Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary Cemetery

DATE OF BURIAL Nov 4, 1931

20 UNDERTAKER Sherwood & Son

ADDRESS 3615 Clinton Ave

E.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. Exact statement of OCCUPATION should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30-'-M. & T.—250 Blks.

E 73539 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73539

CERTIFICATE OF DEATH. X 93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary (St.) (Ward) 6-9

2-FULL NAME James Donahue

(a) RESIDENCE NO. Horseheads N.Y. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 15 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 7 1853

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	10	25 23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Binghamton City. N.Y.

PARENTS

10 NAME OF FATHER —? Donahue

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mrs. R. L. Blauvelt.

(Address) 25 1/2 Talbot Road.

15 Filed NOV 3 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 2/31

17 I HEREBY CERTIFY, That I attended deceased from October 30. 1931 to November 2. 1931.

that I last saw him alive on November 2. 1931.

and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis, general with Chronic Myocarditis and Coronary Sclerosis

(duration) 15 yrs. + mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Fremont H. Monroe, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Horseheads N.Y.

DATE OF BURIAL Nov 3/31

20 UNDERTAKER Hughes & Ford Inc

ADDRESS 412 W Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 2500

E 73540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 73540

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 C. Castle St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel Snowden

(a) Residence: No. 10 N Castle St., Ward. 6-9

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 16 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Geo A Snowden

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Martha Jersey

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Martin Russel

(Address) 10 N Castle St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Date Nov 4 1931

19. UNDERTAKER Robert E Williams

(Address) 15 15 N Eutaw St

NOV 3 1931

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1931, to Oct 31, 1931

I last saw h[illegible] alive on Oct 31, 1931 death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Tuberculosis (Bronchus Type)	About Oct 1 1931
Other contributory causes of importance: pleurisy	

Name of operation no Date of

What test confirmed diagnosis? no Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo S Allen M. D.

(Address) 520 Cathedral St

Information should be carefully supplied. Age should be stated EXACTLY. Abbreviations should not be used. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2408

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 73541

CERTIFICATE OF DEATH

59

E 73541

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. William D Hurth

(a) Residence: No. 3317 Romona Ave St., Ward. 26-40

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 27, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 62

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME J. R. Hurth

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Smith

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Nov. 6 1931

19. UNDERTAKER Mrs. E. Miller & Son
(Address) 1111 Jefferson St

20. FILED 1931 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-7, 1931, to 11-3, 1931

I last saw h[illegible] alive on 11-3 1931 death is said to have occurred on the date stated above, at 7[10] [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophy of the Prostate	2-3 yr.
Other contributory causes of importance:	
Chronic Myocarditis	?
Diabetes Mellitis	2-3 yr.

Name of operation Supra Pubic Prostatectomy Date of Operation 11-2-31

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (Yes or no) specify

(Signed) Robert F. Chenoweth M. D.

(Address) Md. General Hospital

Information should be carefully supplied. Avoid use of general terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

Dr Donella 877 Park Ave Ver 2762 ✓
3105 Belair Rd. Wal 5059

E 73542 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 25-12

CERTIFICATE OF DEATH

50

1 PLACE OF DEATH

REGISTERED No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 4625 Asbury Ave. ST. WARD) 26-44

2 FULL NAME Blanche E Dorsey

(a) RESIDENCE No. 4625 Asbury Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~
~~HUSBAND of~~
(or) WIFE of Thomas G Dorsey

6 DATE OF BIRTH (month, day, and year) Aug 16, 1867

7 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
64	2	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) at Home
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS
10 NAME OF FATHER Claud L Norris
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Mary Schlenser
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Thomas G Dorsey
(Address) 4625 Asbury Ave.

15 Filed _____, 19__ By _____ Registrar

C. HAMPSON JONES, M. D.

NOV 3 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1, 1931

17
I HEREBY CERTIFY, That I attended deceased from March 5, 1931, to Nov 1, 1931
That I last saw her alive on Oct 31, 1931
and that death occurred, on the date stated above, at 7:30 A m.
The CAUSE OF DEATH* was as follows:

Carcinoma Breast & Axilla
& Pelvis

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchial Pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct. 1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical Section

(Signed) Edith Donella M. D.

(Address) 877 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem'y — DATE OF BURIAL: 11/4 1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—P 30—A. & Co.—250 Blks

E 73543 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 73543

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital (St.) (Ward) 17

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Laurence Dietz

(a) RESIDENCE No. 611 N. Madeira St. (Usual place of abode) ST. WARD 7-10

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Barbara Dietz

6 DATE OF BIRTH (month, day, and year): July 26 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Huckster

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John J. Dietz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Mollie Fogle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Barbara Dietz 611 N. Madeira St.

15 Filed ..... 19 ..... HARRISON JONES, M. D., Registrar.

V 3 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/25/31

17

I HEREBY CERTIFY, That I attended deceased from Oct 30, 1931, to Nov. 2, 1931

that I last saw h[illegible] alive on Nov 2, 1931

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Acute Encephalitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Terminal Bronchial Pneumonia (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? V

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) F. M. Barrington Jones, M. D.

19 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem.

DATE OF BURIAL: Fri. 6 1931

20 UNDERTAKER: Mrs. E. Millsaden

ADDRESS 2334 Jefferson St.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-11 2500

E 73544 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 73544

CERTIFICATE OF DEATH

93-003

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107-Marshall Street St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank P. Balsamo

23-33

(a) Residence: No. 1107-Marshall Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosa (Bianco)

6. DATE OF BIRTH (month, day, year) 11-21-1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	11	10	XXXXXX

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Dealer,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Salvatore Balsamo
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Francesca Scalia
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Libera Balsamo
(Address) 1139-Hollins Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 11/5/31

19. UNDERTAKER
(Address)

19a. FILED NOV 3 - 1931, 19

Per

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-1, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-20-, 1931 to 11-1, 1931

I last saw h[illegible] alive on 11-1, 1931 death is said to have occurred on the date stated above, at 4P. m.

The principal cause of death and related causes of importance were as follows:

Acute arthritis generalized resulting in a Rheumatic heart which decompensated a number of times in part 1½ years -

Date of onset

Other contributory causes of importance:

Myocarditis -

Name of operation Date of

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. HAMPSON JONES, M. D.

(Address) 1 E. Madison St.

Information should be carefully supplied. Exact statement of it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be OCCUPATION is very important. See instructions on back of certificate.

Spec.—D 30—A. & Co.—250 Blks.

E 73545 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 51 E 73545

1 PLACE OF DEATH — REGISTERED No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, (No. 2709 Roslyn St. Ward)

2 FULL NAME William Frisby Smithcomb

(a) RESIDENCE No. 2709 Roslyn Av St. Ward 15-61
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 6 mos. 11 ds. How long in U. S., if of foreign birth? 70 yrs. 6 mos. 11 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Nettie Smithcomb

6 DATE OF BIRTH (month, day, and year): Apr 22 1861

7 AGE — Years: 70 | Months: 6 | Days: 11 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Hatter
(b) General nature of industry, business, or establishment in which employed (or employer): Hats — 045
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Alex Smithcomb

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Maria Henderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant (Address): Mrs Mary Leonard (nurse) 2709 Roslyn Av

15 Filed 19 — WILLIAM H. JAMES, M. D. Registrar — 15 ADK

V 3 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 2/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1930, to Nov. 2, 1931

that I last saw h[illegible] alive on Nov 2, 1931

and that death occurred, on the date stated above, at 11:50 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Collapse. (myocardial degeneration & toxemia).

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Carcinoma of Prostate.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Carlos E Schumpert M. D.

Nov. 1931 (Address) 928 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Hill Park — DATE OF BURIAL: Nov 5 1931

20 UNDERTAKER: Edward H. Conner & Sons — ADDRESS: Balto

Information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-20—A. & Co.—250 Blks

Loc #570

73546

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73546

CERTIFICATE OF DEATH

124-001

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 914 E. Chase St. Ward) 11-15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Thomas F. Byrne

(a) RESIDENCE NO 517 E. Eager St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 7 mos. 2 ds. How long in U. S., if of foreign birth? 50 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Mc. Byrne

6 DATE OF BIRTH (month, day, and year) August 15-1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.,
	56	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) City of Baltimore

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Liverpool England

PARENTS

10 NAME OF FATHER Hugh Byrne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Julia ? ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Margaret Mc Nally

(Address) 517 E. Eager Street

15 Filed NOV 3 - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-3-1931

17

I HEREBY CERTIFY, That I attended deceased from Oct. 9- , 1931 to Nov-3- , 1931

that I last saw h in alive on Nov. 2- , 1931

and that death occurred, on the date stated above, at 1:30A m.

The CAUSE OF DEATH* was as follows:

Scirrhous of Liver-Hypostrophic

over

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Nathan Heyden M. D.

, 19 (Address) 3035 Abordeen St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Nov. 5/31
20 UNDERTAKER	ADDRESS
Stuart & Mowen Company	138 W. North Ave.

Information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73547

CERTIFICATE OF DEATH

59

E 73547

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2822 Pinewood Ave. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Theobald Simonds

(a) RESIDENCE NO. 2822 Pinewood Ave. 27-43 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Theobald Simonds

6 DATE OF BIRTH (month, day, and year) Dec 9 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
49	50	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Joseph Simon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Hannah Cohen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Theo Simonds

(Address) 2822 Pinewood Ave

Filed NOV 3 1931, 19 . . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2/31

17 I HEREBY CERTIFY, That I attended deceased from Oct 3/31, 19 , to Nov 2, 19 31.

that I last saw h alive on Nov 2 , 19 31

and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos. F. Gibney, M. D.

Nov 3, 19 31 (Address) 622 N. Howard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Nov 4/31

20 UNDERTAKER J. Thos. Reid — ADDRESS 1132 Park Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.

Spec.—1-12-33—M&T—500 Blks.

E 73548 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73548

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 W. Lexington ST., WARD)

2-FULL NAME Thomas Murray

(a) RESIDENCE No. 1709 W. Lexington ST., WARD 20-27

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Widower

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mch 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) Janitors duties

(c) Name of employer Capt Jones

9 BIRTHPLACE (City or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Jacob Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER McKinnon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Maggie Smothers (Address) 1708 W. Lexington St

15 [illegible] C. HAMPSON JONES, M. D. Registrar

V 3 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 31, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1931, to Oct 30, 1931,

that I last saw h— alive on Oct 30, 1931,

and that death occurred, on the date stated above, at 3:00 P. m.

The CAUSE OF DEATH* was as follows:

6 Hr. Myocarditis

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Gen'l. arteriosclerosis

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. S. Sayford, M. D.

11/2/1931 (Address) Balto. Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetery

DATE OF BURIAL 11/4/1931

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pennsylvania Ave

Make statements carefully, supplied. Note: Items must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

CAUSE OF DEATH in plain terms, so that it may be

1-30—M & T—100 B—50L

E 73549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

E 73549

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 Wilton ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Roberts

(a) RESIDENCE NO. 1203 Wilton ST., WARD 17-24

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs mos da How long in U. S., if of foreign birth? yrs mos da

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Lloyd Roberts

6 DATE OF BIRTH (month, day, and year) Oct 23-1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	30	2	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Union Bridge Md

PARENTS

10 NAME OF FATHER Joe Gardner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Lloyd Roberts

(Address) 1203 Wilton

Filed NOV 3 1931 C. HAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2nd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency Sudden

(duration) Yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted? Home

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Harold Bowie, M. D. Coroner

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oldfield md — DATE OF BURIAL: Nov 5 1931

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Pressman St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Size—12-23-21—E.R.P.S.—400 Bks.

E 73550

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73550

CERTIFICATE OF DEATH.

131

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1808 Mount St., ... Ward) 5-21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Iola Lee

(a) Residence No. 1806 W. Mount St., ... Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. · How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F | 4-COLOR OR RACE, C | 5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Rev. Thos H Lee

6-DATE OF BIRTH (month, day and year) Dec-20 1879

7-AGE 4[illegible] yrs. [illegible] mos. 22 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Md

PARENTS

10-NAME OF FATHER. Wm Howard

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md

12-MAIDEN NAME OF MOTHER. Frances Howard

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

11- (Informant) Rev. Thos H. Lee

(Address) 1806 Mount

15- Filed [illegible] 1931 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 10/31-31

17- I HEREBY CERTIFY, That I attended deceased from 9/30 19 31 to 10/31 19 31

that I last saw h[illegible] alive on 10/31 19 31

and that death occurred, on the date stated above, at 8-30 p. m.

The CAUSE OF DEATH* was as follows:

Hypertension and

Cerebral Apoplexy

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

11/ 1 19 31 (Address) 2[illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt Auburn	11-4 1931
20-UNDERTAKER John H Trodden	ADDRESS 1027 Druid Hill

should be carefully supplied. AGE should be stated EXACTLY in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 73551

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73551

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hosp. REGISTERED NO. 139-002

(If death occurred in a hospital or institution, give its NAME instead of street and number)

CITY OF BALTIMORE: (No. ST., WARD)

2-FULL NAME Margaret Hayward

(a) RESIDENCE NO. 1645 W. Conway St WARD 22-30

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James L. Haywood

6 DATE OF BIRTH (month, day, and year): 1891

7 AGE: Years 40 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Henry Goldsborough

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Irma Hayward 1645 Conway St

Filed NOV 3 - 1931 W. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-2 1931

17 I HEREBY CERTIFY, That I attended deceased from 10-26 1931 to 11-2 1931, that I last saw her alive on 11-2 1931, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Bilateral Tubo ovarian abscess

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary): Lobar Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. W. Drake, M. D.

, 19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary — DATE OF BURIAL 11-5 1931

20 UNDERTAKER: John H. Toadvine — ADDRESS 1027 Lombard

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

Marcin Siekierski

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73552

CERTIFICATE OF DEATH

108

E 73552

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 Odonnell ST., WARD) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Marcin Siekierski

(a) RESIDENCE NO. 2906 Odonnell ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catharine Siekierska

6 DATE OF BIRTH (month, day, and year): July 1873

7 AGE: Years 58 | Months 4 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: John Siekierski

(Address): 2906 Odonnell St

15 Filed NOV 4 - 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 1. 31

17 I HEREBY CERTIFY, That I attended deceased from Oct 26 1931 to Nov 1 1931

that I last saw h alive on Nov 1 1931

and that death occurred, on the date stated above, at 10 30 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary): Cardiac Dropsy

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J Kraus M. D.

Nov 4 1931 (Address) 80 Ch/ Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus — DATE OF BURIAL: Nov. 5 1931

20 UNDERTAKER: John J Buda — ADDRESS: 2811 Hudson St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

SENSO NO

Cor.—12-9-25—A Co.—200 Bks.

E 73553

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73553

CERTIFICATE OF DEATH.

REGISTERED NO. 186-001

1-PLACE OF DEATH
City of BALTIMORE: (No.) Ind. Penn R.R. & Bayview Ave St. (Ward) 13-5

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie R. Tucker

(a) RESIDENCE No. 3447 Elm Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 Color or Race: White
5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 19 - 1912

7 AGE: Years 19 Months 9 Days 12 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Calvert Co. Md
(State or country)

PARENTS

10 NAME OF FATHER: Thomas J Tucker.
11 BIRTHPLACE OF FATHER (city or town) Calvert Co Md
(State or country)
12 MAIDEN NAME OF MOTHER: Dollie A. Cochran
13 BIRTHPLACE OF MOTHER (city or town) Calvert Co Md
(State or country)

14 Informant: Mrs Dollie A Dixon
(Address) 3447 Elm Ave

Filed 11-4-1931 JACOB JONES, M. D. Registrar

CV 4 - 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/1 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:
Fracture Skull Bones
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) J. Fred Norman M. D.
(Coroner)
11/5, 1931 (Address) 1632 Bolton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Hampden Date of Burial: Nov 4 31
UNDERTAKER: A S Marshall ADDRESS: 3539 Falls Road

Instructions: This should be carefully supplied. Its accuracy is important. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A & Co.—250 Blks

E. Knapp 1216 E. Baston St Dec 6/30

E 73554

E 73554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 5300 Maple Ave ST. Pimlico) WARD 27-5

2. FULL NAME Emil Hirschmann

(a) RESIDENCE NO. 5300 Maple Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
Male	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~or WIFE of~~ Ida Hirschmann

6 DATE OF BIRTH (month, day, and year) Aug 20th 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Motorman

(b) General nature of industry, business, or establishment in which employed (or employer): Railway

(c) Name of employer: U. R.

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Robert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs Minnie A. Stifel 3300 Maple Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 2nd 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct 27, 1931, to Nov 2, 1931

that I last saw h alive on Nov 2, 1931

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Renal Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? 2

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Hubert Latrobe M. D.

Nov. 2, 1931 (Address) 1216 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: 11/4/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Dr Potter 508 E. North Ave Hunt 0377

1-20—M & T.—100 B—50L

E 73555

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73555

CERTIFICATE OF DEATH

93-004

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) St Josephs Hospital (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Anna Kennel

(a) RESIDENCE NO. 1402 N. Chester ST., WARD 8-17

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If ~~married, widowed, or divorced~~ (or) WIFE of Eris Kennel

6 DATE OF BIRTH (month, day, and year) Jan 4th 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	38	9	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER Thomas Gunther

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Katharine Fidgets

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant Mrs Emma Simmons

(Address) 1404 N. Chester St.

15 Filed NOV 4 1931, 192 . . . Registrar

CORONER'S CERTIFICATE OF DEATH 345 A.M.

16 DATE OF DEATH (month, day, and year) 11/3/1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jos H Cook, Coroner, M. D.

Nov 3/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery — DATE OF BURIAL: 11/5/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

73556

CERTIFICATE OF DEATH

82-0E 73556

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 N. Bond St. Ward) 8-13

2 FULL NAME Walter M Gray

(a) RESIDENCE NO. 1327 N. Bond St. Ward 8-13

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 3 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE Telize S. Gray

6 DATE OF BIRTH (month, day, and year) July 5 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	40	3	27½	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer David J. Miller & Co

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William M Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va. Virginia

12 MAIDEN NAME OF MOTHER Alice A Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) Telize S Gray 1327 N Bond St

15 Filed ___ 19___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1st 1931

17

I HEREBY CERTIFY, That I attended deceased from Nov 1 1931 to Nov 1 1931

that I last saw h alive on Nov 1 1931

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Asphyxiation

(duration) 3 Hrs. yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo F Fleming M. D.

Nov 2 1931 (Address) 1834 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Nov 6th 1931

20 UNDERTAKER George Schilling & Sons

ADDRESS 113 E Monument St

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S NAME should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—5-L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73557.

REGISTERED NO. E 73557.

1-PLACE OF DEATH ~~Residence of Deceased~~

CITY OF BALTIMORE: (NO. Baltimore City Hospitals ST. 26-27 WARD) 210-002

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME HARRY KIRCKHOFF

(a) RESIDENCE NO 200 S. Quinton St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of - - -

6 DATE OF BIRTH (month, day, and year) April 10, 1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	6	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John W.Kirkhoff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Minnie C.Ault

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant John W.Kirkhoff (Father)

(Address) 200 S. Quinton St.

15 Filed , 192 . H.H. Jones Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 1, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck and knocked down by a moving automobile

(Duration) yrs. mos. ds. Fract Cr Skull

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Eastern & North Pt Rd

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Cun

(Signed) J. Frank, M. D. Coroner

N 4, 1931 (Address) Fraser Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Nov. 4. 1931

20 UNDERTAKER H. Sauder Son Inc

ADDRESS Baltimore St. & Broadway.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

AaCo. 5-31 2500

E 73558 HEALTH DEPARTMENT—CITY OF BALTIMORE

23v E 73558

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arthur Means

(a) Residence: No. 636 N. Carey st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Mississippe

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date Nov. 5, 1931

19. UNDERTAKER Mrs. Katie P. Williams
(Address) 322 N. Schroeder st.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-31, 19.. to 10-31, 19..

I last saw him alive on Oct. 31, 1931 death is said to have occurred on the date stated above, at 1.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown
Other contributory causes of importance:	
Tuberculous meningitis	Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lawrence M. Sosa, M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—501.

E 73559

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73559

CERTIFICATE OF DEATH

173

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) President Hosp. ST., (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Audrey M. Brockington

(a) RESIDENCE No. 1315 Bayard ST., WARD 21-29

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex Fml

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) May 19-1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	5	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Arthur Brockington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Laura Lomba

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Laura Brockington

(Address) 1315 Bayard St

15 Filed , 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Nov 1st 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from evidence obtained by said Inquest & Autopsy and from information that said deceased came to his death at (time, whether of disease, accident, suicide, homicide, or unknown) on the day stated above.

The CAUSE OF DEATH was as follows:

Hemorrhage due to Fibroid of Uterus (duration)

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1315 Bayard

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. B. Lilly, M. D. Coroner

Nov 1 1931 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cemetery	Nov 4, 1931
20 UNDERTAKER Mrs Katie R. Williams	ADDRESS 322 N Arlington Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T—100 B—50L

E 73560

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73560

CERTIFICATE OF DEATH

23

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1114 McCulloh ST. WARD 11-24

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jas E Herring

(a) RESIDENCE (No.) 1114 McCulloh St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella

6 DATE OF BIRTH (month, day, and year) May 11 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50	5	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer. 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Baltimore

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Levi Herring

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Charlotte Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Matilda Lyles

(Address) 1509 W Lanvale

15 Filed ..... , 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31st 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) Inquest thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) yrs. 6 mos 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. L. Kirk Coroner, M. D.

(Address) 1211 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Nov. 4, 1931

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 N. Schroeder St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-20—M & T —196 B—501.

73561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1861-001

E 73561

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1607 Edmondson Ave. ST. WARD 19-27

2-FULL NAME Annie M. Gantt

(a) RESIDENCE NO. 1607 Edmondson Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Gantt

6 DATE OF BIRTH (month, day, and year) Feb. 8 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	8	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant John Gantt

(Address) 1627 Division

15 Filed , 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1st 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows*

Abscess of Head. Due to fx. Infected,

(Duration) 1 yrs. 3 mos. da.

CONTRIBUTORY (Secondary) Struck Chair. Fell on head

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? None Date of Oct 25-31

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) A. Leitch Coroner, M. D.

11-4, 1931 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	11-4-1931
20 UNDERTAKER Chase Bros.	ADDRESS 638 N. Gilmor

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

Loraine Mannion

E 73562 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-081 E 73562

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 N. Castle St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Loraine Mannion

(a) Residence: No. 904 N Castle St., Ward. 7-13

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): S

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov 3rd 1931

7. AGE — Years | Months | Days: 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

13. NAME: Dr. Mannion

14. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

15. MAIDEN NAME: Edna Rita

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Dr. Mannion

(Address): 904 N Castle St

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Cross Date: 11/4 31

19. UNDERTAKER: Jos. M. Smith & Son

(Address): 311 N Eutaw St

20. FILED ... 19 Nov 6 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 4th 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 31 to Nov 4 31

I last saw h Sr alive on Nov 3 31 death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Toxemia	Nov 3

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) William J. Roane M. D.

(Address) 80 W. Lanvale St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73563

CERTIFICATE OF DEATH

108 E 73563

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number)

CITY OF BALTIMORE: (No. 1710 Lancaster St. WARD) 24

2 FULL NAME Pauline Hartman

(a) RESIDENCE NO. 805 S. Broadway St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): about 1891

7 AGE: Years 40; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hare

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland.

PARENTS

10 NAME OF FATHER: Stanislaus Pawlak.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland.

12 MAIDEN NAME OF MOTHER: Frances Nowicka

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland.

14 Informant: Mrs. Kare

(Address): 805 S Broadway

15 Filed — 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/3/31

17

I HEREBY CERTIFY, That I attended deceased from 10/27, 1931, to 11/3, 1931

That I last saw h[illegible] alive on 11/3/31, 19

and that death occurred, on the date stated above, at 7[illegible] A. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Pneumococcus

(Signed) Daniel O Hickey M. D.

1931 (Address) 3140 Patterson

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cemetery — DATE OF BURIAL: Nov 6th 1931

20 UNDERTAKER: George A. Weber — ADDRESS: 705 S Ann St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73564

CERTIFICATE OF DEATH.

154 E 73564

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 Light ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew M. Eder Jr. 23-34

(a) RESIDENCE NO. 1926 Light ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 2, 1931

7 AGE	Years	Months	Days	If LESS than 1 day 17 hrs or 15 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nil

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Andrew M. Eder Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Josephine M. Durik

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant (Address) Andrew M. Eder Sr. 1926 Light St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 3 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 2 1931, to Nov. 3 1931, that I last saw him alive on Nov. 3 1931 and that death occurred, on the date stated above, at 11:00 A m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) H.S.H. Campbell M. D.

11/3, 1931 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Nov. 4 1931

20 UNDERTAKER Margaret E. Flynn

ADDRESS 1422 Light St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-20—A. A. Co.—25m Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

73565

92 E 73565

CERTIFICATE OF DEATH

1 PLACE OF DEATH Hebrew Home for Aged & Infirm REGISTERED NO
CITY OF BALTIMORE (No Belvedere & Greenspring Aves (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anna Blumberg 27-54

(a) RESIDENCE NO Belvedere & Greenspring Aves.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Isserial

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 72 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS
10 NAME OF FATHER: Bernard
11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia
12 MAIDEN NAME OF MOTHER: Dant Krow
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Sigmund Feinblatt.

15 Filed ... 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-4-31

17
I HEREBY CERTIFY, That I attended deceased from 10-26, 1931, to 11-4, 1931
that I last saw her alive on 11-3, 1931
and that death occurred, on the date stated above, at 1.45A m.
The CAUSE OF DEATH* was as follows:
Chr. cardio valvular disease
(duration) 5 yrs. mos. ds.
CONTRIBUTORY (Secondary): Broncho-pneumonia
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) W. Edmundson M. D.
19 (Address) Lewndale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt Carmel — DATE OF BURIAL: 11/4 1931
21 UNDERTAKER: Jack Lewis Inc — ADDRESS: 1439 E. Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-31 2500

E 73566

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73566

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. ..... Ward) 13

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Luther Chase

(a) Residence: No. 1121 N. Parnah St., ... Ward. 16-22

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	Married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Josephine Chase

6. DATE OF BIRTH (month, day, year) Date Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Prince Frederick Md

FATHER

13. NAME Frank Chase

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eliza Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Place Johnson Date Nov 4 1931

19. UNDERTAKER Lewis Easton (Address) 216 Paca

20. FILED ..... 19.. Nov 4 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10/27 1931 to 11/1 1931

I last saw h[illegible] alive on 11/1 1931 death is said to have occurred on the date stated above, at 12:10 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocardial Infarction, Chr. 21 days

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas E Reynolds M. D.

(Address) City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 2508

E 73567 HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73567

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospital. St. 12-49 Ward)

CITY OF BALTIMORE (No. .....

Length of residence in city or town where death occurred yrs 1 mos ds How long in U.S. If of foreign birth? / yrs mos. ds.

2. FULL NAME Grace Reten

(a) Residence: No. Forest Hill Harford Co St., Ward. 12-49
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month day year) 4-27-30

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	1	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Forest Hill Md.

FATHER

13. NAME Lillard Reten

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Ella Jones

16. BIRTHPLACE (city or town) (State or country) N.C

17. INFORMANT Mother
(Address) Forest Hill Md

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Hill Md Date Nov. 6, 1931

19. UNDERTAKER H. S. Bailey
(Address) Darlington, Md.

20. FILED ..... 19 Pfl Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) Nov 4 , 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-4-31 , 19 , to 11-4 , 1931

I last saw her alive on 11-3 , 1931 death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Colitis (non-specific	9/5/3
Other contributory causes of importance: Bronchopneumonia	11/2/3

Name of operation ✓ Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ , 19....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify .....

(Signed) Jesse S. Fisher M. D.

(Address) Union Memorial Hospital

it may be properly classified. Exact statement of
s on back of certificate.
state CAUSE OF DEATH in plain terms, so that
OCCUPATION is very important. See instructions

Spec.—9 30—A. & Co.—250 10ks

E 73568 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73568

CERTIFICATE OF DEATH

92-004 REGISTERED NO.

1 PLACE OF DEATH Sinai

CITY OF BALTIMORE. (No. ST. WARD.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Sara Nathan

(a) RESIDENCE NO. 2801 Dudley Ave ST. WARD 27-54
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced. (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harris

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Nathan Goldstein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Roumania

12 MAIDEN NAME OF MOTHER: Sarah

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Roumania

14 Informant (Address)

15 Filed ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-4-31

17

I HEREBY CERTIFY, That I attended deceased from 10-28, 1931, to 11-4, 1931

that I last saw h[illegible] alive on 11-4, 1931

and that death occurred, on the date stated above, at 12:30 P.M.

The CAUSE OF DEATH* was as follows:

Ch card val. disease

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Edward Levin M. D.

19 (Address) Leondale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt Carmel — DATE OF BURIAL: 11/5 1931

20 UNDERTAKER: Jack Levin Inc — ADDRESS: 1429 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 250B

Ellis B. Ecker

E 73569 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73569

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., Ward)
Non-resident

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellis Benjamin Ecker

(a) Residence: No. New Windsor, Md. Carroll Co. Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb ? 1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	Apprd 5 years			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Carol H. Ecker

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Hiler

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Carol H. Ecker
(Address) New Windsor, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Evergreen Cem. Date Nov 4, 1931

19. UNDERTAKER G. M. Hart
(Address) Winfield D. Hart

20. FILED ..... 19 31 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/4, 1931

22. I HEREBY CERTIFY, That I attended deceased from 11/3, 1931, to 11/4, 1931

I last saw him alive on 11/4, 1931 death is said to have occurred on the date stated above, at 9:13A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria (nasal, faucial, laryngeal)	10/31/31

Other contributory causes of importance:

Name of operation Intubation Date of 11/3/31

What test confirmed diagnosis Culture was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. V. Jackson M. D.

(Address) Sydenham Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AsCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73570

93-00 E 73570

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ? yrs. ... mos. ... ds.

2. FULL NAME Margaret Morgareth

(a) Residence: No. 3426 E. Lombard St., ... Ward. 26-37
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick

6. DATE OF BIRTH (month day year) ? 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frank Ryan

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margie ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Nov 7 1931

19. UNDERTAKER John H. Ulrich
(Address) 1202 E. Eager

20. FILED ..... 19 ..... Registrar.

NOV 4 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) Nov. 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1931 to Nov. 4, 1931

I last saw her alive on Nov. 4, 1931 death is said to have occurred on the date stated above, at 12:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial chronic with myocardial insufficiency and Cardiac asthma	8-24-31

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elmer Hightower, Jr. M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-9-25—A Co—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73571

CERTIFICATE OF DEATH.

131 E 73571

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2400 E Hoffman St., Ward) 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Louise McGuire

(a) RESIDENCE NO. 2400 E Hoffman St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm H McGuire

6 DATE OF BIRTH (month, day, and year): July 3rd 1865

7 AGE: Years 66 | Months 4 | Days — | If LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): New Jersey (State or country)

PARENTS

10 NAME OF FATHER: Henry Vanderveer Otten

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Frey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant (Address): Wm. H. McGuire 2400 E Hoffman

15 Filed ..... 19..... Registrar

RPH.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 3rd 19 31

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 19 27, to Nov 3, 19 31,

that I last saw h[er] alive on Nov 3rd, 19 31,

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary): Interstitial Nephritis

(duration) 4 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J B Saunders, M. D.

11/3, 19 31 (Address) 714 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Edgewood Cem Balto — Date of Burial: Nov 6 1931

20 UNDERTAKER: John Ullrich — ADDRESS: 2105 Eutaw

(Be careful to answer all questions. Use words, not abbreviations. Write plainly. Do not use ditto marks. Be sure to state OCCUPATION in such a way that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificates.)

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73572

CERTIFICATE OF DEATH.

82-001 E 73572

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 148 North Potomac Street St., _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John M. Baldwin

(a) RESIDENCE NO. 148 North Potomac Street St., _____ Ward 6-11

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 2 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary Baldwin

6 DATE OF BIRTH (month, day, and year): Aug. 15, 1860.

7 AGE — Years: 71 — Months: 2 — Days: 18 — IF LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: John M. Baldwin

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Connecticut

12 MAIDEN NAME OF MOTHER: Sarah Brennan

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Baltimore,

14 Interment (Address): Mrs. Mary Baldwin, 148 N. Potomac Street,

15 Filed _____, 19___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

November 2nd., 1931.

17 I HEREBY CERTIFY, That I attended deceased from Sept. 19 26., to November 2nd., 19 31.,

that I last saw him alive on November 2nd., 19 31.,

and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis Dur: 6 yrs.

Cerebral hemorrhage - 1st attack Nov. 1926.

2nd attack (duration) - yrs. - mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Theodore Artigiani, M. D.

, 19 (Address) 2942 E. Fayette Street.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem.

Date of Burial: Nov 5 1931

20 UNDERTAKER: John Ullrich

ADDRESS: 210 S Eutaw

Don should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

OF DEATH in plain terms, so that it may be properly classified.

Cor.—10-10-29—A Co.—100 Bkt.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73573

108 E 73573

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 744 Pierce St. 17-2 Ward)

2-FULL NAME Paul E. Anderson

(a) RESIDENCE NO. 744 Pierce St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 22 1929

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	1	11	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Laura Buck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Mr. John Anderson 744 Pierce St

15 Filed NOV 4 - 1931, 19 WILSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) Eugene Feller, M. D.

11/V. 1931. (Address) 3 E Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Nov. 5, 1931

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 S. Schroeder St.

be stated EXACTLY. PHYSICIANS should state CAUSE tion should be carefully supplied. AGE should be st OF DEATH in plain terms, so that it may be prope important. See instructions on back of certificate.

AaCo. 5-11 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

E 73574

CERTIFICATE OF DEATH

50 E 73574

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3155 Chesterfield AV St. 8-45 Ward)

Length of residence in city or town where death occurred yrs. 47 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Sidonia Sennott

(a) Residence: No. 3155 Chesterfield Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John D. Sennott

6. DATE OF BIRTH (month, day, year) 1-29-1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	9	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER
13. NAME Richard Probst
14. BIRTHPLACE (city or town) (State or country) Germany

FATHER
15. MAIDEN NAME Anna Krause
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John D. Sennott
(Address) 3155 Chesterfield Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 11-7-31 19

19. UNDERTAKER [illegible]
(Address) [illegible]

C. [illegible] JONES, M. D.
Registrar

V 4 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1931 to Nov. 04, 1931
I last saw her alive on Nov. 3, 1931 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	Jan 1.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John T Emery M. D.
(Address) 1603 Eutaw Pl

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

73575

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73575

CERTIFICATE OF DEATH

131

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1049 Asquith ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Monaghan

(a) RESIDENCE NO. 1049 Asquith ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret A. Monaghan

6 DATE OF BIRTH (month, day, and year) Dec. 25 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Blue Coller

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER James Monaghan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Clarkson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Wm. B. Steinberg

(Address) 1049 Asquith St.

15 Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) NOV. 2 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 23 - 1931, to Nov 2 - 1931, that I last saw h living alive on Nov. 2 1931, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Chr. interstitial nephritis

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Artero sclerosis

(duration) not known yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical + physical

(Signed) Chas J Keller, M. D.

11/4, 1931 (Address) 2220 W. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Nov. 5 1931

20 UNDERTAKER Margaret E. Flynn

ADDRESS 1422 Light St

OF DEATH in plain terms, so that it may be properly classified. Each statement of cause is important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73576

46 E 73576

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4500 Springdale ave ST. 3-8-64 WARD)

2—FULL NAME Elizabeth Atkinson

(a) RESIDENCE NO. 4500 Springdale ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Charles G Atkinson

6 DATE OF BIRTH (month, day, and year) Feb. 4. 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chambersburg Pa.

PARENTS

10 NAME OF FATHER Conrad Ells

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Marie Wolfe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Jas. M. Atkinson 4500 Springdale ave

15 Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 3/31

17 I HEREBY CERTIFY, That I attended deceased from July 15th, 1930, to November 3. 1931

that I last saw h alive on November 3. 1931

and that death occurred, on the date stated above, at 6.10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. 3 mos. 19 ds.

CONTRIBUTORY (Secondary) myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis Palpable Tumor

(Signed) J E Poulton, M. D.

11/4. 1931 (Address) 3909 Gamson Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Nov 6 1931

20 UNDERTAKER: Margaret D. Flynn

ADDRESS: 1422 Light St.

NOV 4 - 1931

OF DEATH in plain terms, so that it may be properly classified. Especially important. See instructions on back of certificates.

A&Co. 5-31 2500

E 73577

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 73577

CERTIFICATE OF DEATH

Registered No. 13259

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Temple Garden Apts. Ward) 307 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U.S. If of foreign birth? yrs. mos. da.

2. FULL NAME Bertha Greenebaum

(a) Residence: No. Temple Garden Apts. Ward 307
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Meyer Greenebaum

6. DATE OF BIRTH (month, day, year) July 4, 1875

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	56	4	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Chas. Goldenberg
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Lottie Neuhausen
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. M. Greenebaum
(Address) Temple Garden Apts.

18. BURIAL, CREMATION, OR REMOVAL.
Place Bolt. Mt. Date Dec. 5 1931

19. UNDERTAKER Wm. Leuthstrom & Son
(Address) 702 Eutaw Place

20. FILED Dec. 5 1931 Registrar

V 4 - 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1931, to Nov 3, 1931

I last saw her alive on Nov 3, 1931 death is said to have occurred on the date stated above, at 2 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of intestines	1930 1 year
Other contributory causes of importance:	
Pseudo-myxomatous peritonaei	1928

Name of operation Exploratory Date of 1928

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Frederick Lutz M. D.

(Address) Temple Garden Apts.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 73578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 73578

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 713 Gorsuch Ave St., 9-46 (Ward)

Length of residence in city or town where death occurred 69 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Thomas N. Hart

(a) Residence: No. 713 Gorsuch Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Not Known

6. DATE OF BIRTH (month, day, year): Mar 17 1866

7. AGE: Years 65 | Months 7 | Days 16 | If LESS than 1 day, hrs or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Carrot Co
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto City

MOTHER FATHER

13. NAME: Francis Hart
14. BIRTHPLACE (city or town) (State or country): Ireland
15. MAIDEN NAME: Susan Watts
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Miss Hart — Sister
(Address) 713 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL: Holy Cross Date Nov 5 1931

19. UNDERTAKER: P. S. Marshall
(Address) 3519 Falls Rd

FILED NOV 4 - 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 3 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1931, to Nov 3 1931

I last saw him alive on Nov. 3 1931 death is said to have occurred on the date stated above, at 3 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset: Jan 22 1931

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) H. G. Cruikies, M. D.

(Address) 634 Gorsuch Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73579

CERTIFICATE OF DEATH

93-001 E 73579

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 Camel St., 11-24 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Knight

(a) Residence: No. 211 Camel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Laverne Knight

6. DATE OF BIRTH (month, day, year) 1905

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	26			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel Md.

FATHER

13. NAME H. C. Knight
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Nancie Morris
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Laverne Knight
(Address) 211 Camel St

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem. Date 11-5 19 31

19. UNDERTAKER Byron Knight
(Address) 125 McElderry St

CV 5 1931

20. Filed ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21 1931 to Nov 1 1931

I last saw him alive on Nov. 1 1931 death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	Sept 21
Other contributory causes of importance:	

Name of operation No Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. N. Fletcher, M. D.
(Address) 1225 Penna Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73580

CERTIFICATE OF DEATH

E 73580

REGISTERED NO. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1002 Russell ST.) 21-31 (WARD)

2 FULL NAME Julia A. C. Nagle

(a) RESIDENCE NO. 1002 Russell ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 11 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Whipple

6 DATE OF BIRTH (month, day, and year) Nov. 8, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Frederick Nagle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Julia N.C. Amy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant (Address): Mrs. A. Nevada A. VanKirk 1002 Russell St.

15 Filed NOV 5 - 1931 C. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 2, 1931.

17

I HEREBY CERTIFY, That I attended deceased from April, 1931, to Nov. 2, 1931

that I last saw her alive on Nov. 2, 1931

and that death occurred, on the date stated above, at 10.55 p. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Progressive Cardio-Vascular Renal Disease (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Joseph G. Laskaratis M. D.

. 19 (Address) 679 Washington Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Nov 5 1931

20 UNDERTAKER: John G. Denny — ADDRESS: 915 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-30—A. & Co.—250 Bks.

D: Murgatroyd 401 E. 25th St Hamilton 1582

73581 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 083 73581

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 930 Montpelier St. Gwin WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Kate Hess.

(a) RESIDENCE NO. 930 Montpelier ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If ~~married~~, widowed, ~~or divorced~~
~~How long in this state~~
(or) WIFE of the late Frederick D. Hess

6 DATE OF BIRTH (month, day, and year) Sept 19th 1857

7 AGE: Years 74 | Months 1 | Days 13 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John P. Kershner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Margaret ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Frederick Hess
(Address): 930 Montpelier st

15 Filed NOV 5 - 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2nd 1931

17
I HEREBY CERTIFY, That I attended deceased from Aug 24th 31 to Nov 2nd 31, 19 31
that I last saw h[illegible] alive on Nov 1st 19 31
and that death occurred, on the date stated above, at 11.55 P. M.

The CAUSE OF DEATH* was as follows:
Acute Coronal Dilitation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Hypertension
(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Geo Murgatroyd M. D.

11/3 1931 (Address) 401 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cemetery

DATE OF BURIAL: 11/6/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

Todd $100 Eastern Ave

E 73582 HEALTH DEPARTMENT—CITY OF BALTIMORE V82-00 E 73582

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) 618 South Fagley St. 26-37 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME John H. Isaac

(a) RESIDENCE NO. 618 South Fagley St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia A. A. Isaac

6 DATE OF BIRTH (month, day, and year) Sept 23 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cooper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Kendall Tile Co.

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Michael Isaac

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant (Address) Mrs. Edward Jones 604 South Eaton St

Filed NOV 5 - 1931 21 H. P. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4, 1931

17

I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1931, to Nov 3rd, 1931

That I last saw him alive on Nov 3rd, 1931

and that death occurred, on the date stated above, at 12 20 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Tod M. D.

1931 (Address) 4616 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oakland Cemetery	11/7th 1931
20 UNDERTAKER	ADDRESS
William Cook	1217 St Paul

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—0 30—A. & Co.—250 10ks

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 73583

HEALTH DEPARTMENT—CITY OF BALTIMORE

V82-E 73583

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3412 Woodbine Avenue, ~~West~~ Ward 24-64

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Louis Albert Lambert

(a) RESIDENCE NO. 3412 Woodbine Avenue ST. WARD
(If usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen Vaughan

6 DATE OF BIRTH (month, day, and year) Jan. 26, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	76	9	6 7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Auditor 0 $6

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: B. & O. Railroad

9 BIRTHPLACE (city or town) (State or country): Philadelphia Penn.

PARENTS

10 NAME OF FATHER: Hiram Lambert

11 BIRTHPLACE OF FATHER (city or town) (State or country): ----- Penn.

12 MAIDEN NAME OF MOTHER: Susan Dutton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ----- Delaware

14 Informant: Mrs. Helen V. Lambert
(Address) 3412 Woodbine Avenue

NOV 5 - 1931

C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 - 3 - 31

17

I HEREBY CERTIFY, That I attended deceased from 9-17, 1925, to 11-3, 1931

That I last saw h'm alive on 11-1, 1931

and that death occurred, on the date stated above, at 7.15 P m.

The CAUSE OF DEATH* was as follows:

ARTERIOSCLEROSIS

HYPERTENSION

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) CEREBRAL HEMORRHAGE

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) John A. Storey M. D.

, 19 (Address) 129 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL 11/6 19 31

UNDERTAKER Henry A. Wyatt & Son

ADDRESS 1905 W. Calvert

Spec.—8-16-29—L. F. S.—100 Blks.

E 73584 HEALTH DEPARTMENT—CITY OF BALTIMORE 82-001 E 73584

CERTIFICATE OF DEATH

1—PLACE OF DEATH Severn Apts. Baltimore - Md. REGISTERED NO.

CITY OF BALTIMORE: (No. 11-24 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Julia McCay Buchanan

(a) RESIDENCE NO. Severn Apts - Cathedral ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. M. Buchanan

6 DATE OF BIRTH (month, day, and year) Dec 18 - 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Augusta Georgia

PARENTS

10 NAME OF FATHER Charles F. McCay

11 BIRTHPLACE OF FATHER (city or town) (State or country) Northumberland - Pa

12 MAIDEN NAME OF MOTHER Narcissa Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Athens Georgia

14 Informant Mrs Charles Buchanan
(Address) 104 W. Madison Ave

15 Filed 1931. 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4th 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 10th, 19 31, to Nov 4th, 19 31, that I last saw h alive on Nov 4th, 19 31 and that death occurred, on the date stated above, at 4.20 P m.

The CAUSE OF DEATH* was as follows:

Multiple Cerebral Hemorrhage

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Emma B Buchanan M. D.

19 (Address) Washington Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westminster Burying Ground Forest Lawn	Nov - 5 1931
20 UNDERTAKER Henry J Jenkins Son &	ADDRESS Mc Collch & Orchard

IMPORTANT. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks

E 73585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-10

108 E 73585

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1809 N Calvert ST. (If not in hospital) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alexander Hamilton Stumph

(a) RESIDENCE NO. 1809 N Calvert ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word): Widow

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Sarah C. H. Stumph

6 DATE OF BIRTH (month, day, and year): Feb 14th 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Alexander H Stumph

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth G. Bordley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs Herman Emory

(Address) 3735 Cloverhill Road

NOV 5 - 1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 3, 1931, to Nov 4, 1931, that I last saw h~~im~~ alive on Nov 4, 1931, and that death occurred, on the date stated above, at 2 40 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Endocarditis

(duration) 40 yrs. mos. ds.

CONTRIBUTORY (Secondary): Lobar pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical sign, Hospital

(Signed) Chas C Wood M. D.

11/4, 1931 (Address) 82 E. Eager St. Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Thomas Garrison Forest	Nov 6 1931
20 UNDERTAKER: Henry Weinheimer & Son	ADDRESS: Oakland Md

OF DEATH in plain terms, so that it may be properly classified. Every statement is important. See instructions on back of certificate.

AACo. 5-31 2500

B 73586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23L 73586

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) 22-31

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Turner

(a) Residence: No. 828 S. Sharp st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary Turner

6. DATE OF BIRTH (month, day, year): Feb. 28, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Charles Turner

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Millie ?

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL. Place: Mt Calvary Ct Date: Nov 7 1931

19. UNDERTAKER (Address): Isaiah L Brannon 1015 W Fayette St

Registrar

NOV 5 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1931 to Nov. 4, 1931

I last saw him alive on Nov. 4, 1931 death is said to have occurred on the date stated above, at 4.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1 year

Other contributory causes of importance: Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lawrence A. Tenney, M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 lbs.

E 73587.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

87 E 73587.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 578 S. Belnord ave. ST. (WARD) 13

2 FULL NAME Antonina Szpniewski

(a) RESIDENCE NO. 578 S. Belnord ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 8-1865

7 AGE: Years 66 | Months 5 | Days 25 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Frank Bykowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Catherine —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Frances Szpniewski
(Address) 578 S. Belnord ave

15 [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-4-31

17
I HEREBY CERTIFY, That I attended deceased from Sept 6, 1931, to Nov. 4, 1931
that I last saw her alive on Nov. 4, 1931
and that death occurred, on the date stated above, at 6-P. m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Typical signs

(Signed) Edward Bauer M. D.

11/5/31 19 (Address) 4 of S Patpic

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Ignatius Cemetery — DATE OF BURIAL: Nov-9 1931

19 UNDERTAKER: George A Weber — ADDRESS: 700 S. ann st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NOV 5 - 31

Spec.—9-30—A. & Co.—250 Blks.

E 73538

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73538

CERTIFICATE OF DEATH.

131V

1 PLACE OF DEATH

CITY OF BALTIMORE (No 1815 Eutaw Place. ST 14-20 WARD

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lucy E. Jones

(a) RESIDENCE NO 1815 Eutaw Place. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter Jones

6 DATE OF BIRTH (month, day, and year) July 26, 1853

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Savannah Ga,

PARENTS

10 NAME OF FATHER Lewis W. Wells

11 BIRTHPLACE OF FATHER (city or town) (State or country) Conn.

12 MAIDEN NAME OF MOTHER Affa Maria Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mass.

14 (Informant) Florence Wells Jones

(Address) 1819 Eutaw Place.

NOV 5 - 1931

[illegible] JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 4, 31

17

I HEREBY CERTIFY, That I attended deceased from Sept 3 . 19 31 . to November 4 . 19 31

that I last saw h E alive on November 3 . 19 31

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Arteric Sclerosis.

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) — yrs. — mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) Nathan F. Friedman M. D.

, 19 (Address) 6 East Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge Cemetery,

DATE OF BURIAL Nov. 6. 19 31

20 UNDERTAKER Wm. S. Frawley

ADDRESS 1129 W. Mt. Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AdCo. 5-H 2508

Sewell Hartlow

E 73589

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73589

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 73V

CITY OF BALTIMORE: (No. 21-24 St.) (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Blanche Smith

(a) Residence: No. 1155 W. Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Robert Smith

6. DATE OF BIRTH (month, day, year) March 15 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
57	7	21/22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick, Md.

FATHER

13. NAME Lloyd C. Belt

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Stewart

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Husband
(Address) 1155 W. Hamburg St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 11-9 1931

19. UNDERTAKER Bernard C Hank
(Address) 1000 E. Pres. St

20. FILED NOV 5 - 1931 H. W. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-4-31 . 19

22. I HEREBY CERTIFY, That I attended deceased from 10-30-31 . 19 . to 11-4-31 . 19

I last saw h alive on 11-4-31 . 19 death is said to have occurred on the date stated above, at 7:02 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Acute Myocardial failure (original)	11-3-31

Name of operation Pneumothorax Date of 11-1-31

What test confirmed diagnosis? + Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred E. Lutz M. D.

(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 73590 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-002 E 73590

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1817 N. Caroline St. 8-17 (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John W. Marshall

(a) RESIDENCE NO. 1817 N. Caroline St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 4 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E Marshall

6 DATE OF BIRTH (month, day, and year): June 24th 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Boss Manager

(b) General nature of industry, business, or establishment in which employed (or employer): Provision Dealer

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Luke Marshall

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Sara Silver

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Interment (Address): Mary E Marshall 1817 N Caroline St

NOV 5 - 1931

HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 4th 1931

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to Nov 4, 1931

That I last saw him alive on Nov 4, 1931

and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Dysentary.

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary): Exhaustion & Age

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo Pellonna M. D.

(Address) 1834 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cemetery	Nov 6th 1931
20 UNDERTAKER	ADDRESS
George Schuller & Sons	1126 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 2508

E 73591 **HEALTH DEPARTMENT CITY OF BALTIMORE** 73591

CERTIFICATE OF DEATH

X 50 V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2914 E. Monument St. 11 Ward)

Length of residence in city or town where death occurred: yrs. 9 mos. ... ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Richardson Sadler

(a) Residence: No. Wake Co. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James H. Sadler

6. DATE OF BIRTH (month, day, year) Jan. 6, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME Joel Patrick Slaughter

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Rachael Mason

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mr. James H. Sadler.
(Address) Wake Co.

18. BURIAL, CREMATION, OR REMOVAL. Place Wake Co. Date Nov 6 1931

19. UNDERTAKER Wm. Fletcher Simons
(Address) North & Fulton.

20. FILED ... 1931 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1931, to Nov 4, 1931

I last saw her alive on Nov 4 1931 death is said to have occurred on the date stated above, at 8.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	Jan 31

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. H. Schafer, M. D.

(Address) 408 W. Mulberry St

STATE REGISTRAR WILL NOT ACCEPT CERTIFICATE FOR FILING UNLESS OCCUPATION is very important. See instructions on back of certificate.

73592

1-10-M-28 T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ E 73592

93-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 E. Biddld ST. 8-13 WARD)

2-FULL NAME Frances B. Biggs

(a) RESIDENCE NO 1616 E. Biddle ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Robert Biggs

6 DATE OF BIRTH (month, day, and year) Apr 22/1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Charles H. Koetzner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Josephine Grimmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John J. Koetzner
(Address) 235 W. Biddle St

15 Filed NOV 5 - 1931 16 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no White

What test confirmed diagnosis? History by Dr. M.

(Signed) J. S. Mallen, M. D.
Coroner

11/4/31 (Address) 108 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery DATE OF BURIAL Nov 6 1931

20 UNDERTAKER Henry Aloeck Sons, Inc ADDRESS 130, E Eager St

Information should be carefully supplied. Age should be stated in years, months, days, or hours, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2'0B

HEALTH DEPARTMENT—CITY OF BALTIMORE

73593

CERTIFICATE OF DEATH

82-A 73593

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 E. Baud St.) (8-17 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Passapas

(a) Residence: No. 1621 E. Baud St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Amanda R. Passapas

6. DATE OF BIRTH (month, day, year) Aug 6 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME James M. Passapas
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ann Brindle Day
16. BIRTHPLACE (city or town) (State or country) at Sea

17. INFORMANT Estelle L. Passapas
(Address) 1621 E. Baud St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 11/5/31

19. UNDERTAKER Kelly-Fuhrman Co
(Address) 401 S. Howard St

20. FILED ... 1931 ... C. J. HAHN JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3rd, 19 31

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1931, to Nov 3, 1931

I last saw him alive on Nov 3 1931 death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation Heart, Hypostasis, Left Hemoptysis	

Other contributory causes of importance:

Infirmities of age

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. O. Carman, M. D.
(Address) 1701 N. Caroline St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact information of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Blks.

E 73594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31-0-81 E 73594

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 906½ Pierce ST. 18-26 (WARD)

2-FULL NAME W= F. Dickinson

(a) RESIDENCE NO. 906½ Pierce ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	col.	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	49	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: minister

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Richard Dickinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lucy Batty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs. Fannie L. Spencer

(Address) 906½ Pierce St.

15 [illegible] HAMILTON JONES, M. Registrar

NOV 5 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1931, to Nov. 4, 1931,

that I last saw him alive on Nov. 4, 1931,

and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

From history about 2 mos ds.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms and blood exam.

(Signed) J. F. Schmidt, M. D.

, 19 (Address) 3310 Tioga Parkway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 11-7 1931

20 UNDERTAKER: Daniel Corbett

ADDRESS 916 Park Ave.

mation should be carefully supplied. Age, should be stated exactly. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73595

CERTIFICATE OF DEATH

96 VE 73595

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2506 Shirley Ave St. 15-58 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S. If of foreign birth? 18 yrs. mos. ds.

2. FULL NAME Vincenzo Addinito

(a) Residence: No. 2506 Shirley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Addinito

6. DATE OF BIRTH (month, day, year) Sept 6th 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholsterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture Mfr

10. Date deceased last worked at this occupation (month and year) Sept 1926

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Pasquale Addinito

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Lampariello

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mary Addinito

(Address) 2506 Shirley Ave,

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 11-7 1931

19. UNDERTAKER Daniel Easton

(Address) 916 Lima St

20. FILED NOV 7 1931, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 20th 1926 to Nov 4 1931

I last saw h[illegible] alive on Nov 3rd 1931 death is said to have occurred on the date stated above, at 2:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm of abdominal aorta	1926

Other contributory causes of importance:

	pain

Name of operation Exploratory laparotomy Date of 10/5/26

What test confirmed diagnosis operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. B. Entwerthaus, M. D.

(Address) 1401 Eutaw Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73596 | 131 E 73596

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 Brenen St. 17-24 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophia Clark

(a) Residence: No. 118 Brenen St., Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Clark

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation ? ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT [illegible] (Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 11-7 1931

19. UNDERTAKER [illegible] (Address) [illegible]

20. FILED ____, 19__ [illegible] Registrar

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1931, to Nov 3, 1931

I last saw h[illegible] alive on Nov 2, 1931, death is said to have occurred on the date stated above, at 8:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Nov 1 31
Other contributory causes of importance:	
Arteriosclerosis + Nephritis	1930

Name of operation None Date of

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) [illegible]

AACo. 5-31 2501

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73597

CERTIFICATE OF DEATH

108 E 73597

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 S. Ellwood Ave. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A. Biscoe

(a) Residence: No. 517 S. Ellwood Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Oct 31st 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	1	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME George Biscoe
14. BIRTHPLACE (city or town) (State or country) Balto City

MOTHER

15. MAIDEN NAME Mary Jones
16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Mary Biscoe
(Address) 517 S. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Oak Lawn Date Nov. 6 1931

19. UNDERTAKER Geo M. Arnold & Son
(Address) 811 Druid Hill Ave

FILED NOV 5 1931 ... JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4th 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 25 1931 to Nov 4 1931

I last saw her alive on 11/4 1931, death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cerebral Hemo -	
Other contributory causes of importance: Tetany, Rickets, Pulmonary Tuberculosis	

Name of operation ... Date of ...

What test confirmed diagnosis? ✓ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following. Accident, suicide, or homicide? ✓ Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify ...

(Signed) Lucy V. Cross M. D.

(Address) Upland Md

Information called for on both sides of this certificate must be supplied so far as it may be properly classified. Exact statement of plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2500

73598

HEALTH DEPARTMENT—CITY OF BALTIMORE

2-3 E 73598

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 10-14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anderson Belton

(a) Residence: No. 1028 Sterling st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Belton

6. DATE OF BIRTH (month, day, year) Feb. 7, 1903 ?

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	28	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER FATHER

13. NAME Alice Howard

14. BIRTHPLACE (city or town) (State or country) South Carolina

15. MAIDEN NAME Alice Howard

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ..... 19..

19. UNDERTAKER
(Address)

FILED NOV 5 - 1931 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 19 31

22. I HEREBY CERTIFY, That I attended deceased from July 15, 19 31, to Nov. 1, 19 31

I last saw him alive on Nov. 1, 19 31 death is said to have occurred on the date stated above, at 12.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Laurence M. Sena, M. D.

(Address) Baltimore City Hospitals

UNIVERSITY OF MARYLAND

AdCo. 5-31 250B

Gaetano Iobbi

HEALTH DEPARTMENT—CITY OF BALTIMORE E 73599

CERTIFICATE OF DEATH

51

E 73599

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 S. Eaton St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gaetano Iobbi

(a) Residence: No. 214 S. Eaton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Iobbi

6. DATE OF BIRTH (month, day, year): Aug. 7th 1885

7. AGE: Years 46 | Months 2 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year): Sept. 1931
11. Total time (years) spent in this occupation: 46

12. BIRTHPLACE (city or town) (State or country): Italy

MOTHER
13. NAME: Teresa Iobbi
14. BIRTHPLACE (city or town) (State or country): Italy

FATHER
15. MAIDEN NAME: [illegible]
16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Mary Iobbi, wife
(Address) 214 S. Eaton St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Sepulchre Date: 11/6/31

19. UNDERTAKER: Frank V. Spitone
(Address) 1512 Belle Pl.

20. FILED NOV 6 1931 21. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 3rd, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1925, 19.., to Nov. 3rd, 1931.

I last saw him alive on Nov 3rd 1931 death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

For Cardiac [illegible] Bladder — Date of onset Jan. 1931

Other contributory causes of importance:

Acute Dilatation of Heart

Name of operation ..... Date of ..... 19..

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.

(Address) 6016 Eastern Ave. Balto. Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Date statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

E 73600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001 ✓ E 73600

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Home Balto Gen'l 5-68 ST. WARD

2-FULL NAME Grant Nathan Timmelfarb

(a) RESIDENCE No 2206 Baker St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Timmelfarb

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Morris Henry Timmelfarb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Teres —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Annie Timmelfarb

(Address) 2206 Baker St

15 Filed NOV 5 1931, 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture into part of moving auto.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Fracture at Baker

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. J. Traver, M. D. Coroner

11-5, 1931 (Address) Traffic Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arthur Memorial — DATE OF BURIAL 11-5- 1931

20 UNDERTAKER Jack Lewis, Inc. 1439 — ADDRESS E Balto St

(Information should be carefully supplied. Exact statement of OCCUPATION should be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.)

Spec.-7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-001 ✓ E 73601

REGISTERED NO. E 73601

1-PLACE OF DEATH

City of BALTIMORE: (No.) Residence Hosp. St. 17-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Ramsey

(a) RESIDENCE NO. 343 Pierce St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Cl

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE — Years: 45 — Months — Days — IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lab.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Tobacco Co.

9 BIRTHPLACE (City or town) Md. (State or country)

PARENTS

10 NAME OF FATHER Albert N. Ramsey

11 BIRTHPLACE OF FATHER (City or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hannah Mason

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Md

14 Informant (Address) Sarah E. Ramsey 342 Pierce St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3 19 31

17 I HEREBY CERTIFY, That I attended deceased from Oct 19 31, 19 ..., to Nov 3 19 ..., that I last saw h alive on Nov 3 19 31 and that death occurred, on the date stated above, at 8.15 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Perforated Gastric Ulcer

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of 10/30/31

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) H. B. Jones M. D.

(Address) Penitentiary

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mutual Relay Cem. Balto Co. Md. Date of Burial Nov 6 31

20 UNDERTAKER Albert A. Hall ADDRESS

Samuel Hemsley Jr. Undertaker

NOV 5 - 1931

NOTE—WHITE PAPER. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 73602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1742 73602

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 W. Montgomery St. ST. 27-31 WARD)

2-FULL NAME Lillian Foote.(C)

(a) RESIDENCE NO 117 W. Montgomery St. ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. 11 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) November 14, 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	11	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Foote.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary Spence.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Frank Foote.(C) uncle.

(Address) 113 Winter St.

15 Filed NOV 5 1931 192 Registrar

V 5

mation should be carefully supplied. Age should be given in YEARS, MONTHS and DAYS. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificates.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 3, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquest find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Hemorrhage due to a stab wound(with a pocket knife)of the chest involving the Heart. Homicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No. Date of _____

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquest.

(Signed) Otto M. Steward, M. D. Coroner

11/5 19 31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL Nov 6 1931

* UNDERTAKER Edward Stansbury ADDRESS 1728 Pa

1-30—M. & T.—100 B—50L

E 73603

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73603

CERTIFICATE OF DEATH

210

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen. Hospital (St.) 15-68 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Dallinger

(a) RESIDENCE NO. 2407 Baker St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Dallinger

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Isaac Cohen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ida —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Louis Dallinger

(Address) 2407 Baker St

15 Filed NOV 5 - 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-5 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Auto accident in which she was riding ran from street into Fender, Front Fract. Skull 1/12 (duration) hrs. days CONTRIBUTORY (Secondary) Nephritis Chr. 3 yrs. (duration) 1901 Russia

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) L. Haine, M. D. Coroner

11-5, 1931 (Address) Traffic Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodmen Circle, Hebrew Rit Carroll	11-6- 1931
20 UNDERTAKER	ADDRESS
Jack Levin, Inc.	1439 E. Balto St

mation should be carefully supplied. Any item may be properly classified. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be
TION is very important. See instructions on back of

AACo. 5-11 250M

E 73604 Christopher Schafer E 73604

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

24-34 46 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 3a. How long in U.S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Christopher Schafer

(a) Residence: No. 1725 Light St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE | Years 51. | Months 5. | Days 20. | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Christopher Schafer

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Catherine Schafer

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Nov 7 1931

19. UNDERTAKER
(Address)

No. 5111 1931 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30th 1931 to Nov. 3 1931, that I last saw him alive on Nov 3 1931, and death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Oesophagus — Date of onset Jan 30/31

Other contributory causes of importance:

Exhaustion — Nov 1/31

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

11/5/31 (Signed) Ruth Campbell M. D.
(Address) 164 Hanover St.

State CAUSE OF DEATH in plain terms, so that it may be classified. Each statement must be complete. Read carefully the instructions on back of certificate. OCCUPATION is very important. See instructions on back.

AaCo. 5-31 2500

Helen E. Vogel

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73605

CERTIFICATE OF DEATH

82-E 01 73605

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1645 Patapsco St., St. 24-23 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen E. Vogel

(a) Residence: No. 1645 Patapsco St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of William F. Vogel
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME John Stecker
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Mary Stecker
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) 1645 Patapsco St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Nov 6, 1931

19. UNDERTAKER C. Howard Evans
(Address) 1100 E. Pratt St

20. FILED Nov 7 1931, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1931 to Nov. 3, 1931
I last saw her alive on Nov 2 1931 death is said to have occurred on the date stated above, at 3:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/26/31

Other contributory causes of importance:

Extraction	11/2/31

Name of operation none Date of —
What test confirmed diagnosis? clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. H. Carruthers M. D.
11/4/31 (Address) 1644 Hanover St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73606

CERTIFICATE OF DEATH

117-0 E 73606

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Sinai Hospital St 9-46 Ward)

2 FULL NAME Milan Bennington

(a) RESIDENCE NO 1337 Garrett Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Bennington

6 DATE OF BIRTH (month, day, and year) Dec 17 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	10	16 17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Automobile

(b) General nature of industry, business, or establishment in which employed (or employer) Mechanic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phila. Pa

PARENTS

10 NAME OF FATHER Elby Bennington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Bessie Reynolds

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. Fred (Address) 2322 Garrett Ave.

15 Filed NOV 5 - 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1931 to Nov. 4, 1931

that I last saw h(im) alive on Nov. 4, 1931

and that death occurred, on the date stated above, at 7:15 P. m.

The CAUSE OF DEATH* was as follows:

Ulcer of duodenum (ruptured)

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Bronchi-pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct. 30, 1931

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) M. Heim M. D.

19 (Address) Sinai Hosp. Balto.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Cem. Randallstown	Nov 7 1931
20 UNDERTAKER	ADDRESS
A. Howard Evans	35 E Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 150M

E 73607

HEALTH DEPARTMENT—CITY OF BALTIMORE

34 E 73607

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. ..... St. 3-4 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dora Foster

(a) Residence: No. 212 Vernon Court St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) Sept. 25, ? 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35 ?		6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

FATHER
13. NAME Charles Long
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Eliza Watkins
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date NOV 5 - 1931 19

19. UNDERTAKER
(Address) .....

20. FILED NOV 5 - 1931 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1931 to Nov. 1, 1931
I last saw her alive on Nov. 1, 1931 death is said to have occurred on the date stated above, at 10:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease syphilitic with aortic and mitral insufficiency and acute myocardial failure final	Jan 1921

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

11-4-31 Signed) Peter Hitchborn M. D.
(Address) Balto. City Hospitals.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. S-H 2408

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73608

48 E 73608

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 Dukeland St. 16-18 Ward)

Length of residence in city or town where death occurred 8 yrs. 8 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Camelle McK. D. Moffett

(a) Residence: No. 1209 Dukeland St., Ward. New York

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William N Moffett

6. DATE OF BIRTH (month, day, year) Aug. 23, 1884

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	47	2	12 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 8 mo.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Mildred Roberson

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Jean McMurdo

16. BIRTHPLACE (city or town) (State or country) Edinburg Scotland

17. INFORMANT Mrs Martha Lloyd

(Address) 1209 Dukeland St.

18. BURIAL, CREMATION, OR REMOVAL Place Meth. Cemetery Date Nov 3 1931

19. UNDERTAKER Otto Richter & Sons

(Address) North & Penna Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931 to Nov 5, 1931

I last saw h[illegible] alive on Oct 31 1931 death is said to have occurred on the date stated above, at 5.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	

Other contributory causes of importance:

Multiple metastases

Name of operation Hysterectomy Date of 1931

What test confirmed diagnosis? Clinical & path. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Lyman Covington M.D.

(Address) 2020 Eutaw Pl

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Early diagnosis may be very important. See instructions on back of certificate. OCCUPATION is very important.

1-30—M. & T.—100 B—50L

Katherine T Collins

HEALTH DEPARTMENT—CITY OF BALTIMORE

210-001 ✓ E 73609

E 73609

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4 Franklin Sq Hosp ST. 14-20 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine T. Collins

(a) RESIDENCE NO 1427 Penna Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 2, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Mary Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: Mrs Josephine Collins

(Address) 1427 Penna Ave.

15 F[illegible] 192[illegible] [illegible] Registrar

5 - 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said [illegible] (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by auto

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Pneu

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Penna Ave & Penna

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Phy

(Signed) H Braun, M. D. Coroner

(Address) 11 S Frazier St Towson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem | DATE OF BURIAL: Nov. 6 1931

20 UNDERTAKER: Wm H Kitchen & Sons | ADDRESS: North & Pa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact spelling of doctor's TION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks.

73610 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 73610

CERTIFICATE OF DEATH.

1. PLACE OF DEATH St Joseph's Hospital 84-005 REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No Lanvale & Aisquith St. WARD 25)

2. FULL NAME Ann Dorothy Kane

(a) RESIDENCE NO. 1434 Decatur St ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How Long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	~~Married~~ Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Daughter

6 DATE OF BIRTH (month, day, and year) Feb 22 27

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	8	18 12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS
10 NAME OF FATHER John Kane
11 BIRTHPLACE OF FATHER (City or town) (State or country) Baltimore Md
12 MAIDEN NAME OF MOTHER Margaret Heffley
13 BIRTHPLACE OF MOTHER (City or town) (State or country) Baltimore Md

14 Informant Mr. John Kane
(Address) 1434 Decatur St

15 Filed ..... 19 ..... H. G. Harrison Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-4-31

17
I HEREBY CERTIFY, That I attended deceased from 10-24-31, 19 ..... to 11-4-31, 19 .....
that I last saw h.. alive on 11-4-31, 19 .....
and that death occurred, on the date stated above, at 6a m.
The CAUSE OF DEATH* was as follows:
Acute Bilateral Mastoiditis
..... (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Toxemia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? Yes Date of 10-31-31
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) A B Patterson M. D.
19 ..... (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Nov 6 19 31
UNDERTAKER Chas. L. Clevenus — ADDRESS 10 E Fort Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

NOV 5 1931

Coroner Frances

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73613 — 10-001 ✓ — E 73613

CERTIFICATE OF DEATH

REGISTERED NO. _____

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Genl Hospital ward) 24-3

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T. Kelly

(a) RESIDENCE NO. Belair Md ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE of~~ Mary Kelly

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	59			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Joiner
(b) General nature of industry, business, or establishment in which employed (or employer) Ship Yard
(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John T. Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Strohauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Lt Leo T. Kelly

(Address) 4316 Groveland Ave

15 Filed _____, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/4/ 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck into side of moving auto truck and was stunck & knocked down (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Crushed R. Chest (duration) yrs. mos. ds.

18 Where was disease contracted, if not at place of death? Railroad Yd Towson

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) L. Frank _____, M. D. Coroner

11-5, 1931 (Address) Fraser Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
U. S. National Cemetery	11/7/1931
20 UNDERTAKER	ADDRESS
Jno Cook	1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73612

CERTIFICATE OF DEATH

× 13 E 73612

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen'l Hosp. (Ward) 4-30

Length of residence in city or town where death occurred yrs. 13 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Amy Frances Pierson

(a) Residence: No. Cockeysville, Md. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 15, 1865

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	66	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME C. J. Pierson
14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Fannie Tull
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Dulaney Hill 11/6th 1931
Greenwood Cem.

19. UNDERTAKER (Address) Gilbert Funeral Home

20. FILED 1931 at 15 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4- 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1931, to Nov 4, 1931

I last saw her alive on Nov 4, 1931 death is said to have occurred on the date stated above, at 4.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1927
" Myocarditis	1927
Bronchio - pneumonia	11-2-31

Other contributory causes of importance:

(Bronchio-Pneumonia) Uraemia	11/2/31

Name of operation None Date of

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert R. Gilbert M. D.
(Address) Maryland Gen. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 5 1931

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73613

108 E 73613

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Bonifall's Maternity Hospital 1306 Mt. Royal Ave. ST., 13-54 WARD)

2—FULL NAME Rebecca Stabls

(a) RESIDENCE NO. 1306 Mt Royal Ave ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Isaac Stabls

6 DATE OF BIRTH (month, day, and year): Oct 7 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	0	2527	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto-Md

PARENTS

10 NAME OF FATHER: Samuel Burkhinger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Regina Alexander

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Wolfgang Jr

(Address): 1306 Mt Royal Ave

V 5 - 1931 Filed 19 by C. HILTON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-4-31

17 I HEREBY CERTIFY, That I attended deceased from Oct 30, 1931, to Nov 5, 1931, that I last saw h[illegible] alive on Nov 4, 1931 and that death occurred, on the date stated above, at 12[illegible] A m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis, myocarditis

(duration) yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Julius Friedenwald, M. D.

19 (Address) 1013 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount

DATE OF BURIAL: Nov 6 1931

20 UNDERTAKER: J. Ahearn & Co

ADDRESS

2537 Registered

IMPORTANT—Fill in plain terms, so that it may be easily read. Use ink. Do not abbreviate. Be sure to answer every question. See instructions on back of certificates.

AaCo. 5-II 150R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73614

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 95 E 73614

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 10-14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alvina F. Williams

(a) Residence: No. 1214 Ausquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Williams

6. DATE OF BIRTH (month, day, year) 1864

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
67	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York N.Y.

FATHER
13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Chas. Williams
(Address) 1214 Ausquith St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Nov. 7 19 31

19. UNDERTAKER Arthur C. Miller
(Address) 1425 Lexington St.

FILED NOV 5 1931 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-2-31 19

22. I HEREBY CERTIFY, That I attended deceased from 10-28-31 19 to 11-2-31 19
I last saw h e alive on 11-2-31 19 death is said to have occurred on the date stated above, at 9:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-renal disease	?

Other contributory causes of importance:

Hypostatic pneumonia	10-31-31

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Luther E. Miller M. D.
(Address) Balto City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

2-E 73615 — 2-E 73615

CERTIFICATE OF DEATH

Registered No. 3-E 73615

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 11-24 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jesse Joyce

(a) Residence: No. 910 Park Ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Joyce

6. DATE OF BIRTH (month, day, year) Dec 4 1879

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
57	59.	6	2 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevatorman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosp
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jesse Joyce.
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Caroline Jackson
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place D. Mayo Lee Date Nov. 6 1931

19. UNDERTAKER Easton Sons
(Address) Essex City

C. [illegible] JONES, M. D.
Registrar

FILED NOV 5 - 1931

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1931, to Nov 4th, 1931

I last saw him alive on Nov 4th, 1931, death is said to have occurred on the date stated above, at 4.35 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac failure	11/20/31
hypertension	
Arteriosclerosis	
Syphilitic aortitis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. C. Bedell, M. D.

(Address) Johns Hopkins Hospital

Spec.—9-30—A. & Co.—250 Blks.

E 73616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4-25-94 E 73616

REGISTERED No.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3702 Spaulding Ave. St. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME JOHN ANTHONY HAEFFNER

(a) RESIDENCE No. 118 W. Mulberry St. St. WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Catherine Haeffner

6 DATE OF BIRTH (month, day, and year) Nov. 16, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sun Carrier

(b) General nature of industry, business, or establishment in which employed (or employer): Newspaper

(c) Name of employer: A. S. Abell Company

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Dennis Haeffner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: M. Kosbu

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. John S. Miller (Address) 3702 Spaulding Ave.

15 Filed C. HARRISON JONES, M. D. Registrar

V 5 - 1931 -

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 3, 1931

17

I HEREBY CERTIFY, That I attended deceased from October 20, 1931, to Nov. 3, 1931

That I last saw h living on Oct 27, 1931.

and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

O.K. Coroner J. Thomas

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. M. Little M. D.

11/5 1931 (Address) 2435 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Nov. 6 1931

20 UNDERTAKER: C. Vernon Lemmon ADDRESS 4611 Park Heights Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-31 2108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 73617

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 Ward)

Length of residence in city or town where death occurred yrs 1 mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Herman Ayersman

(a) Residence: No. Caroline Bal St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married.

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Margaret Ayersman

6. DATE OF BIRTH (month, day, year) 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) 8/6
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Va

FATHER

13. NAME Samuel Ayersman
14. BIRTHPLACE (city or town) (State or country) West Va

MOTHER

15. MAIDEN NAME Sallie Streets
16. BIRTHPLACE (city or town) (State or country) West Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Howards Hill West Va Date 11/6/ 1931

19. UNDERTAKER Wm Cook
(Address) 217 St Paul St

19a. FILED 10a. Registrar

NOV 5 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 5 1931

22. I HEREBY CERTIFY, That I attended deceased from October 9 1931, to November 5 1931

I last saw him alive on November 5 1931 death is said to have occurred on the date stated above, at 10:45 a m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
Bronchopneumonia	Streptococcus hemolyticus	Oct 22
Empyema		" 24
Septicemia		Nov 3

Other contributory causes of importance:

Name of operation Thoracotomy (Elbow) Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Caroline C Birdsall, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

73618 CERTIFICATE OF DEATH 131 E 73618

1 PLACE OF DEATH Good Shepherd General Hospital — REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) 1512 N. Eutaw St. (WARD) 5-9

2 FULL NAME Joseph Jenkins

(a) RESIDENCE NO. 1467 Orleans St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	widower

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Rebecca Jenkins

6 DATE OF BIRTH (month, day, and year) Oct 2-1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	:	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Balto Mfg.

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Arthur W. Jenkins (Address) 137 N. Stricker St. Phila. Pa.

15 Filed NOV 7 1931 G. HAMPTON JONES, M. D. Registrar By PK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 1931

17 I HEREBY CERTIFY, that I attended deceased from Oct 31, 1931, to Nov 5-, 1931

that I last saw him alive on 11-5-31, 19

and that death occurred, on the date stated above, at 12:45 AM

The CAUSE OF DEATH* was as follows:

1 Hemiplegia (duration) yrs. mos. 7 dys.

CONTRIBUTORY (Secondary) Nephritis & Hypertension (duration) yrs. 6 mos. 0 ds.

18 Where was disease contracted if not at place of death? Balto Mfg

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm R Boykin M. D.

19 (Address) 1512 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL Nov. 7 1931

20 UNDERTAKER Eric H. Johnson — ADDRESS 446 N. Carlton St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NOV 6 - 1931

AACo. 5-31 250B

24902
7,3619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 51 VE 73619

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 Ward)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fleming Atha

(a) Residence: No. Mannington St., Ward. West Virginia
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret

6. DATE OF BIRTH (month, day, year): Nov 12 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Real Estate Agt
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sales
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): W. Va

MOTHER FATHER

13. NAME: Jacob Atha
14. BIRTHPLACE (city or town) (State or country): W. Va
15. MAIDEN NAME: Sarah Billingsley
16. BIRTHPLACE (city or town) (State or country): W Va

17. INFORMANT (Address): Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place: Monroe Co W Va Date: Nov 1931

19. UNDERTAKER (Address): Wm J. Schaeffer 1516 E. Fayette St.

20. FILED Nov 6 1931 H. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1931 to Nov 5, 1931

I last saw him alive on Nov 5 1931 death is said to have occurred on the date stated above, at 7:26 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Carcinoma of bladder (infiltrating) with metastases.	?

Other contributory causes of importance:

Secondary anemia	?

Name of operation Suprapubic cystotomy Date of 3/17/31

What test confirmed diagnosis? by tissue Was there an autopsy? No

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Glenn Wilson Zinsser M. D.
(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73620 — 46 — E 73620

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Men & Women's Home WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emeline Robinson

(a) RESIDENCE NO. 822 Carolton ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant M. J. Naylor
(Address) 428 N. Pine St

15 [illegible] Registrar

NOV 8 - 1931

OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4-31

17 I HEREBY CERTIFY, That I attended deceased from May 1 — , 1931 , to Nov 4 , 1931 ,
that I last saw h alive on Nov 4 , 1931
and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:
Carcinoma - ascending Colon

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) none known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Chas J. Kellam , M. D.

11/6 , 1931 (Address) 222 W. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 11-6 1931

20 UNDERTAKER John H. Troadec — ADDRESS 1027 Druid Hill

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

73621 — 92-004 — E 73621

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH.

CITY OF BALTIMORE: (No.) Providence Hosp ST. 15-21 WARD)

2-FULL NAME Roger Sterzer

(a) RESIDENCE NO. 1618 Westwood ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Cal

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Sept 22 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	1	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Porter. 070
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St Marys Co Md

PARENTS

10 NAME OF FATHER Leo Sterzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Marys Co Md

12 MAIDEN NAME OF MOTHER Estha Edelin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Marys Co Md

14 Informant Chas. Sterzer

(Address) 2326 Madison Ave

15 Filed NOV 3 - 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3rd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. Sudden mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) H. Polk Coroner, M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL 11/6/31

20 UNDERTAKER Jos. H. Holland

ADDRESS 1631 Druid Hill Ave

mation should be carefully supplied. Age should be properly classified. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be
TION is very important. See instructions on back of

Spec.—9-30—A. & Co.—250 Blks

73622 HEALTH DEPARTMENT—CITY OF BALTIMORE 73622

CERTIFICATE OF DEATH

93-003

1 PLACE OF DEATH

CITY OF BALTIMORE: (No) Woman's Hospital (St) 13-57 (Ward)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Isabelle Townsend
Home for Incurables

(a) RESIDENCE NO. (Usual place of abode) Baltimore, Md. ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John S. Townsend

6 DATE OF BIRTH (month, day, and year) Aug 2 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	3.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none.

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER Joseph Atkinson

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) md.

12 MAIDEN NAME OF MOTHER Mary Isabelle Emmart

13 BIRTHPLACE OF MOTHER (city or town) New York. (State or country) N.Y.

14 Informant John S Townsend Jr.
(Address) 102 W. 39th St.

15 Filed ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 5 , 19 31 , to Nov 5 , 19 31

that I last saw h er alive on Nov. 5 , 19 31

and that death occurred, on the date stated above, at 7.20 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction.

(duration) ✓ yrs. ✓ mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

(duration) ? yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of Nov 5, 1931
No

Was there an autopsy?

What test confirmed diagnosis? Clinical evidence

(Signed) Rudolph L. Schorb M. D.

19 (Address) Woman's Hospital. , 19

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Nov 7 1931

20 UNDERTAKER: Henry W Jenkins & Son — ADDRESS: McCulloh & Orchard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NOV 9 1931

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59 E 73623

73623

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3022 Archerwood Terrace ST. 13-59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Fannie Furman

(a) RESIDENCE NO. 3022 Archerwood Terrace ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (~~or WIFE of~~) Louis Furman

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS
10 NAME OF FATHER Wm. Bloom
11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia
12 MAIDEN NAME OF MOTHER Don't Know
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Adolph Furman (Address) 3022 Brooks Lane

15 Filed NOV 6 1931 H. LINCOLN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 4, 1924, to Nov 5, 1931

that I last saw her alive on Nov. 5, 1931

and that death occurred, on the date stated above, at 3:30 p m.

The CAUSE OF DEATH* was as follows:

Heart
Acute myocardial failure

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of —

Was there an autopsy? NO

What test confirmed diagnosis? Clinical Signs

(Signed) Edwin V. Telly M. D.

. 19 (Address) 928 N Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Hebrew — DATE OF BURIAL 11/6 1931

20 UNDERTAKER Jack Lewis Inc — ADDRESS 1439 E. Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 2500

Henry H. Bierman

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

73624

X 117-102 E 73624

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. [illegible] Ward)

Length of residence in city or town where death occurred 6 yrs. 10 mos. 20 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry H. Bierman

(a) Residence: No. Fondale Rd. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie M. Bierman

6. DATE OF BIRTH (month, day, year) Dec. 15, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 29

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa. U.S.

FATHER

13. NAME Burman

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Carrie M. Burman
(Address) Fondale & Belvedere Rds.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 11/9/1931.

19. UNDERTAKER Kemp & Butler
(Address) 410 E. Lanvale St.

NOV 6 - 1931 HILLYER JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1931, to Nov. 5, 1931

I last saw him alive on Nov. 5, 1931 death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Burn	Unknown
Other contributory causes of importance:	
Bronchopneumonia	Nov. 5

Name of operation Tracheotomy Date of Nov. 2, 1931

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Millard H. Strachan, M. D.

(Address) University Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Blks.

73625

HEALTH DEPARTMENT—CITY OF BALTIMORE

51 E 73625

CERTIFICATE OF DEATH

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 528 S. Mount St. St. 19-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Frank Palmer

(a) RESIDENCE NO. 528 S. Mount St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Regina Palmer (nee Henkel)

6 DATE OF BIRTH (month, day, and year) Jan. 3, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Picture Frame Maker

(b) General nature of Industry, business, or establishment in which employed (or employer): 086

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Boston, Mass.

PARENTS

10 NAME OF FATHER Palmer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Mrs. Regina Palmer, 528 S. Mount St.

15 Filed Nov 6 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct 2 . 1931 . to Nov 4 . 1931

that I last saw h.. alive on Nov 4 . 1931

and that death occurred, on the date stated above, at 4²⁰ p m.

The CAUSE OF DEATH* was as follows:

1/ Hemorrhage of bladder

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of bladder

Tuberculosis (duration) yrs. mos.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Personal observation

(Signed) Wm Conrad Borde M. D.

. 19 (Address) 9 E Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	11/7/ 19 31
20 UNDERTAKER Percy N Curtis	ADDRESS

Spec.—9-30—A. & Co.—2/0 Blks

73626 HEALTH DEPARTMENT—CITY OF BALTIMORE 73626

CERTIFICATE OF DEATH

23 V

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 Rutland Ave ST. 13 WARD)

2 FULL NAME Roswell Saunders

(a) RESIDENCE NO. 1025 Rutland Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M.	C.	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Hester Saunders

6 DATE OF BIRTH (month, day, and year) Sept 2 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Jamilla Va

PARENTS

10 NAME OF FATHER Chas. Saunders

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Hester Saunders 1025 Rutland ave

15 Filed NOV 6 - 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/5/31

17:

I HEREBY CERTIFY, That I attended deceased from 10-9-, 1931, to 11-5-, 1931

that I last saw h[illegible] alive on 11-3-, 1931

and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs

(duration) — yrs. 9 mos. — ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

11-7-1931 (Address) 611-N. Carolina

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Farmville Va	Nov. 6, 1931
20 UNDERTAKER	ADDRESS
Mrs. P. A. Elliott	1025 Rutland ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 73627

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73627

CERTIFICATE OF DEATH

93-004

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1207 Bayard (Ward) 21-29

2-FULL NAME Isaac Morris

(a) RESIDENCE NO 1207 Bayard ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lizzie Morris

6 DATE OF BIRTH (month, day, and year): 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Va

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (City or town) (State or country)

14 Informant: Lizzie Morris

(Address) 1207 Bayard

15 Filed NOV 6 - 1931 19..

C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Nov 4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardiac Failure suddenly

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) H. McGuire, M. D. Coroner

(Address) 1207 Bayard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — DATE OF BURIAL: Nov. 6, 1931

20 UNDERTAKER: Mrs. R. A. Elliott — ADDRESS: 1225 Eastland

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION should be carefully supplied. Age should be given in all cases of certificates.
TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 73628

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73628

CERTIFICATE OF DEATH.

92-001

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 674 W. Fairmont Ave. ST., H-25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Matilda Curtis

(a) RESIDENCE NO. 674 W. Fairmont Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Benjamin Curtis

6 DATE OF BIRTH (month, day, and year) June 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	5	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) Balto Md (State or country)

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) Balto Md (State or country)

14 Informant (Address) Hattie Curtis 674 W. Fairmont Ave

15 Filed NOV 6 - 1931 C. HARVEY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4th 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 29, 1931, to Nov 4, 1931, that I last saw h.. alive on Nov 3d, 1931, and that death occurred, on the date stated above, at 6. A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

CONTRIBUTORY (Secondary) Mitral Regurgitation of Heart (duration) 3 yrs. mos ds.

* Hypertension (duration) yrs. mos. ds. with Nephritis

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Harry G Brown, M. D.

Nov 4, 1931 (Address) 1916 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Nov 8, 1931
UNDERTAKER Jno Kate R Williams	ADDRESS 322 W. Lafayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Fill in all items of certificates. TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 73629

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73629

82-001

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2828 Westwood Ave. ST., 15-68 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Shipley,

(a) RESIDENCE No. 2828 Westwood Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Francis M. Shipley,

6 DATE OF BIRTH (month, day, and year) March 7, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York City N.Y.

PARENTS

10 NAME OF FATHER Harvey Chandler,

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Mary E. Isaac,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co. Md

14 Informant (Address)

15 Filed NOV 6 - 1931. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) NOV 5 - 1931

17 I HEREBY CERTIFY, That I attended deceased from October 25, 1931 to Nov. 5th, 1931, that I last saw her alive on Nov. 5th, 1931, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible]

DATE OF BURIAL NOV 7 1931

20 UNDERTAKER [illegible]

ADDRESS 2700 HENDERSON AVE.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Fill in all items if possible. Physician is required to sign certificate. See instructions on back of certificate. TION is very important.

A&Co. 5M 2509

73630 HEALTH DEPARTMENT—CITY OF BALTIMORE 73630

CERTIFICATE OF DEATH

93-0031 93-34

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 187 N. Exeter St. 93-34 Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred Calvert

(a) Residence: No. 187 N. Exeter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Calvert

6. DATE OF BIRTH (month, day, year) Feb 14 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) France

FATHER
13. NAME Alfred Calvert
14. BIRTHPLACE (city or town) (State or country) France

MOTHER
15. MAIDEN NAME Amanda ?
16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Elizabeth Calvert (Wife)
(Address) 187 N. Exeter St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Nov. 7 1931

19. UNDERTAKER Tilly & Feiler Inc.
(Address) 701 W. Fayette St

20. FILED Nov 9 1931 C. HAMPSON JONES, M. D. Registrar. Per .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1931 to Nov 4, 1931

I last saw him alive on Nov 1, 1931 death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19.....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify — —

(Signed) H. L. Smith, M. D.
(Address) 129 W. Lexington St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Data entered on OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-H 2508

73631

HEALTH DEPARTMENT—CITY OF BALTIMORE

23VE 73631

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 5-8

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Underwood

(a) Residence: No. 220 Aisquith st. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 20, 1905

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	26	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Frank Underwood

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Cora Boykin

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ..... 19...

19. UNDERTAKER
(Address)

20. FILED ..... 19... Registrar.

NOV 8 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2 1931

22. I HEREBY CERTIFY, That I attended deceased from May 1 1931 to Nov. 2 1931

I last saw him alive on Nov. 2 1931 death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Feb. 1931
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) [illegible] M. D.

(Address) Baltimore City Hospitals

If it may be properly classified, state CAUSE OF DEATH in plain terms, so that it may be properly classified. State also OCCUPATION and INDUSTRY. See instructions on back of certificate. OCCUPATION is very important.

Spec.—9 30—A. & Co.—250 Blks.

Mrs. C. Blight

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 73632

CERTIFICATE OF DEATH

131V E. 73632

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2110 E Federal St.) (Ward 8-16)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mrs C. Blight

(a) RESIDENCE No. 2110 E Federal St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced WIFE of (or) HUSBAND of: Sarah E. Blight

6 DATE OF BIRTH (month, day, and year): June 1 1865

7 AGE: Years 66 Months 5 Days 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Robt Blight

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Miss Klein

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Lucie M. Neffsy (Address) 2110 E. Federal St

15 Filed 11-6 1931 HAMPSON JONES, M. D. Registrar

C - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 18 31 to Nov 4th 1931

that I last saw h alive on Nov 4th 1931

And that death occurred, on the date stated above, at 6:15 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): Chronic Interstitial Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Paul Smith M. D.

11/5, 1931 (Address) 1500 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Nov 7 1931

20 UNDERTAKER: Robt J Sumner — ADDRESS: 1315 Eutaw Pl

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-11 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 VE 73633

VE 73633

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 6-E (Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles A. Depro

(a) Residence: No. 409 N. Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) July 14, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME August Depro
14. BIRTHPLACE (city or town) (State or country) ? Md.
15. MAIDEN NAME Margaret ?
16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Date Nov 7, 1931

19. UNDERTAKER Philip Herwig Jr
(Address) 2016 Orleans St

20. FILED Nov 6 1931 H. PEARSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1931 to Nov. 5, 1931

I last saw him alive on Nov. 5, 1931 death is said to have occurred on the date stated above, at 5:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr	3 months

Other contributory causes of importance:

Arteriosclerosis	1 year

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) Balto. City Hosp.

If CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact information is required on back of certificate. State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

AACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73634

CERTIFICATE OF DEATH

48 E 73634

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 Sanford St. 1935-41 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Venus L. A. Jones

(a) Residence: No. 514 Sanford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter Jones

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME Geo. Lecato
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Hatten
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Venus L. Jones
(Address) 514 Sanford

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date Nov. 7 1931

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressman St.

20. FILED 1931 ..... 19 ..... Registrar.

NOV 9 - 1931

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/4 . 1931

22. I HEREBY CERTIFY, That I attended deceased from 11/2 . 1931 . to 11/4 . 1931

I last saw h[illegible] alive on 11/4 . 1931 death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Uterus	

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. [illegible] Hunter M. D.

(Address) 2134 D.St. S.

Spec.—2-29-28—L. F. S.—500 Bks.

E 73635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001 E 73635

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 16 r r N. Dallas ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James R. Flenner Jr

(a) RESIDENCE NO. 16 r r N. Dallas ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Sngl

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 25 1928

7 AGE	Years	Months	Days	IF LESS than 1 day, hrs. or min.
	3		8/12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER James Flenner

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Josephenine McFarlane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Robt. Flenner

(Address) 16 r r N. Dallas St

15 Filed NOV 6 - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6/ 31

17 I HEREBY CERTIFY, That I attended deceased from Oct 20. 1931. to Nov 6 1931.

that I last saw h[illegible] alive on Nov 5 1931

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(duration) yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) Acute Alc. Colitis

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) B. N. Hatcher, M. D.

(Address) 1 r w Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Johnson Cemetery	Nov 9 1931
20 UNDERTAKER Edward Bryan	ADDRESS 1631 Dillon's St

OF DEATH in plain terms, so that it may be properly classified. Items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20 are important. See instructions on back of certificate.

AdCo. 5-31 250B

E 73636

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 73636

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3523 S. Hanover St., 25-7th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louise K. Heagy

(a) Residence: No. 3523 S. Hanover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of The late Edward Heagy

6. DATE OF BIRTH (month, day, year) June 22nd 1875

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
56	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frank T. Hagy

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Martha Auld

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT William T. Heagy.
(Address) 3523 S. Hanover St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Redeemer Date Nov. 7th 1931

19. UNDERTAKER Lilly & Gilroy Inc
(Address) 1128 Eutaw St

FILED NOV 6 1931, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4th 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1930, to Nov. 4th, 1931

I last saw her alive on Nov 4 1931 death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	July 1930

Other contributory causes of importance:

Name of operation Suprapubic Cystotomy Date of Jan 10, 1931

What test confirmed diagnosis Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Bilstad M. D.

(Address) 1331 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact duration of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-21—M&T—500 Pks.

E 73637

Blackburn

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓E 73637

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2517 Ridgely ST. 25-32 WARD)

2-FULL NAME Edwin Blackburn

(a) RESIDENCE No. 2517 Ridgely ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. • How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: col

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 4 1931

7 AGE: Years — Months 1 — Days 4 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Edwin Blackburn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mary Brooks Blackburn
(Address) 2517 Ridgely St

15 [illegible] C. HAMPSON JONES, M. D.
Registrar

NOV 6 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct 4, 1931, to Nov 5, 1931,

that I last saw her alive on Nov 4, 1931,

and that death occurred, on the date stated above, at 3:10 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia.

(duration) no yrs. no mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? autopsy

(Signed) B D Glennan, M. D.

(Address) 12 E Saratoga Temp Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND NOV - 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement must be filled. TION is very important. See instructions on back of certificate.

A4Co. 5-31 2508

E 73632 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 93-E 73638

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617- E. North Ave. St. 8-17 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cary D. Hall, Sr.

(a) Residence: No. 1617- E. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth S. (Gill)

6. DATE OF BIRTH (month, day, year) 1/23/1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	9	12	xxxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Master Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc (Machinist) 31

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Co. Md.

FATHER

13. NAME Owen D. Hall

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Annie E. Blizzard

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Cary D. Hall, Jr.
(Address) 1311- E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 11/7/31 19

19. UNDERTAKER George J. Kraft & Son
(Address) 1133 E. Baltimore St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5 , 1931

22. I HEREBY CERTIFY, That I attended deceased from October 9 , 1931 to November 5 , 1931

I last saw him alive on Nov. 5 , 1931 death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930
Pleurisy	10/30/31
Other contributory causes of importance:	
Acute Nephritis	11/2/31

Name of operation ..... Date of .....

What test confirmed diagnosis? Laboratory tests. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Alfred E. Singewald, M. D.

(Address) 613 E. North Ave.

If it may be properly classified, enter CAUSE OF DEATH in plain terms, so that it may be understood. Enter OCCUPATION in every case. See instructions on back of certificate.

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73639

CERTIFICATE OF DEATH

46 E 73639

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mrs Hope Retreat St. [illegible] Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs 10 mos 1 ds How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Agnes Irwin

(a) Residence: No. Lancaster - Pa. (508 N. 34th St. 1 wk. 14.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Unknown 1873

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	58	Unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: John Irwin

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Bridget Duffy

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Mrs Hope Retreat / Mrs Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Cross - Phila. Pa. Date 11-11- 1931

19. UNDERTAKER (Address): George S. Rutt Sons 1775 Hartford Ave Cincinnati

20. FILED V 6 - 1937 C. HAMPSON JONES, M. D. Registrar

Per ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1930 to Nov 6, 1931

I last saw h[illegible] alive on Nov 5, 1931 death is said to have occurred on the date stated above, at 10.40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Intestines	?
Other contributory causes of importance: Involutional Melancholia	1930

Name of operation: None Date of: —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton P. Hall, M. D.

(Address) Mrs Hope Retreat

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 73640 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73640

CERTIFICATE OF DEATH. 97

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 Hanover St. 23-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Cullen

(a) RESIDENCE NO. 1430 Hanover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 10 - 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Michael Cullen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Doyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address) Mrs Rose Cullen 1431 Hanover St.

Filed Nov 6 1931 .19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 1, 1931.

17 I HEREBY CERTIFY, That I attended deceased from June 26, 1931. to Nov 1, 1931.

that I last saw h[illegible] alive on Nov 1, 1931.

and that death occurred, on the date stated above, at 5:30 P.m.

The CAUSE OF DEATH* was as follows: Cardiac Arteriosclerosis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. J. Hamilton M. D.

11/6 1931 (Address) 1 E Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Nov. 8 1931

20 UNDERTAKER Margaret E. Flynn

ADDRESS 1111 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

V 6 1931 C. HAMPSON JONES, M. D. Registrar

A&Co. 5-31 250B

73641

HEALTH DEPARTMENT—CITY OF BALTIMORE

73641

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md St. 2-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Kurz.

(a) Residence: No. 911 South Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) ? 1858.

7. AGE Years	Months	Days	If LESS than 1 day.. hrs. or min.
73 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Kurz
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eliz [illegible]
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Baltimore City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Knoll Date Nov 9 1931

19. UNDERTAKER Cohn Ullrich
(Address) 2-6 S. Calvert St

FILED 1931 Nov 9 1931 THOMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-5-1931

22. I HEREBY CERTIFY, That I attended deceased from 11-4-1931 to 11-5-1931

I last saw h.. alive on 11-5-1931 death is said to have occurred on the date stated above, at 6.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	Years.

Other contributory causes of importance:

Diabetes mellitus	Months.
Arteriosclerosis	"

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. Reichert M. D.

(Address) Baltimore City Hospitals

NOV 6 1931

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Fill out OCCUPATION in very important. See instructions on back of certificate.

AACo. 5-31 250M

73642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 73642

1. PLACE OF DEATH Maryland General Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9-46 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Caroline Bathman

(a) Residence: No. 2747 Tivoli Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of Edward Rothman

6. DATE OF BIRTH (month, day, year) Sept 6 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min
60	60	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME John T Schwaite
14. BIRTHPLACE (city or town) (State or country) Ger Md

MOTHER
15. MAIDEN NAME Adkenia Reuter
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Nov 8 1931

19. UNDERTAKER John Ellis & Son
(Address) 200 E William

NOV 6 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 - 5 - 1931

22. I HEREBY CERTIFY, That I attended deceased from 11 - 4 - 1931, to 11 - 5 - 1931

I last saw h[illegible] alive on 11 - 5 - 1931 death is said to have occurred on the date stated above, at 2.15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis.	6 mos. ?

Other contributory causes of importance:

Uremia & Coma.	1 wk. ?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Robert F Schwaite M. D.

(Address) Md General Hospital

I state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73643

1641001 E 73643

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced dead at St. Joseph Hospitals ST. 8-46 WARD)

2-FULL NAME Charles E. Christopher

(c) RESIDENCE NO 3165 Elmora Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Nellie (Cannon) Christopher

6 DATE OF BIRTH (month, day, and year) August 9/1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	2	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Western Md. Dairy

9 BIRTHPLACE (city or town) (State or country) Salem, Md.

PARENTS

10 NAME OF FATHER Francis Christopher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER McNamara

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Nellie Christopher
(Address) 3165 Elmora Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Poisoning
(Wall gas jet on)
(Probably Suicide)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. Shirley Cullen, M. D.
Coroner

Nov 5/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Moreland Park Cem

DATE OF BURIAL Nov 7 1931

20 UNDERTAKER John Allred

ADDRESS 2 and Calvert

C. HAMPSON JONES, M. D.

NOV 6 - 1931

mation should be carefully supplied. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificate.

BACo. 5-31 250B

E 73644

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-E 73644

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Millard Nelson Gladding

(a) Residence: No. 2233 N Calvert St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

3a. If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Maude Gladding

6. DATE OF BIRTH (month, day, year) Nov 10, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. T. Kay & Son
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Lowell Gladding
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Julia Nelson
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Laurel Ridge Cemetery Date 11/7/1931

19. UNDERTAKER Wm. Cook
(Address) 217 E Read St

Dec 7 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1931, to Nov 5, 1931

I last saw h[illegible] alive on Nov 5, 1931 death is said to have occurred on the date stated above, at 9.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	
Myocardial insufficiency	

Other contributory causes of importance:

Pneumonia (right)	Nov 1 '31

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard Frances M. D.

(Address) Union Memorial Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Burial permit cannot be issued from back of certificate. OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 73645 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73645

E 73645 CERTIFICATE OF DEATH 49

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Mem. Hospital (Ward) 9-47

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Ida C. Leopold.

(a) Residence: No. 209 E. 31st St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mr. Leopold.

6. DATE OF BIRTH (month, day, year) 9/26/64

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Huntington Co. Pa.

FATHER

13. NAME David Appelby

14. BIRTHPLACE (city or town) (State or country) Huntington Co. Pa.

MOTHER

15. MAIDEN NAME Margaret Baker

16. BIRTHPLACE (city or town) (State or country) Alexandria Va.

17. INFORMANT Mr. David D. Leopold.
(Address) 607 E. 31st St. City.

18. BURIAL, CREMATION, OR REMOVAL
Place Oakwood Date 11/9 1931

19. UNDERTAKER Jno. C. Cooke
(Address) 1217 E. Fort Ave.

V 6-1931 No. FILED IV 1108 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/5 1931

22. I HEREBY CERTIFY, That I attended deceased from 5/16 1931, to 11/5 1931

I last saw her alive on 11/5 1931 death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis, Abdominal	6 mos
Primary carcinoma probably ovaries.	1 yr

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of 8/23/31

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel McLanahan M. D.

(Address) Union Memorial Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. DATE OF DEATH and OCCUPATION is very important. See instructions on back of certificate.

E. HAMPSON JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73646

CERTIFICATE OF DEATH

92-901 ✓ E 73646

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 229 N. Madeira ST. 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles J. Sifford

(a) RESIDENCE NO. 229 N. Madeira ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. Unknown How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Watters Sifford

6 DATE OF BIRTH (month, day, and year) Apr 19 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	6	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Winchester, Va.

PARENTS

10 NAME OF FATHER Geo. W. Sifford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Winchester, Va.

12 MAIDEN NAME OF MOTHER Delilah Barker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Berkley Spgs. W. Va.

14 Informant Mary Sifford (wife)

(Address) 229 N. Madeira St.

15 Filed NOV 6 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1931, to Nov. 6, 1931.

that I last saw h. alive on Nov. 5, 1931

and that death occurred, on the date stated above, at 2 15 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Nephr. -

Chr. Endocarditis (duration) 2 yrs ? mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Evidence.

(Signed) John B. Dybert, M. D.

19 (Address) 2802 Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Charles Town W Va	11/7 1931
20 UNDERTAKER J M Cook	ADDRESS 1217 E Fairmount

Or DEATH is the primary purpose. important. See instructions on back of certificates.

Spec.—9-30—A. & Cn.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73647

CERTIFICATE OF DEATH

46 E 73647

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 122 S. Bouldin St. 76-27 Ward)

REGISTERED No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine P. Schneider

(a) RESIDENCE No. 3527 Gough St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~
~~Wife of~~ Christian Schneider

6 DATE OF BIRTH (month, day, and year) Jan 27th 1872

7 AGE	Years.	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	59	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Chas. C. Schneider
(Address) 3527 Gough St

15 Filed ___, 19___ Registrar

NOV 6 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6th 1931

17

I HEREBY CERTIFY, That I attended deceased from July - 24, 1931, to Nov - 6, 1931

that I last saw h[er] alive on Nov. 6, 1931

and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Sarcoma (Melanotic) Liver

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July - 24 - 31

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Albert Keelan M. D.

19 (Address) 3507 Fait Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: 11/9 1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 E. Baltimore St

C. HAMPSON JONES, M. D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of fact is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73648

93-003
E 73648

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) 227 S. Greene St. (Ward) 22-30

2-FULL NAME John P. Ricklisky

(a) RESIDENCE NO. 227 S. Greene St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Ricklisky

6 DATE OF BIRTH (month, day, and year) June 2-1907

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	24	5	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) Balto.
(State or country) Md

PARENTS

10 NAME OF FATHER Martin Ricklisky

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Lithuania

12 MAIDEN NAME OF MOTHER Martha Widgin

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Lithuania

14 Informant Mrs. C. Ricklisky
(Address) 227 S. Greene St

15 Filed 19 EMERSON JONES, M. D.
Registrar

NOV 6 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Feller, M. D.

11/5, 1931. (Address) 139 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	11/7 1931
20 UNDERTAKER	ADDRESS
J. Jos. Kennylea Jr.	1800 Eastern Ave

be stated EXACTLY. PHYSICIANS should state CAUSE
tion should be carefully supplied. AGE should be
OF DEATH in plain terms, so that it may be
important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Blks.

E 73649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001 ✓

186 E 73649

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1508 Mt. Royal Ave. St. 14-70 Ward)

2-FULL NAME Catherine Burns

(a) RESIDENCE NO. 1508 Mt. Royal Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of William Burns

6 DATE OF BIRTH (month, day, and year)
Unknown

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
70			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Ireland

PARENTS

10 NAME OF FATHER Timothy Carey

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER
Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Miss Mary Burns
(Address) 1508 Mt. Royal Ave.

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

V 6 - 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 5th. 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY Accident Fell in Bathroom at 1508 Mt. Royal Fractured Left Radius (duration) yrs. mos. 23 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Nature of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Nov. 09 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetary.	Nov. 9th. 19 31

20 UNDERTAKER Chas. J. Ware & Son ADDRESS 1508 Mt Royal Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(fell dead in 500 Block Wilson St.)

1-30—M. & T.—100 B—501.

E 73650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 E 73650

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) fell 500 Block Wilmot St. WARD 7-24

2-FULL NAME Alfred W. Smith

(a) RESIDENCE No. 2137 Division ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1884 - March 10

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	7	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Centreville Md

PARENTS

10 NAME OF FATHER: Henry Smith

11 BIRTHPLACE OF FATHER (State or country): Centreville Md.

12 MAIDEN NAME OF MOTHER: Lottie A. Ryan

13 BIRTHPLACE OF MOTHER (State or country): Centreville Md

14 Informant: Arthur D. Smith

(Address): 510 W. Hoffman

15 NOV 6 - 1931

C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and hour): Nov 6th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Coroner, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) Sudden ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Edwards, M. D. Coroner

(Address) Nov 6

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Centerville Md	11/9 31
20 UNDERTAKER: Chas Lowerson	ADDRESS: Westfield

mation should be carefully supplied. Any information that may be properly classified. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec.—2-25-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73651 ✓ E 73651

92-001

CERTIFICATE OF DEATH

E 73651

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 Belvidere Ave ST. 27-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Jane Warren

(a) RESIDENCE NO. 1218 Belvidere Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

3a If married, widowed, or divorced (or) WIFE of Charles L Warren

6 DATE OF BIRTH (month, day, and year) July 4 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73 74	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeping

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md. City

PARENTS

10 NAME OF FATHER Jas Cargill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md. City

12 MAIDEN NAME OF MOTHER Mary Jane Smedley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs Lola Cunningham

(Address) 1218 Belvidere Ave

15 Filed 1631 . 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6th 1931

17 I HEREBY CERTIFY, That I attended deceased from 1928 . 19 . to Nov 6 . 1931 .

that I last saw h-alive on Nov 5th . 1931

and that death occurred, on the date stated above, at 12.25 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dialatation

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Mitral Endocarditis

Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical + Clinical Exam

(Signed) C. B. Turner M. D.

11-6 1931 (Address) 4936 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Nov. 9 1931
20 UNDERTAKER Wm J. Tichnor + Sons	ADDRESS Balto + Pa

Important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L.

E 73652

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73652

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 W. Balto St., ST., ... WARD) REGISTERED NO. 45-58

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nelson Charles Bowne

(a) RESIDENCE NO. 370 4 Park Heights ST., ... WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 22 1917

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	1	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Aerial
(b) General nature of industry, business, or establishment in which employed (or employer): Student
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Brooklyn N Y

PARENTS

10 NAME OF FATHER: Charles N Bowne

11 BIRTHPLACE OF FATHER (city or town) (State or country): Newport R I

12 MAIDEN NAME OF MOTHER: Hazel Mary Haugaard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Charles N Bowne

(Address) 3704 Park Heights Ave.

15 Filed ... 192... HAMPSON JONES, M. D. Registrar

7-1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by an moving auto auto whose [illegible] ran away [illegible] Fract Skull

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Park Heights Ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? By clues

(Signed) J. J. Frame, M. D. Coroner

(Address) Joppa Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lawn Cemetery

DATE OF BURIAL: Nov. 7 1931

20 UNDERTAKER: Hunt & Sherwood Sons

ADDRESS: W. N. Calvert

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 73653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210

REGISTERED NO. 73653

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Mem. Hosp ST. 13-52 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma A. Bennett

(a) RESIDENCE NO. 3643 Elsinore ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Bennett

6 DATE OF BIRTH (month, day, and year) June 3-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	5	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Lucalus Hauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rachia Calvert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Le Roy Bennett

(Address) 3643 Elsinore Ave

15 Filed 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-5 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by a moving auto.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Fract Skull, Fract L femur with lacerations & shock

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 3677 Elsinore

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) G. Frame, M. D. Coroner

11-7, 1931 (Address) Baltimore Co.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Hampden	Nov 9 1931
20 UNDERTAKER	ADDRESS
Chesnut & Son	1115 Charles Ave

be properly classified. Exact statement of OCCUPA-
of certificates.
mation should be carefully supplied. Any
CAUSE OF DEATH in plain terms, so that it may be
TION is very important. See instructions on back of c

AACo. 5-31 250B

73654
254147

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 25 VE 73654

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Baylies

(a) Residence: No. 213 Lynn ave St., Ward. Clarksburg W. Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Baylies Unknown

6. DATE OF BIRTH (month, day, year) March 23 - 1882

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	49	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Health Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Clarksburg

10. Date deceased last worked at this occupation (month and year) do

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER FATHER

13. NAME J. M. Baylies

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Isabella Mackay Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Clarksburg W Va Date 11/7 1931

19. UNDERTAKER Fun Co
(Address) 120 E Fayette St

C. HAMPSON JONES, M. D.
Registrar

NOV 7 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov - 6 , 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct - 28 , 1931, to Nov 6 , 1931

I last saw him alive on Nov 6 1931 death is said to have occurred on the date stated above, at 11 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal Tuberculosis	5 yrs ago
Other contributory causes of importance: Pneumonia	Nov.

Name of operation Gastroenterostomy Date of 10/30/31

What test confirmed diagnosis Op, Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) R. Thompson , M. D.
(Address) Johns Hopkins, Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

E 73655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167 E 73655

REGISTERED NO. 24433

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME I.Burkley Jones.

(a) RESIDENCE NO 114 E.Cross St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 11 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) XXXXXXXXXXXX Emma Jones.

6 DATE OF BIRTH (month, day, and year) November 27, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Real Estate Agent.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER I.Burkley Jones.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Charlotta Woods.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant I.Burkley Jones, 3rd. (son)

(Address) 114 E.Cross St.

15 Filed ..192.. C. HARRISON JONES, Registrar. M.D.

V 7 - 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) November 3, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot wound of right temple.
Suicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

Garage at Covington & Cross Sts. November 3, 1931

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No. Inquiry

What test confirmed diagnosis? Inquiry

(Signed) H. Matthews Coroner, M. D.

11/5. 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Nov. 7 1931
20 UNDERTAKER John P. Denny	ADDRESS 715 light

Should be carefully supplied. Exact statement of OCCUPATION in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificates.

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

73656

CERTIFICATE OF DEATH

34 73656

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 15-61 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 9 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas J. Gerahty

(a) Residence: No. 3000 N. Fulton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Mrs Thomas J. Gerahty

6. DATE OF BIRTH (month, day, year) Jan. 13, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 5+

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER FATHER

13. NAME Patrick Gerahty

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Doughtery

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Deceased
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place Mem. Cathedral Date 11/9, 1931

19. UNDERTAKER J. J. Gahagan & Sons
(Address) 1306 Light St.

FILED NOV 7 - 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-6, 1931

22. I HEREBY CERTIFY, That I attended deceased from 7-23, 1931, to 11-6, 1931

I last saw him alive on 11-6, 1931 death is said to have occurred on the date stated above, at 7:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staph. Aureus Septicaemia	7-22-31
Diabetes Mellitus	5-14-31 (?)
Bronchitis	7-22-31
Pyelitis, Rt. & Cystitis	7-13-31
Multiple Subcutaneous Abscesses	8-27-31
Broncho Pneumonia	11-4-31

Other contributory causes of importance:
Aneurysm of Abdominal Aorta 10-30-31

Name of operation 0 Date of .....

What test confirmed diagnosis? Bl. Culture Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Robert W. Sarr, M. D.

(Address) Union Memorial Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Name OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-11-2500

73657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47 E 73657

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1021 N Caroline St. 7-13 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Bryant

(a) Residence: No. 1021 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	About 44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Annie B. Brown friend
(Address) 1021 N Caroline st

18. BURIAL, CREMATION, OR REMOVAL.
Place Asbury Date Nov 8 1931

19. UNDERTAKER John W Henderson
(Address) 1512 E Monument st

NOV 7 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1931 to Nov 5 1931

I last saw him alive on Nov 4 1931, death is said to have occurred on the date stated above, at 6.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Growth in Larynx Probably Carcinomatous	Jan 1931.
(Other contributory causes of importance) Hemmorrhage from Throat	Nov 5 1931

Name of operation None Date of

What test confirmed diagnosis? Physical Was an autopsy? None

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. J. Young M. D.

(Address) 1424 E Monument st

State CAUSE OF DEATH in plain terms, so that it may be understood. Also OCCUPATION in very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 73658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73658

REGISTERED NO. 5-8 18

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. WARD)

2-FULL NAME George Nabie

(a) RESIDENCE NO. 834 E. Fairmount ave Or ~~130~~ Amity ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Hopkins Hospital

(Address)

15 Nov 7 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28/31 8.30 a m

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns face, front of arms, chest & abdomen & thighs.
Steel drum, used as boiler, exploded situated near Belair Md. Accidental

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) J. H. Hampson, M. D. Coroner

Nov 6/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

C. HAMPSON JONES, M. D. Commissioner Health.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 73659 ✓ 107-C 73659

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4302 Groveland Ave 28-63 Ward)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Seneca E. Bradshaw

(a) Residence: No. 4302 Groveland Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 21 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Oliver A. Bradshaw

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

15. MAIDEN NAME Elizabeth Phillips

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

17. INFORMANT Mrs. Geneva E. Geiser
(Address) 4302 Groveland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 7 1931

19. UNDERTAKER George J. Smith
(Address) 952 Hollins St

20. 11 1931 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 28 1931, to Nov 4 1931

I last saw her alive on Nov 4 1931, death is said to have occurred on the date stated above, at 10:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Oct 28-31

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Lloyd M. D.

(Address) 137 Park Ave. Baltimore Md

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Leave no blanks on back of certificate.
OCCUPATION is very important. See instructions on

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

73660

CERTIFICATE OF DEATH

95-002 73660

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 2307 Longwood St. (WARD) 15-61

2-FULL NAME Camar H. Vetter

(a) RESIDENCE NO. (Usual place of abode) 2307 Longwood

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

ST. WARD (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of Emma Vetter

6 DATE OF BIRTH (month, day, and year) Oct 23 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72		10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Herbert Vetter (Address) 4104 Oakland Ave

15 [illegible] 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 26th, 1931, to Nov 1st, 1931

that I last saw h[illegible] alive on Nov 31, 1931

and that death occurred, on the date stated above, at 12-45 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Asthma, Cardiac Hypertrophy

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Ed. H. Timmis M. D.

(Address) 1929 Edmondson Ave

Nov 1 1931

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL Nov 3 1931

20 UNDERTAKER F. Vernon Kelmer

ADDRESS 1532 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact information of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-11 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

73661

CERTIFICATE OF DEATH

23 V L 73661

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) 25-32 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Paulette Monroe

(a) Residence: No. 2306 Annapolis ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 17, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator oper.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation, (month and year) Unknown
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME Arthur Monroe
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Nancy Freeland
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Nov 8. 1931

19. UNDERTAKER Joseph A. Lisby
(Address) 409 N. Mount Street

FILED Nov 7 1931 19 C. THOMPSON JONES, M. D. Registrar RKH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from January 28, 1931, to Nov. 4, 1931
I last saw h im alive on Nov. 4, 1931 death is said to have occurred on the date stated above, at 11.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	June 1930

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lawrence H. Sasa, M. D.
(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Instructions on back of certificate. OCCUPATION is very important. See instructions

V 7 1931

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

73662

CERTIFICATE OF DEATH

X 10 73662

1. PLACE OF DEATH So. Baltimore General Hospital

CITY OF BALTIMORE: (No.) 1213 East St. 24-33 (St., Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. James M. Symonds

(a) Residence: No. West 10 Arbutus Maryland Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 8. 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Hiram Symonds
14. BIRTHPLACE (city or town) (State or country) Don't Know
15. MAIDEN NAME Harriett Athey
16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Mrs. Mabel Zeller
(Address) Arbutus

18. BURIAL, CREMATION, OR REMOVAL
Greenmount Laurel Md. Date Nov. 9 1931

19. UNDERTAKER Harry W. Ethlen
(Address) 1624 Broadway

20. FILED NOV 7 - 1931 C. THOMPSON JONES, M. D. Registrar

Par

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) Nov. 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1931 to Nov. 6, 1931

I last saw h[illegible] alive on Nov 6, 1931 death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bi-lateral Bronchopneumonia	Nov 2 1931

Other contributory causes of importance:

Senile Hypertrophy of prostate, Urinary retention	Oct 6 1931

Name of operation supra pubic cystotomy Date of Oct 7 1931

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. J. Sellers M. D.
(Address) 40 E. Baltimore St. Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Every OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

73663

CERTIFICATE OF DEATH

10 E 73663

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 18 Ward)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U.S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Earl Sutton

(a) Residence: No. 717 No. Carrollton Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of /

6. DATE OF BIRTH (month, day, year) July 13, 1916

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min
15	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salisbury, Md

FATHER

13. NAME Percy Sutton

14. BIRTHPLACE (city or town) (State or country) Salisbury Maryland

MOTHER

15. MAIDEN NAME Mary Nichols

16. BIRTHPLACE (city or town) (State or country) Salisbury Md

17. INFORMANT Addie Thomas
(Address) 717 No. Carrollton Av

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date Nov. 7, 1931

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 E Lanvale St

FILED NOV 6 - 1931 — J. RAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1931, to Nov. 5, 1931

I last saw h— alive on Nov. 5, 1931 death is said to have occurred on the date stated above, at 1½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheritic Polyneuritis	10/20/31
Other contributory causes of importance:	
Diphtheritic Myocarditis	10/24/31

Name of operation None Date of .....

What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Peter Mannaka, M. D.

(Address) Sydenham Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. State whether natural, accidental, or suicidal. Fill all items. Use additional sheet if necessary. See instructions on back of certificate. OCCUPATION is very important.

Spec.—9-30—A & Co—250 Blks

B 73664 HEALTH DEPARTMENT—CITY OF BALTIMORE 131 B 73664

CERTIFICATE OF DEATH.

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1721 Druid Hill St. 14-20 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Thomas Boden

(a) RESIDENCE NO. 1721 Druid Hill ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Boden

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Shipyard

(c) Name of employer H. S. Kerbaugh

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Thomas Boden

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) "

(State or country)

14 Informant Annie Boden

(Address) 1721 Druid Hill

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct 26, 1931, to Nov 5, 1931, that I last saw h alive on Nov 4, 1931, and that death occurred, on the date stated above, at 11A m.

The CAUSE OF DEATH* was as follows:

Cardiac Renal Disease

(duration) 1 yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. McCal M. D.

11 6 1931 (Address) 1126 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemt

DATE OF BURIAL Nov 8 1931

20 UNDERTAKER Charles A. Cleaver

ADDRESS 1406 D Hill

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupa-TION is very important. See instructions on back of certificates.

NOV 13 1931 HAMPSON JONES M. D.

1-30—M & T—100 B—COL.

E 73665

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73665

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Frederick & Caton Ave. ST. 20-70 WARD)

2-FULL NAME John Turner Lydick

(a) RESIDENCE NO. Cheswick, Pa. (3220 Ludlow ST) ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 41				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Crane Operator
(b) General nature of industry, business, or establishment in which employed (or employer): -----
(c) Name of employer: John F. Casey Const. Co.

9 BIRTHPLACE (city or town) (State or country): Unknown

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: John F. Constructing Co.

(Address): 3233 Frederick Ave.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 5th. 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck by Passenger Train--Accidental.

immediate (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ----- (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -------

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell, M. D. Coroner

11/5, 1931 (Address) 203 Patapsco Ave. Brocklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Indiana, Pa

DATE OF BURIAL: 11/8 1931

20 UNDERTAKER: H M Kosh

ADDRESS: 1212 Lombard

mation should be carefully supplied. Note that it may be properly classified. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec.—9-29—A. A Co.—250 Blks

E 73605

E 73666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 116 W. Fort Ave (Ward) 28-31

2 FULL NAME John Farley

(a) RESIDENCE NO. 116 W. Fort Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of "

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Interment Deceased. (Address) 116 W. Fort Ave.

NOV 6 - 1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 5, 1931

17

I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1931 to Nov. 5, 1931

that I last saw h/M alive on Nov. 5, 1931

and that death occurred, on the date stated above, at 11:00 A m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation duration Hours ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. E. Campbell M. D.

11/7, 1931 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bayonne N. J.

UNDERTAKER Jos J. Herr & Son

DATE OF BURIAL 11/8/31

ADDRESS Linganore Ave & Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

73667

73667

CERTIFICATE OF DEATH

1 PLACE OF DEATH West Baltimore General Hospital ST 15-59 WARD 108 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

2 FULL NAME Jacob L Bochanek

(a) RESIDENCE No. 2305 N Pulaski ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? 30 yrs. mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Jacob~~ Regina Bochanek

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Abt E Florence 2305 N Pulaski St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/7/31

17 I HEREBY CERTIFY, That I attended deceased from 9/11/ 1931 to 11/7/ 1931

that I last saw h / alive on Nov 7 1931

and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Benign Hypertrophy of Prostate & Bladder Calculi

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema & Lobar Pneumonia (Duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? 9/22/31

Did an operation precede death? Yes Date of 10/29/31

Was there an autopsy? No Preliminary

What test confirmed diagnosis?

(Signed) Philip F. Lerner M. D.

19 (Address) West Baltimore Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Elizabeth, N J — DATE OF BURIAL: 11-8- 1931

20 UNDERTAKER: Jack Lewis, Inc — ADDRESS: 1439 E Balt

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

10V8 [illegible]

Spec—9-30—A. & Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73668

E 73668

V 131

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH If Private Dwelling, Hospital, Institution or Boarding House, Name it

CITY OF BALTIMORE: (NOW) Lemuel ST. 4 WARD

2. FULL NAME Charles H. Ellis

(a) RESIDENCE NO. 2055 (Usual place of abode) 2055 Kennedy ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 7 mos. ds. How long in U. S., if of foreign birth? 79 yrs. 7 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary S. Ellis

6 DATE OF BIRTH (month, day, and year) Oct 5 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant (retired)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER James Ellis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Susan Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila Pa.

14 Informant (Address) Walter E. Ellis (Son) 2055 Kennedy

15 Filed ..... 19 ..... Registrar

CV 8 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-6-31

17

I HEREBY CERTIFY, That I attended deceased from 11-3-31, 19, to 11-6-31, 19

that I last saw h— alive on 11-6-31, 19

and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular renal disease - Myocarditis -

(duration) yrs. 2 mos. ds.

Arteriosclerosis - Dropsy

(Secondary)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General Conv

(Signed) W W Hendrix M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Nov. 7 1931

20 UNDERTAKER Stewart & Co.

ADDRESS Balto.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 73669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X107-001

E 73669

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 7-9 (WARD)

2-FULL NAME James C. Stone

(a) RESIDENCE No. 212 St. Helena Ave. St. St. Helena, WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 6/31

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Co., Md.

PARENTS

10 NAME OF FATHER James Stone

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Mary Leonard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) E. Pittsburg, Pa.

14 Informant James Stone
(Address) 212 St. Helena Ave

15 Filed NOV 8 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septicemia- Peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John H. Lemmon, M. D.
Coroner

Nov 8/31 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem — DATE OF BURIAL Nov 8 1931

20 UNDERTAKER Lilly & Feiler Inc — ADDRESS 403 S. Wolfe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CV 8 1931

1-30—M. & T.—100 B—50L.

73670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 1 E 73670

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1115 Carson Ct ST. 16-23 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norman Randall

(a) RESIDENCE NO. 1115 Carson Ct ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): A. A. Co. Md.

PARENTS

10 NAME OF FATHER: Lum Randall

11 BIRTHPLACE OF FATHER (city or town) (State or country): A. A. Co. Md.

12 MAIDEN NAME OF MOTHER: Darkey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): A. A. Co. Md.

14 Informant: John W. Randall

(Address): 7024 W. Baltimore

15 Filed NOV 8 - 1931 12 Registrar: [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Nov 6th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) — yrs. 3 mos — ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Thos Fleetwood, M. D. Coroner

(Address) Nov 6th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 11/8/1931

20 UNDERTAKER: Wm. Geo. H. Herlihy — ADDRESS: 1610 Druid Hill Ave

mation should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001
E 73671

REGISTERED NO. E 73671

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 1 Ward 24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William McClain

(a) RESIDENCE NO. 1321 Myrtle St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva McClain

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) W. Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Eva McClain

(Address) 1321 Myrtle Ave

15 Filed 1931 H. C. HAMILTON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

November 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1931 to Nov. 5, 1931

that I last saw h in alive on Nov. 5, 1931

and that death occurred, on the date stated above, at 5-45 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Generalized Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Bagshaw Higgins, M. D.

, 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — Date of Burial 11/9/ 19 31

20 UNDERTAKER Mrs Geo. H. Holland — ADDRESS 1638 Druid Hill

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

V 8

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73672

CERTIFICATE OF DEATH

E 73672

73

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1228 W. Lafayette Ave WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Maggie Ambrose

(a) RESIDENCE NO. 1228 W. Lafayette Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): M

6 If married, widowed, or divorced (or) WIFE of: Morris Ambrose

7 DATE OF BIRTH (month, day, and year): Sept 7 - 1901

7 AGE: Years 30 Months 1 Days 7 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Georgia

PARENTS

10 NAME OF FATHER: Arthur Phelps

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga

12 MAIDEN NAME OF MOTHER: Polly Royal

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ga

14 Informant: Alma Sentonus

(Address) 1228 W. Lafayette

15 Filed NOV 8 - 1931, 19 Pyc. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 7 - 31

17

I HEREBY CERTIFY, That I attended deceased from May 3, 1931, to Nov 7, 1931, that I last saw h alive on Nov 7, 1931 and that death occurred, on the date stated above, at 10 30 p m.

The CAUSE OF DEATH was as follows:

* Acute Pulmonary Phthisis.

(duration) yrs. 6 mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Sputum

(Signed) [illegible], M. D.

11/7, 1931 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Milledgeville Ga

DATE OF BURIAL: Nov 9 1931

20 UNDERTAKER: Sam N. Chase & Son

ADDRESS: 638 N Gilmor

Important. See instructions on back of certificates.

AaCo. 5-31 2500

E 73673 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 111-002 73673

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore City Hospitals — 25-24 (Ward) — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St. ____)

Length of residence in city or town where death occurred 5 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Emaline Barnes (Emma C. Barnes)

(a) Residence: No. 1603 Spence St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry C. Barnes

6. DATE OF BIRTH (month, day, year) ? ? 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Benjamin Duvall

14. BIRTHPLACE (city or town) (State or country) America

MOTHER

15. MAIDEN NAME Emily Shiday

16. BIRTHPLACE (city or town) (State or country) America

17. INFORMANT Elmer Duvall

(Address) 1603 Spence St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date Nov 8 19 31

19. UNDERTAKER Ward J. Cook

(Address) 1009 W. Baltimore St.

FILED NOV 8 - 1931 C. HAMPTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-6-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-2-29, 19 to 11-6-31, 19

I last saw h e alive on 11-5-31, 19 death is said to have occurred on the date stated above, at 2:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture neck of right femur	6-2-29

Other contributory causes of importance:

Hypostatic pneumonia	11-4-31

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Luther E. Linde M. D.

(Address) Balto City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
OCCUPATION is very important.

AaCo. 5-31 2108

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73674

E 73674

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St. 20-27 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Kors

(a) Residence: No. German Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Kors

6. DATE OF BIRTH (month, day, year) October 14, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	-	24 ??	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Conrad Joh

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) German Aged Home Baltimore & Payson Sts.

18. BURIAL, CREMATION, OR REMOVAL. Place Baltimore Cem. Date Nov. 9 19 31

19. UNDERTAKER (Address) 1003 E. Baltimore St.

20. FILED NOV 9 1931 BY ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7 , 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 , 1931, to Nov 6th , 1931

I last saw her alive on Nov 6 , 1931 death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia —	10/29/31

Other contributory causes of importance

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Helba Henning M. D.

(Address) 2000 Hollins St.

State CAUSE OF DEATH in plain terms, so that it may be understood by the layman. Especially is OCCUPATION is very important. See instructions on back of certificate.

CV 8 1931 BALTIMORE, MD.

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

73675

CERTIFICATE OF DEATH

107-001

Registered No. 73675

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 Edmondson Ave. St. 20-27 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate M. McDaniel

(a) Residence: No. 1919 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas A. McDaniel

6. DATE OF BIRTH (month, day, year) December 14, 1851

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	79	10	22	23

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Edward H. Reip

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Saltina H. Merriam

16. BIRTHPLACE (city or town) Chelsea
(State or country) New Hampshire

17. INFORMANT Mrs. Florence Galton
(Address) 1919 Edmondson Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Nov. 9, 19 31

19. UNDERTAKER Geo. W. Cook
(Address) 1003 W. Baltimore St.

20. FILED ____, 19 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6, 19 31

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1931, to Nov 6, 1931

I last saw her alive on Nov 6, 1931 death is said to have occurred on the date stated above, at 1.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	6 dys
Other contributory causes of importance:	
Influenza	2 dys

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 19____

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Opdyke, M. D.

(Address) 2757 W. North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Fill in items 5, 6, 7, 8, 9, 10, 11, and 21 in every case. If OCCUPATION is very important. See Instructions on back of certificate.

AdCo. 5-11 2108

73676 HEALTH DEPARTMENT CITY OF BALTIMORE

94 PM Nov 5, 1931

CERTIFICATE OF DEATH

91 E 73676

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3824 S. 6th st Brooklyn 75 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Natale Brocato

(a) Residence: No. 3824 S. 6th st Brooklyn Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marguerite

6. DATE OF BIRTH (month, day, year) Sept 28, 1864

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	67	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME Pasquale Brocato

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Lucia Cerimi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Chas. Brocato

(Address) 421 Patapsco Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mercy Cathedral Date Nov 9th 1931

19. UNDERTAKER Frank V. Pipitone

(Address) 2218 E. Baltimore st

NOV 6 - 1931 C. FRANCIS JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1931 to Nov. 5, 1931

I last saw him alive on Nov. 5 1931 death is said to have occurred on the date stated above, at 9:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis Indefinite	
Other contributory causes of importance: Exhaustion	11/4/31

Name of operation None Date of

What test confirmed diagnosis Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, how?

(Signed) R. F. Campbell M. D.

11/6/31 (Address) 1644 Hanover St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Indefinite causes, such as heart failure, will not be accepted. See instructions on back of certificate. OCCUPATION is very important.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

73677

CERTIFICATE OF DEATH.

131 E 73677

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1604 N. Gilmor (St.) 15-21 (Ward)

2 FULL NAME Annie Diggs

(a) RESIDENCE NO. 1604 N. Gilmor (Usual place of abode) ST. ..... WARD .....

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Robt. Diggs

6 DATE OF BIRTH (month, day, and year) Dec 24, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: General Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Kate Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Mrs. Annie E. Diggs 1604 N. Gilmor

15 Filed NOV 8 - 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6, 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct. 10, 19 31, to Nov. 6, 19 31,

that I last saw h[illegible] alive on Nov. 5, 19 31

and that death occurred, on the date stated above, at 7:30 A.M.

The CAUSE OF DEATH* was as follows:

Uremia (duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) about 1 yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John A. Tompkins M. D.

Nov 9 19 31 (Address) 1012 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Matthews Co Va — DATE OF BURIAL: Nov 8 1931

20 UNDERTAKER: Thomas E. Kelam — ADDRESS: 1203 Presstman St

CAUSE OF DEATH in plain terms, so that it may be properly examined. Exact statement of cause of death TION is very important. See instructions on back of certificates.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73678

CERTIFICATE OF DEATH

X211 E 73678

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp 1-24 St.) (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. 2 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chester Jones

(a) Residence: No. Newark, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Mrs. Chester Jones.

6. DATE OF BIRTH (month, day, year) June 16/1911

7. AGE	Years	Months	Days
	19	4	24

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME Norman Jones
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Ellen Baker
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Newark Md Date 11/10/31 19

19. UNDERTAKER J. H. Burbage
(Address) Berlin, Md

20. FILED NOV 10 1931 H. Fay Jones, M. D. Registrar.

NOV 8 - 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8 . 1931

I HEREBY CERTIFY, That I attended deceased from Sept. 24 . 1931, to Nov. 8 . 1931

that I last saw him alive on Nov. 8 . 1931 death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Third Degree Burns of Legs.	6 mo. May 1931
Other contributory causes of importance: Broncho-Pneumonia	Nov 1931
Tetanus.	May 1931

Name of operation None. Date of

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No.

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 19 31

Where did injury occur? Near Hill, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Roads.

Manner of injury Motorcycle Accident

Nature of injury Third Degree Burns.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Elbert R. Wilkinson M. D.

(Address) Md. Gen. Hospital.

State CAUSE OF DEATH in plain terms, so that it may be understood by people at large. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 73679

HEALTH DEPARTMENT—CITY OF BALTIMORE 3

66-00 E 73679

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Forrest Glenn & Westover Roads

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Catherine Tilling

(a) RESIDENCE NO. 1311 N. Milton Ave ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 18 ds.; How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) Sept 18th 1930

7 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
1	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Edward F. Tilling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Maude Maule

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs M. Tilling
(Address) 1311 N. Milton Ave

15 Filed NOV 8 1931, 19 _____ C. HAMPSON JONES, M. Registrar

"A" _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact information is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6/31

17

I HEREBY CERTIFY, That I attended deceased from Nov 2 1931 to Nov 6 1931

that I last saw her alive on Nov 6 1931

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

from history

(duration) _____ yrs. _____ mos. 4 ds.

CONTRIBUTORY (Secondary) Criticism

(duration) 1 yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter Tibbals M. D.

Nov 7/31 (Address) 2220 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	11/9 1931

20 UNDERTAKER Wm Cook

ADDRESS 127 St Paul St

Bull ✓

E 73680 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73680

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1901 (St.) Homewood Ave (WARD) 18

REGISTERED NO. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Charles H. Bull

(a) RESIDENCE NO. 1901 (St.) Homewood Av (WARD)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~: Mary C Bull

6 DATE OF BIRTH (month, day, and year): Nov 4, 1852

7 AGE: Years 81; Months —; Days 3-; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Freeland, Md

PARENTS

10 NAME OF FATHER: Christopher Bull

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co.

12 MAIDEN NAME OF MOTHER: Elizabeth Shank

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Daughter Fe Ver 1901 Homewood Ave

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/7/1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 5th, 1931, to Nov 7th, 1931, that I last saw h in alive on Nov 7th 1931, and that death occurred, on the date stated above, at 1250 a m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Chr Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Arthur C Manninger M. D.

(Address) 800 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetary — DATE OF BURIAL: 11/9/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

CV 8 - 1931 C. HAMPTON JONES, M. D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT NATURE OF DISEASE TION is very important. See instructions on back of certificates.

Spec.—9-30—A. A. Co.—250 Blks.

E 73681 — Knittel — ✓ — E 73681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-002

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hosp St. 19-27 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Mary Knittle.

(a) RESIDENCE NO. 231 N. Fulton Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mr. Knittle

6 DATE OF BIRTH (month, day, and year) Sept 20. 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Gabriel Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Goebel.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Pr. Sebastian Miller
(Address): 231 N. Howard St

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7. 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 26, 1931, to Nov 7, 1931

That I last saw her alive on Nov. 7, 1931

and that death occurred, on the date stated above, at 3 52 P. M.

The CAUSE OF DEATH* was as follows: Thyrotoxicosis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Circulatory failure + post operative shock. (duration) 0 yrs. mos. 1½ ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? Yes Date of Nov. 6, 1931

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Philip F. Lerner M. D.

19 (Address) U. of Balto Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Western

DATE OF BURIAL: 11/10 1931

20 UNDERTAKER: J. McCook

ADDRESS: 1217 E. Pratt St

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

AaCo. 5-21 2508

E 73682 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 73682

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME James Schnepf.

(a) Residence: No. 3811 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Virginia Schnepf

6. DATE OF BIRTH (month, day, year) July 20th 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min
42	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John G. Schnepf
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Priscilla Dillhoffer
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Virgie Schnepf
(Address) 315 S. East Ave

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery 11/10, 1931

19. UNDERTAKER Wm Cook
(Address) 1211 E. Fayette St

20. FILED Nov 2 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-7-31/19

22. I HEREBY CERTIFY, That I attended deceased from 8-21-31, 19, to 11-7-31, 19

I last saw h~~im~~ alive on 11-7-31, 19, death is said to have occurred on the date stated above, at 8.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	5 months
Tuberculous Enteritis	1 month

Other contributory causes of importance

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Laurence H. Sears, M. D.

(Address) Balto City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Also state whether deceased was actively engaged in any OCCUPATION and if so, what it was. Do not use abbreviations or initials. Cause of death may be classified differently if OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A. & Co.—250 Blks

Dr Murga Lloyd 401 E. 25th r Barclay ch Mid 1582 B ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73683 — 73683

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 447 Whitridge Ave) (Ward) 12-56 G'B-15 as Sunday

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Edward W. Tull

(a) RESIDENCE No. 447 Whitridge Aven WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Mary E. Tull

6 DATE OF BIRTH (month, day, and year) Feby 14th 1853

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Minister

(b) General nature of industry, business, or establishment in which employed (or employer): Gospel

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary A. Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address) A. E. Tull 447 Whitridge Ave

15 Filed 11/7/1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7th 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct 24th 1931 to Nov 7th 1931

that I last saw h[e] alive on Nov 6th 1931

and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 18 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Geo Murgatroyd M.D. M. D.

11/7/31 (Address) 401 E 25th St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 11/10/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Special attention is called to the importance of correctness and completeness in filling out the items of this certificate. TION is very important. See instructions on back of certificate.

Type—9-30—A & Co—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73684

CERTIFICATE OF DEATH

131

E 73684

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1730 Duncan St. 8-16 WARD)

2 FULL NAME Otto Hansel

(a) RESIDENCE NO. 1730 Duncan ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed or divorced~~
HUSBAND of ~~(or WIFE of)~~ Theresa Hansel

6 DATE OF BIRTH (month, day, and year) Oct 10th 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	0	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): ——

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Theresa Hansel.
(Address) 1730 Duncan St

15 Filed Nov 9 1931 HARRY M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 7th 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931, to Nov 7, 1931

that I last saw h/m alive on Nov 6, 1931

and that death occurred, on the date stated above, at 2 P M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
(Uraemic)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B B Lerner M.D. M. D.

11/7, 1931 (Address) 1305 N Calhoun Park

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mathews Cemetery — DATE OF BURIAL: 11/9/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact residence of deceased TION is very important. See instructions on back of certificates

Spec.—9-30—A. & Co.—250 Bks.

E 73685 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 82-6 E 73685

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 103 E. Cross St 24-33 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Robert Eckert

(a) RESIDENCE NO. 103 E. Cross St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Eckert

6 DATE OF BIRTH (month, day, and year) June 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brush Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Wm. Sheets Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Louis Eckert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Barbara Bowers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mrs. Charles N. Jones

(Address) 103 E. Cross St.

15 Filed NOV 8 - 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6, 1931.

17

I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1931, to Nov. 6, 1931

that I last saw him alive on Nov. 6, 1931

and that death occurred, on the date stated above, at 7. p. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (Apoplexy)

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. A. Sheets M. D.

Nov. 9, 1931 (Address) 129 W. Lee St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Nov 9 1931

20 UNDERTAKER: John F Denny — ADDRESS: 115 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. EACH QUESTION is very important. See instructions on back of certificate

1-20—M. & T.—100 B—501.

73686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97-09 73686

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1914 Park ave ST. 13-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances. B. Estep

(a) RESIDENCE NO. 1914 Park ave ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 6 mos. 2 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 4 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	6	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Artist
(b) General nature of industry, business, or establishment in which employed (or employer): Designer
(c) Name of employer: Hochild Kohn & Co Baltimore Md

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER John C. Estep

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frogs Co Md

12 MAIDEN NAME OF MOTHER Emily Wiley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Berlin Md

14 Informant Miss Margaret Estep

(Address) 1914 Park ave

15 Filed NOV 3 - 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis
Disease of Heart 10 D

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

11/12, 1931 (Address) 1632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Nov 9 1931
20 UNDERTAKER	ADDRESS
Chas S. Black	1422 Worth Ave

BEFORE WRITING BE CAREFUL to have the following items properly classified. Exact statement of OCCUPATION should be given. Also CAUSE OF DEATH in plain terms, so that it may be properly classified. Any omission of information is very important. See instructions on back of certificate.

AdCo. 5-31 2500

E 73687

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-803

93-E 73687

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 16-37 St., Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U.S. If of foreign birth 22 yrs. mos. ds.

2. FULL NAME Paul G. Casper

(a) Residence: No. 4050 Eastern Ave. ? St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	64?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME William Casper

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Potters Date Nov. 4 19 31

19. UNDERTAKER (Address) John C. Pile 1615 Eutaw St.

NOV 8 1931 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 19 31

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1927 to Nov. 1, 1931

I last saw him alive on Nov. 1, 1931 death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chr	4 yrs
Arteriosclerosis	Unknown
Chronic nephritis & Uremia	"

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jas Thrower, M. D.

(Address) Balto. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Each item should be answered on back of certificate. OCCUPATION is very important. See instructions on

AdCo. 5-31 250M

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

73688 — 47 B 73688

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 11-24 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Brown

(a) Residence: No. 924 Jenkins Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 24, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Simon Brown

14. BIRTHPLACE (city or town) ?
(State or country) Md.

MOTHER

15. MAIDEN NAME Lydia Wilson

16. BIRTHPLACE (city or town) ?
(State or country) Md.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 11/9 1931

19. UNDERTAKER John J. Fahey Sons
(Address) 1918 Light St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1931, to Nov. 4, 1931

I last saw h im alive on Nov. 4, 1931 death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	about 1 month.

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Jones M. D.

(Address) Balto. City Hos.

state CAUSE OF DEATH in plain terms. Indefinite or unscientific terms may be properly objected to. Any additional facts which may be of medical importance should be stated. See instructions on back of certificate.
OCCUPATION is very important.

DVS-1931

A4Co. 5-31 250H

253819
E 73689

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 51

E 73689

Registered No.

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter Maskin

(a) Residence: No. 1917 Maxwell ave St., Dundalk Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary

6. DATE OF BIRTH (month, day, year): Feb-14-1858

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	73	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pa

MOTHER FATHER

13. NAME: John Maskin

14. BIRTHPLACE (city or town) (State or country): Pa

15. MAIDEN NAME: Susanne Sharer

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT (Address): Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place: Oak Lawn Date: Nov 10. 1931

19. UNDERTAKER (Address): John Ellicot E 25 E Eager

NOV 9 1931

H. L. Hill Registrar

H. M. JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1931, to Nov 7, 1931

I last saw h~~im~~ alive on Nov 7, 1931 death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Kidney Tumor, right	6mo?

Other contributory causes of importance:

Uremia	5 days
Senility	30

Name of operation: None Date of:

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Alds, M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 73690 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73690

CERTIFICATE OF DEATH. 176

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 8-17 WARD)

2-FULL NAME Margaret Kolb

(a) RESIDENCE NO. 1630 E Preston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Louis Kolb

6 DATE OF BIRTH (month, day, and year) Nov 17, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Rapp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christina Eisman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr Robt L Kolb

(Address) 1831 E Lombard St

15 Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7, 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1931 to Nov. 7, 1931,

that I last saw her alive on Nov. 7, 1931,

and that death occurred, on the date stated above, at 7:05 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Cholecystitis

+ Chronic Cholelithiasis

(duration) 1 yrs. 1? mos ds.

CONTRIBUTORY (Secondary) Acute Peritonitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Nov. 3, 1931

Was there an autopsy? Yes

What test confirmed diagnosis? (Operation)

(Signed) Henry H Mason M. D.

, 19 (Address) Church Home Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Nov 10 1931

20 UNDERTAKER John Merrick

ADDRESS 2008 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

TION is very important.

AaCo. 5-1: 2MP

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73691 — 73691 — 9r-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1133 Bonsal St. 26-37 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James W Dawson

(a) Residence: No. 1133 Bonsal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowedc

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Dawson

6. DATE OF BIRTH (month, day, year) Feb 16 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9 8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. caretaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. cemetery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co.

FATHER

13. NAME Robert Dawson

14. BIRTHPLACE (city or town) (State or country) Dorchester Co

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Josuha Dawson
(Address) 2503 Christian

18. BURIAL, CREMATION, OR REMOVAL

Place St Matthews Date Nov9 1931

19. UNDERTAKER John Ullrich
(Address) 1008 Orleans st

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6 . 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 25 . 1931 to Nov 6 . 1931

I last saw him alive on Nov 6 . 1931 death is said to have occurred on the date stated above, at 845 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Congestive Failure	1930

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H E Rutherford, M. D.

(Address) 2939 Eastern Ave.

state CAUSE OF DEATH in plain terms, as what it was OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2505

E73692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 73692

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hosp

CITY OF BALTIMORE: (No. 33rd & Calvert St. 15-14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Alexander Hashin

(a) Residence: No. 1522 Garrison Blvd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Mr. Alexander Hashin

6. DATE OF BIRTH (month, day, year) Oct 15 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40		24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junk dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Louis Hashin
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Mosha Hashin
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dr
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Phila Pa Date Nov. 5 1931

19. UNDERTAKER Ed Ferguson Bro
(Address) 426 W Monument

NOV 6 1931 ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-5 1931

22. I HEREBY CERTIFY, That I attended deceased from 1-8 1929, to 11-5 1931

I last saw h[e] alive on 11-5 1931 death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach with metastases	Jan 1928
(Other contributory causes of importance:	

Name of operation Partial gastrectomy Date of 1-16-29

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel McLanahan M. D.
(Address) Union Memorial Hosp

State CAUSE OF DEATH in plain terms, so that OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11-2MB

2349

HEALTH DEPARTMENT CITY OF BALTIMORE

2 E 73693

CERTIFICATE OF DEATH

46 E 73693

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 11-24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Burston

(a) Residence: No. 938 Madison Ave St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) N Car

FATHER

13. NAME Samuel Burston

14. BIRTHPLACE (city or town) (State or country) N. Car

MOTHER

15. MAIDEN NAME Ellas (?)

16. BIRTHPLACE (city or town) (State or country) N Car

17. INFORMANT JOHNS HOPKINS HOSPITAL Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date Nov 8 1931

19. UNDERTAKER Robert A. Gaddis
(Address) 1711 E. Baltimore St.

FILED NOV 9 1931

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1931, to Nov 7, 1931

I last saw him alive on Nov 7 1931 death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma of liver	Unknown
Other contributory causes of importance: General Paresis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. ...

(Signed) Alan Barnstein, M. D.

(Address) Johns Hopkins Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

If Spec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73694

CERTIFICATE OF DEATH.

93-003

E 73694

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf. ST. 15-67 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Hudgins

(a) RESIDENCE NO. 3313 Pollock Ave ST., WARD Balto. Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Nellie V. Hudgins

6 DATE OF BIRTH (month, day, and year) Oct. 7-1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	1	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bailiff 69

(b) General nature of industry, business, or establishment in which employed (or employer) Court House

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John K. Hudgins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Sarah J. Cummings

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. Ada C. Stark
(Address) 3313 Pollock Ave.

15 Filed NOV 9 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1931, to Nov. 7, 31, that I last saw h... alive on Nov. 7, 31, and that death occurred, on the date stated above, at 5:15 a. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis and
chronic mitral insufficiency

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Diarrhea, cause unknown

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History, physical examination

(Signed) Allyn B. Choate, M. D.

, 19 (Address) Church Home & Inf

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cem.	Nov. 9 1931

20 UNDERTAKER Wm. C. Black ADDRESS 922 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Information is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

73695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73695

210-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq. Hospital (ST.) 210-27 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Conrad Nissel

(a) RESIDENCE No. 1902 Penrose Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Nissel

6 DATE OF BIRTH (month, day, and year) Sept 16 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	73	2	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Weaver
(b) General nature of industry, business, or establishment in which employed (or employer) Mill Work
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Margaret Nissel

(Address) 1902 Penrose Ave

15 Filed 9 1931 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 - 6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Struck and knocked down
by a passing auto when
crossing street
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ketonchs Pneu
Fract R. Leg (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? minor & Lexington

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) L. J. Francis, M. D. Coroner

11-7, 1931 (Address) Drafin Katonah

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem — DATE OF BURIAL 11/9 1931

20 UNDERTAKER George A. Foley — ADDRESS Fulton & Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

CV

Spec.—d 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73696 | CERTIFICATE OF DEATH. | 108 | E 73696

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1153 Mc Elderry St 5-8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Samuel H. Smith

(a) RESIDENCE No. 1153 Mc Elderry St. Ward
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary C. Smith

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... mnts.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto, Md.

PARENTS

10 NAME OF FATHER: Alex. Smith
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.
12 MAIDEN NAME OF MOTHER: unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Interment
(Address) Mary Stanley 1159 Mc Elderry St

15 NOV 9 1931 HAYDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6-1931

17
I HEREBY CERTIFY, That I attended deceased from Nov 1 1931 to Nov 6 1931
that I last saw h im alive on Nov 6 1931
and that death occurred, on the date stated above, at 5 P. m.
The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? w
Did an operation precede death? w Date of
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) Leo Falk M. D.
11-8 1931 (Address) 50 Chapman Ct

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashley Cemetery — DATE OF BURIAL: Nov 9 1931

UNDERTAKER: Chas. W. Lawson — ADDRESS: 761 Carlton St

Spec.—9-30—A. & Co.—250 Bks

E 73697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 73697

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No St. Joseph's Hospital ST. 9-17 WARD)

2. FULL NAME John Motley.

(a) RESIDENCE NO. 722 South Broad St. ST. ..... WARD .....
(Usual place of abode) Phila, Penna (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. mos. 4 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of single

6 DATE OF BIRTH (month, day, and year) 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Mechanical

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phila Penna

PARENTS

10 NAME OF FATHER Peter Motley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Phila Pa.

12 MAIDEN NAME OF MOTHER Susan Kenny

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila Pa

14 Informant Mrs. Susan Motley
(Address) 722 Broad St. Phila.

15 Filed ..... G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 9, 1931

17

I HEREBY CERTIFY, That I attended deceased from November 4, 1931, to November 9, 1931

that I last saw h[illegible] alive on November 9, 1931

and that death occurred, on the date stated above, at 2:00 P.M.

The CAUSE OF DEATH* was as follows:

Ruptured Gastric Ulcer

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Peritonitis, Toxemia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov. 3rd

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) W. B. Hendrix M. D.

19 (Address) 1524 Pine St. Phila

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Cem. Phila.

DATE OF BURIAL Nov. 14 1931

20 UNDERTAKER [illegible] Cook

ADDRESS 1217 N. Fond St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DIAGNOSIS is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73698

REGISTERED NO. E 73698

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST. 4-30 WARD)

2-FULL NAME Louis Hoppel

(a) RESIDENCE NO. Harwood Howard Co. Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Elda Hoppel

6 DATE OF BIRTH (month, day, and year) Mar 4 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John N. Hoppel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prussia Germany

12 MAIDEN NAME OF MOTHER Louisa Meyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Franklin E. Hoppel

(Address) 117 Beekman Ave Mt. Vernon N.Y.

15 Filed NOV 5 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-7 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Run into part of moving automobile

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Fract skull

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Wash Blvd Harwood

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) L. Frank Coroner, M. D.

11-7, 1931 (Address) Traffic Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Nov. 9 1931

UNDERTAKER Wm Fleckner Sons

ADDRESS North & Pa

CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificate. TION is very important

AACo. 5-31 250B

E 73699

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73699

94-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3411 Duvall Ave St. 15-6 Ward)

Length of residence in city or town where death occurred 55 yrs 6 mos 14 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Charles M. Struven Sr

(a) Residence: No. 3411 Duvall Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Adele B. Struven

6. DATE OF BIRTH (month, day, year) Apr. 23, 1876

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	55	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Chandler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sell

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Peter C. Struven

14. BIRTHPLACE (city or town) (State or country) Bremen Germany

MOTHER

15. MAIDEN NAME Katherine Schaer

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Chas M. Struven Jr.
(Address) 3411 Duvall Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Park State Mar. 9 1931

19. UNDERTAKER Wm. Fielder Sons
(Address) North & Pearre.

20. FILED MAR 9 1931 C. HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1931, to Nov. 6, 1931

I last saw him alive on Nov 5 1931, death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:
Chron. Nephritis & Hypertension

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm E Fehrupe M. D.

(Address) 2806 Fairmount Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
OCCUPATION is very important.

AACo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73700

Registered No. 93-003 E 73700

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 73700

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3305 Egerton Rd 5-62 Ward)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lizette B. Stanton

(a) Residence: No. 3305 Egerton Rd. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Norman L. Stanton

6. DATE OF BIRTH (month, day, year) Nov. 30, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	11	8 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Lawrence Rice

14. BIRTHPLACE (city or town) (State or country) Prussia Lorraine Germany

15. MAIDEN NAME Catherine Keenright

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

17. INFORMANT Mr. Norman L. Stanton

(Address) 3402 Hilton St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Nov. 9 1931

19. UNDERTAKER Wm. J. Peterpaul Sons

(Address) Roper & Paines

20. FILED Nov 9 1931 W. H. Davis, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6 1931, to Nov. 7 1931

I last saw her alive on Nov. 6 1931 death is said to have occurred on the date stated above, at 8.50 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema

Date of onset

Other contributory causes of importance:

Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Walter Stevens, M. D.

(Address) 3402 Hilton St.

State CAUSE OF DEATH in plain terms, so that it may be understood by the layman. Also state whether any OCCUPATION is very important. See instructions on back of certificate.

Spec.—7-17-18—A Co.—200 Pds.

E 73701

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73701

CERTIFICATE OF DEATH

REGISTERED NO. 10-001

1-PLACE OF DEATH Provident Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 15-21 St. Ward)

2-FULL NAME Wenchesla Brown

(a) RESIDENCE NO. 1412 Presstman St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Sept yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 3, 1931

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
		9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Geo Donald Brown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) md

12 MAIDEN NAME OF MOTHER Janette Gilles

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) md

14 Informant Geo. Donald Brown

(Address) 1412 Presstman St

15 Filed NOV 9 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from August 19, 1931, to Nov 7, 1931

that I last saw h.. alive on Nov. 7, 1931

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Terminal

(duration) ... yrs. 2 mos. 15 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hamilton Higgins, M. D.

. 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Auburn Cemetery	Nov 9 1931
20 UNDERTAKER Thomas E. Kelson	ADDRESS 1303 Presstman St

NOV 9 1931

If DEATH occurred in a hospital or institution, the NAME should be given instead of street and number. AGE should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-H 250B

E 73702 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73702

23,

CERTIFICATE OF DEATH

Registered No. 14-30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur Slaughter

(a) Residence: No. 540 Mc Mechen St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 17 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Peter Slaughter
14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Clara Mills
16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... 11/10 1931

19. UNDERTAKER Saml J Stanley
(Address) 578 N Bradford

20. FILED ... HAMPSON JONES, M. D.
Registrar

State CAUSE OF DEATH in plain terms. An entry of "heart disease," "cancer," "pneumonia," or "old age" is not sufficient. If from violence, state MEANS and whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. If a woman, state whether fact of pregnancy contributed to death. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1931, to Nov 7 1931

I last saw h im alive on Nov 7 1931 death is said to have occurred on the date stated above, at 340 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Mar 1931

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Alan Bernstein, M. D.

(Address) Johns Hopkins Hosp

Spec.—1-30—M. & T.—250 Hks

E 73703

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73703

CERTIFICATE OF DEATH.

75

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 E. Monument ST., 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Woody

(a) RESIDENCE NO. 1611 E. Monument ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 4 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lelia Woody

6 DATE OF BIRTH (month, day, and year) June 15, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bowlingtown Va.

PARENTS

10 NAME OF FATHER Abraham Woody

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Florence Dyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Mrs. E. Woody 1611 E. Monument St.

15 Filed NOV 9 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6. 31

17 I HEREBY CERTIFY, That I attended deceased from Oct. 26. 1931. to Nov 6. 1931.

that I last saw h— alive on Nov 6. 1931.

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

Acute Nephritis

(duration) yrs. mos 11 ds. Cerebral

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) Wm. L. Jessup, M. D.

, 19 (Address) 1420 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem.

DATE OF BURIAL Nov 9. 1931

20 UNDERTAKER Samuel T. Kemsley

ADDRESS 678 N. Biddle

CAUSE OF DEATH must be stated plainly, so that a person not a physician can understand it. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73704

CERTIFICATE OF DEATH

1 0 01

D 73704

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Joseph Hospital
CITY OF BALTIMORE: (No. Lafayette Ave & Eutaw STREET) (WARD) 10th

2. FULL NAME Harris Davis

(a) RESIDENCE NO. 938 E Biddle ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 29 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS
10 NAME OF FATHER Wilbert Thomas Devine
11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)
12 MAIDEN NAME OF MOTHER Naomi Rosimer
13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant (Address) Wilbert Thomas Devine 938 E. Biddle St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-8-31

17
I HEREBY CERTIFY, That I attended deceased from 11-4-31, 19..., to 11-8-31, 19...
that I last saw h alive on 11-8-31, 19...
and that death occurred, on the date stated above, at 3 05 P.M.
The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia 4 ds.
(duration) yrs. mos.

CONTRIBUTORY (Secondary) Ovarian Cyst 1 ds.
(duration) yrs. mos.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of No
Was there an autopsy? No
What test confirmed diagnosis? Clinical Course
(Signed) B B Henderson M. D.
11/8/31 (Address) 1 W Mt Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Nov. 10 1931
20 UNDERTAKER	ADDRESS
Henry Storck & Sons Inc	1301 E. Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each question must be answered. Unknown or conjectural answers are worthless. Accuracy and completeness in every detail is very important. See instructions on back of certificates.

C. HAMPSON JONES, M. D.

U.S. 1902

Spec.—9-30—A. & Co.—250 Blks.

E 73705

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73705

CERTIFICATE OF DEATH

8-45 82-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No 2926 Erdman Ave. ST. 8-45 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Jahreis

(a) RESIDENCE NO 2926 Erdman Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret A. Jahreis

6 DATE OF BIRTH (month, day, and year) Mar. 28, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) Wagon Works

(c) Name of employer Retired 16 years

9 BIRTHPLACE (city or town) Balto.Co.
(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Agnes Dressel

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Margaret A. Jahreis
(Address) 2926 Erdman Ave.

15 Filed NOV 9 1931 Registrar HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7, 1931

17

I HEREBY CERTIFY, That I attended deceased from 11-4- , 19 31 , to 11-7- , 19 31

That I last saw h[illegible] alive on 11-7- , 19 31

and that death occurred, on the date stated above, at 9:30 A.m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis
Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ?

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Franklin S. Elder M. D.

, 19 (Address) 3376 Richmond Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Jerusalem Luth. Cem.

DATE OF BURIAL Nov. 9, 19 31

20 UNDERTAKER Frederick Lowe & Son

ADDRESS 7401 Belair Rd.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupa-TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73706

CERTIFICATE OF DEATH

159 E 73706

REGISTERED NO.

1 PLACE OF DEATH Woman's Hospital

CITY OF BALTIMORE: (No 27-42 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Girl Holland

(a) RESIDENCE NO. 4001 Overlea Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 6, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, 0 hrs. or 5 min.
	0	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — old

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Cecil Claude Holland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pocomoke, Md.

12 MAIDEN NAME OF MOTHER Hazel W. Matthews

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Mr. Cecil C Holland
(Address) 4001 Overlea Ave.

15 Filed NOV 9 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6, 1931

17

I HEREBY CERTIFY, That I attended deceased from Nov 6, 1931, to Nov 6, 1931

That I last saw her alive on Nov 6, 1931

and that death occurred, on the date stated above, at 8:59 A m.

The CAUSE OF DEATH* was as follows:

Premature Birth (7 mos)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypotension (mother)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Marion P. Johnson M. D.

, 19 (Address) Woman's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. J. H. Weishaar

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause is very important. See instructions on back of certificate.

1-30—3M & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73707 ✓

E 73707

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Foot of Linwood Av (ST.) 7-13 (WARD)

(If death occurred in a hospitol or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hubert Jackson

(a) RESIDENCE NO 1633 Barnes ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Jackson

6 DATE OF BIRTH (month, day, and year) Jan 4 1903

7 AGE	Years	Months.	Days	If LESS than 1 day, hrs. or min.
28	28			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Bethlehem Steel Co

9 BIRTHPLACE (City or town) (State or country) Va

PARENTS

10 NAME OF FATHER John L Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mamie Jackson

(Address) 1633 Barnes St

15 Filed NOV 9 1931 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest find that said deceased came to his death (inquest, autopsy or inquiry) on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B. O. Sturgis Jnd, M. D. Coroner

, 19 (Address) 1305 N Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem

DATE OF BURIAL Nov 9 1931

20 UNDERTAKER Mrs. A. G. Elliott

ADDRESS 1725 Eastlake

CV 9 1931

be properly classified. Exact statement of OCCUPA-
of certificates.
CAUSE OF DEATH in plain terms, so that it may be p
TION is very important. See instructions on back of c

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

E 73708 REGISTERED NO. E 73708

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 428 E 20th ST. (or WARD) 9-46 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Gloom Gibbons

(a) RESIDENCE NO. 428 E 20 ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of John Gibbons

6 DATE OF BIRTH (month, day, and year) Oct 3 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	1	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Home maker
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John E Cuiley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Emily Thapiot

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: John Gibbons
(Address) 428 E 20th St

15 Filed NOV 9 1931 H. LLOYD JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7- 1931

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1931, to Nov 7, 1931, that I last saw h[illegible] alive on Nov 7, 1931, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Paralysis agitans (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John A Evans, M. D.

19 (Address) 612 W 40 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Nov 10 1931

20 UNDERTAKER: John F Denny — ADDRESS: 715 Lig[illegible] St

important. See instructions on back of certificates.

Xpac.—9-28—A & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73709

E 73709

CERTIFICATE OF DEATH

V 131

REGISTERED NO

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 733 N. Fulton Ave ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Harriet C. McComt

(a) RESIDENCE NO 733 N. Fulton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town, where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. | 4 COLOR OR RACE W. | 5 ~~Single~~ ~~Married~~ ~~Divorced~~ Widowed, (write the word) Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Christopher McComt.

6 DATE OF BIRTH (month, day, and year) June 27-1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Bowen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Elizabeth Armfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Miss Elizabeth McComt 733 N. Fulton Ave

15 Filed NOV 9 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6-1931

17

I HEREBY CERTIFY, That I attended deceased from Oct. 28 1931 to Nov. 6 1931

that I last saw h[illegible] alive on Nov 6 1931 3.35 P.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Cer. interstitial nephritis
Arteriosclerosis
Hypertension

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? P-E & Lab

(Signed) Homer C. Todd M. D.

11/7 1931 (Address) 735 N. Fulton Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery | DATE OF BURIAL: Nov 9 1931

20 UNDERTAKER: Putnam & Gore | ADDRESS: 2234 N. Charles

CAUSE OF DEATH in plain terms, so that it may be properly classed. Leave statement of

1-36—M. & T.—100 B—50L

E 73710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73710

REGISTERED NO. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 E. 25th ST. 9-46 WARD)

2-FULL NAME Luther H. Rowe

(a) RESIDENCE NO. 1613 E. 25th St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edith A. Rowe

6 DATE OF BIRTH (month, day, and year) Dec 23/1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	10	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lieutenant
(b) General nature of industry, business, or establishment in which employed (or employer) Balto. City 03
(c) Name of employer Fire Dept.

9 BIRTHPLACE (city or town) (State or country) Gloucester, Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Julia ------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Edith A. Rowe
(Address) 1613 E. 25th St

15 Filed NOV 9 1931 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Myocardial Insufficiency
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) History of Nephritis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D.
Coroner

Nov 8/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem

DATE OF BURIAL Nov 10 1931

20 UNDERTAKER Mrs Mis John W Teufel & Son

ADDRESS 801 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

E 73711 HEALTH DEPARTMENT—CITY OF BALTIMORE 1827 E 73711

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Majestic Apartments

CITY OF BALTIMORE: (No. 912 Brooke Lane St. 13-54 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. if of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Emma Saltz

(a) Residence: No. 912 Brooke Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Max Saltz

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Rosenstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rosen

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jews Saltz
(Address) 912 Brooke Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Date 11/9 1931

19. UNDERTAKER Jack Levine Inc
(Address) 1459 E Baltimore

FILED NOV 9 1931 H. LEE PERRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1931 to Nov 8 1931

I last saw her alive on Nov 8 1931 death is said to have occurred on the date stated above, at 5.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (terminal acute type)	Nov 27
Other contributory causes of importance: Hemiplegia rt (Cerebral hemorrhage (?))	Aug '31

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. Sadoff M. D.

(Address) 317 Med. Arts Bldg.

State CAUSE OF DEATH in plain terms. Indefinite or unsatisfactory answers will not be accepted. OCCUPATION is very important. See instructions on back of certificate.

I-30—M & T—100 B—50L

Aldo. Venarilli

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73712 — 216-001 — E 73712

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hopkins Hosp ST. 8-12 WARD)

2-FULL NAME Aldo Venarelli

(a) RESIDENCE NO 2713 E Chase St ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs 2 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9-12-14

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	17	1	23 93	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — Shoe maker
(b) General nature of industry, business, or establishment in which employed (or employer) 086
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Rock. N Y

PARENTS

10 NAME OF FATHER Biodato Venarelli

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Concetta Peretta

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Father
(Address) 2713 E Chase St

15 Filed NOV 9 1931 — 22 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 7 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Auto accident which he was a rider
Cardiac failure with multiple contusions
thorax, lungs, brain, and
Cerebral hemorrhage (duration) yrs mos ds.

CONTRIBUTORY (Secondary) Fract Skull and
Cerebral hemorrhage (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Injured in Cadillac

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Dr

(Signed) J. Fraser, M. D. Coroner

11 9, 1931 (Address) Payne Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Baltimore Cem. — DATE OF BURIAL Nov. 10 1931

20 UNDERTAKER M. W. E. Dupphe — ADDRESS 37 Lan

Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Information should be properly classified. Avoid abbreviations. Write CAUSE OF DEATH in plain terms, so that it may be properly classified.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73713

CERTIFICATE OF DEATH

V 51

E 73713

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1108 S. Conkling (St.) (Ward) 26-37

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Columbus Keys

(a) Residence: No. 1108 S. Conkling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Keys

6. DATE OF BIRTH (month, day, year) Feb. 14 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1921

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Keys

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Mary A. Keys
(Address) 1108 S. Conkling St.

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Carmel Cem. Date Nov 11, 1931

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St.

20. FILED NOV 9 1931 CLAYTON JONES, M. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 rd, 1931, to Nov 7th, 1931

I last saw him alive on Nov 6th, 1931 death is said to have occurred on the date stated above, at 6 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Urinary Bladder Estimated	? July 31
Other contributory causes of importance Uraemic Coma	11 4 31

Name of operation None Date of

What test confirmed diagnosis? Primary Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David W. Jones, M. D.
(Address) 1011 N. Edmondson Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Please state OCCUPATION in every case. See instructions on back of certificate.

AaCo. 5-11 2500

E. 73714 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73714

CERTIFICATE OF DEATH

66-002

1. PLACE OF DEATH Union Memorial Hosp. Registered No. 27-43
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 33rd & Calvert St.) Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Emma Rosendom

(a) Residence: No. 5505 Morello Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 22, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frank Rosendom

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Wilhelmina Schulz

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Miss Minnie L. Rosendom
(Address) 5505 Morello Road.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date Nov 9 1931

19. UNDERTAKER George W. Dirkler
(Address) 1737 E. Edgar st

20. FILED NOV 10 1931 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1931, to Nov. 5, 1931

I last saw her alive on Nov. 5 1931 death is said to have occurred on the date stated above, at 7:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic Heart Disease with edema of lungs.	6 wks.
Hyperthyroidism	5 years

Other contributory causes of importance:

Name of operation Thyroidectomy Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel McClanahan M. D.
(Address) Union Memorial Hospital.

State CAUSE OF DEATH in plain terms. Do not state mode of dying. Do not use abbreviations or initials. If from violence, state MEANS AND NATURE OF INJURY and whether accidental, suicidal or homicidal. If from disease, state the disease causing death, or, if unknown, the symptoms, and how long the deceased had each. If a woman, state whether pregnant or recently delivered. If a child, state whether born alive. If stillborn, or died soon after birth, or if deceased was an infant, state cause of mother's illness. See instructions on back of certificate. OCCUPATION is very important.

1-30—M. & T.—100 B—5½L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73715

CERTIFICATE OF DEATH

E 73715

82-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 W. Franklin ST., 19-27 WARD)

2-FULL NAME Moses Cornish

(a) RESIDENCE NO 1713 W. Franklin ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Ella Cornish

6 DATE OF BIRTH (month, day, and year) April 15, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	6	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Taylor Island Md.

PARENTS

10 NAME OF FATHER Arron Cornish

11 BIRTHPLACE OF FATHER (city or town) (State or country) Taylor Island Md.

12 MAIDEN NAME OF MOTHER Sophia Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Taylor Island Md.

14 Informant Sophia Wilson
(Address) 1711 W. Franklin St.

15 Filed NOV 9 1931 M. V. JONES, M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) immediate yrs. mos. ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Thomas M. D.
Coroner

11/8, 1931 (Address) 703 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cemetery — DATE OF BURIAL: Nov 9, 1931

20 UNDERTAKER: Mrs Katie R. Williams — ADDRESS 322 N. Schroeder St.

...mation should be clearly supplied. Exact statement of OCCUPA-...it may be properly classified. ...so that it may be properly classified. ...CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73716

CERTIFICATE OF DEATH

108 E 73716

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 So Toppleton St. 18 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia A. E. Hush

(a) Residence: No. 111 So Toppleton St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm Louis D. Hush

6. DATE OF BIRTH (month, day, year) Nov 21 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
79	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Samuel Tibbals

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Ann Holden

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Chas E Jefferson

(Address) #109 So Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 11 9 1931

19. UNDERTAKER John F. Cowgill & Son

(Address) 901 Eutaw Pl.

20. FILED ... CLAMPETT JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 7 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 5 1931, to ... 1931

I last saw h... alive on Nov 5 1931 death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcer L. L. Pneumonia	11/5/31

Other contributory causes of importance:

Chronic Int Nephritis	2 yrs

Name of operation none Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, state how ...

(Signed) Chas Norton, M. D.

11/8/31 (Address) 1882 E. Fayette St. Balto

state CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 73717

CERTIFICATE OF DEATH.

E 73717

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun St.) 19-27 (Ward)

2-FULL NAME Paul Johnson

(a) RESIDENCE NO. 411 Vincent ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 12, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer H'm. Murdoch

9 BIRTHPLACE (city or town) (State or country): Richmond Va

PARENTS

10 NAME OF FATHER: Paul Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Richmond Va

12 MAIDEN NAME OF MOTHER: Phyllis Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Richmond Va

14 Informant: Thomas Stewart
(Address) 1934 Edmondson ave

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931, to Nov 8, 1931,

that I last saw h[illegible] alive on Nov 8, 1931,

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(duration) yrs. 1 mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edward Roberts, M. D.

19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Zion — DATE OF BURIAL: 11/7/31

20 UNDERTAKER: Frank V. Pipitone — ADDRESS: 2218 E Balto

mation should be carefully supplied. Your cooperation will be appreciated. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 73718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 1 E 73718

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5223 York Road ST. 27-48 WARD

2-FULL NAME Barbara Foos

(a) RESIDENCE NO. 5223 York Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Edward A. Foos

6 DATE OF BIRTH (month, day, and year) Feb. ? 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	56	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER George P. Hintenach

11 BIRTHPLACE OF FATHER (city or town) -----
(State or country) Germany

12 MAIDEN NAME OF MOTHER Theresa A. Weiden

13 BIRTHPLACE OF MOTHER (city or town) St. Mary's
(State or country) Penn.

14 Informant Stanley J. Foos
(Address) 5223 York Road

15 Filed NOV 9 1931 19 H.M. PARRAN, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 15 1931, to Nov 8 1931,

that I last saw h[illegible] alive on Nov 7 1931,

and that death occurred, on the date stated above, at 7.20 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Chronic Interstitial Endocarditis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) None yrs. mos. ds.

18 Where was disease contracted if not at place of death? V

Did an operation precede death? No Date of V

Was there an autopsy? No

What test confirmed diagnosis? V

(Signed) Effenie Buck, M. D.

(Address) 5. Club Rd

C.O.D. *State the Disease Causing Death, or in deaths from Violent Causes, (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 11/11 1931

20 UNDERTAKER Henry A. Meakes and Son

ADDRESS 805 N. Calvert

CAUSE OF DEATH to be filled in plainly with ink, or otherwise indelibly. See instructions on back of certificates. TION is very important

AdCo. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 121

E 73719

E 73719

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 2d-35 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21/12 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Sadie McHale

(a) Residence: No. 1508 E. Fort Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 6th 1892

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	38	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Homeless

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William McHale

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Honora Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mrs Thos McHale 207 Beechwood Road

18. BURIAL, CREMATION, OR REMOVAL. Place New Cathedral Date 11/10/31 19

19. UNDERTAKER J. Fahey Strong (Address) 1811 Eutaw St

FILED NOV 9 1931 HARRY JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-7 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-27 1931, to 11-7 1931

I last saw her alive on 11-7 1931 death is said to have occurred on the date stated above, at 6-15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis, chronic	
Chronic myocarditis.	

Other contributory causes of importance:

Pulmonary embolism

Name of operation appendectomy Date of 10-28-31

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Andrew E. Calas M. D.

(Address) Bon Secours Hospital

State CAUSE OF DEATH in plain terms. DO NOT USE ABBREVIATIONS or mere symptoms. OCCUPATION is very important. See instructions on back of certificate.

1-30—M A T—100 B—501.

73720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73720

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Univ Hosp ST. 4-30 WARD)

2-FULL NAME Wm B Pugh

(a) RESIDENCE NO. Kensington Md ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dont know

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kensington Md

PARENTS

10 NAME OF FATHER Wm B. Pugh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont know

12 MAIDEN NAME OF MOTHER Viola Brocket

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont know

14 Informant Mr. Jack Hughes

(Address) 431 Rives Road Wash. D.C.

15 Filed NOV 9 1931 HAMDEN JONES, M. D. Registrar

Mation should be carefully explored. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-8 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry,) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Motorcycle Accident (at high speed)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fractured Skull (Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Kensington

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) I. Frank Coroner M. D.

11, 1931 (Address) Rockville Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rockville, Md.

DATE OF BURIAL: 11/9 1931

20 UNDERTAKER: Wm Reuben Pumphrey

ADDRESS: Rockville Md.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73721

E 73721

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin St. Hosp ST. WARD)

2-FULL NAME Melvin Gough

(a) RESIDENCE NO. 513 Norris Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 2 1915

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	4	30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer) — None
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Eric Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Eric Thomas

(Address) 513 Norris Ave

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 5 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the date stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by truck going in same direction in alley

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Franklin & Carey

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Warren Coroner, M. D.

11-9 1931 (Address) Baggie Brown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 11-9 1931

20 UNDERTAKER Saint Euston

ADDRESS 416 Park

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73722

CERTIFICATE OF DEATH

158 E 73722

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Woman's Hospital ST. 16-67 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Edward Yungling

(a) RESIDENCE NO. 1077 Elicott drive ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lt 2 mos ✓ ds ✓ How long in U. S., if of foreign birth? ✓ yrs ✓ mos ✓ ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Nov. 8, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ✓ hrs. or ✓ min.
	✓	✓	✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

PARENTS

10 NAME OF FATHER Edward Yungling

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Maryland

12 MAIDEN NAME OF MOTHER LeNar Lyon (FRENCH)

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland.

14 Informant Edward Yungling
(Address) 1077 Elicott Drive, Baltimore

15 Filed Nov 9 1931 C. HAMPSON JONES, M. D. Registrar

By ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8, 1931.

17

I HEREBY CERTIFY, That I attended deceased from Nov 8, 19 31, to Nov 8, 19 31

that I last saw h(im) alive on Nov 8, 1931

and that death occurred, on the date stated above, at 2-6 P. M.

The CAUSE OF DEATH* was as follows:

Maternal toxemia
(Eclampsia)

(duration) ✓ yrs. ✓ mos. 1 ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical Evidence

(Signed) Rudolph L Schork M. D.

19 (Address) Woman's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Nov 10 1931
20 UNDERTAKER Vernon Kehne	ADDRESS 1532 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement is of great importance. See instructions on back of certificates.

1-30-M-50L

E 78723

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73723

CERTIFICATE OF DEATH

210-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital ST. 6-10 WARD)

2-FULL NAME Emil Neuman

(a) RESIDENCE No 420 North Belnord Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Neuman

6 DATE OF BIRTH (month, day, and year) Dec 8. 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Schloss Bros.

9 BIRTHPLACE (city or town) (State or country) Yachmor Austro Slovakia

PARENTS

10 NAME OF FATHER Chas Neuman

11 BIRTHPLACE OF FATHER (city or town) Yachmor (State or country) Austro Slovakia

12 MAIDEN NAME OF MOTHER Anna Swartz

13 BIRTHPLACE OF MOTHER (city or town) Yachmor (State or country) Austro Slovakia

14 Informant Ella Neuman

(Address) 320 E. Eldorado St.

15 Filed NOV 9 1931 G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck and knocked down by a moving auto as he was crossing street

(duration) yrs. mos ds

Fract Skull

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Fenwood & N. Gay

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) L. S. Crain, M. D. Coroner

11 9. 1931 (Address) Prabir Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Cemetery — DATE OF BURIAL Nov 11 1931

20 UNDERTAKER August Pasch — ADDRESS 2406 Madison Ave

mation should be carefully supplied. Exact statement of OCCUPA- may be properly classified. CAUSE OF DEATH in plain terms, so that it may be TION is very important See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 73724

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73724

CERTIFICATE OF DEATH

108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 N. Madeira St. 7-12 WARD)

2 FULL NAME Josephine Petr

(a) RESIDENCE NO. 820 N. Madeira ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of: Jan Petr

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bohemia

PARENTS

10 NAME OF FATHER: Jan Petrek

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant: Jos Petr
(Address): 820 N Madeira St

Filed NOV 5 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 4 or 7/31

17 I HEREBY CERTIFY, That I attended deceased from Nov 4, 1931, to Nov 7, 1931, that I last saw him alive on Nov 7, 1931, and that death occurred, on the date stated above, at 10:30 A.M.

The CAUSE OF DEATH* was as follows:

Sepsis Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Cond. to Paralysis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wilmer K. Sauer M.D.

Nov 8 1931 Address 80 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: April 1931

20 UNDERTAKER: Black Coach Dan 1406 Eutaw — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

Spec.—1-12-23—MAT—500 Blks.

Puncochar

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 73725

CERTIFICATE OF DEATH.

73725

1-PLACE OF DEATH 4729 Pennington Ave. 25-77

CITY OF BALTIMORE: (No.) ST. WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Puncochar

(a) RESIDENCE NO. 4729 Pennington Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? 34 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	widow

5a If married, widowed, or divorced (or) WIFE of John Puncochar

6 DATE OF BIRTH (month, day, and year) Sept. 8, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austro-Slovakia

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austro-Slovakia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austro-Slovakia

14 Informant Cecilia Hajek

(Address) 4729 Pennington Ave.

15 Filed 1931 16 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1930, to Nov. 7, 1931,

that I last saw h[illegible] alive on Nov. 6, 1931

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

hypostatic pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Carcinoma of stomach, cachexia, nephritis

(duration) 13 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical findings

(Signed) L. C. Tobikal, M. D.

11-7-1931 (Address) 447 N Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross | DATE OF BURIAL Nov. 10 1931

20 UNDERTAKER Frank E. Mack Son 1406 Eutaw Pl. | ADDRESS

mation should be carefully supplied. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

CV 9

Spec.—1-30—M. & T.—250 Blks.

E 73726

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73726

CERTIFICATE OF DEATH.

161-004

1-PLACE OF DEATH 780 N. Mulberry St.

CITY OF BALTIMORE: (No. 780 ST. N. Mulberry (WARD) 17-26

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Manjoly

(a) RESIDENCE NO. 780 N. Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced (HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 27, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			8 7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER Edward Manjoly

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.

(State or country)

12 MAIDEN NAME OF MOTHER Dorothy Conway

13 BIRTHPLACE OF MOTHER (city or town) Carroll Va

(State or country)

14

Informant

(Address)

15 Filed NOV 9 1931 By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4, 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct. 27, 19 31, to Nov. 4, 19 31,

that I last saw h[illegible] alive on Nov. 3, 19 31,

and that death occurred, on the date stated above, at 4:10 A m.

The CAUSE OF DEATH* was as follows:

Hemorrhagic Disease
5 days duration.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Lamb & Hodgkins M. D.

11/5, 1931 (Address) Mid. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL NOV 9 - 1931 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND
J. HAMPSON JONES, M.D.
Commissioner of Health.

CAUSE OF DEATH is plain terms, so that any [illegible] TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—500 Blks.

E 73727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 E 73727

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 112 N. Clinton St., St. 26-11 Ward)

2-FULL NAME Anna Lacer

(a) RESIDENCE NO. 112 N. Clinton St., St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. 4 Color W. Race 5 Single, Married, Widowed, or Divorced, (write the word) Widow

6a If married, widowed, or divorced (or) WIFE of Charles Lacer

6 DATE OF BIRTH (month, day, and year) Feb. 23 1852

7 AGE Years 79 Months 9 Days 13 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home pd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER John Greble

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Interment (Address) Eno. Gray Burial 112 N. Clinton St

15 Filed 19 Registrar

9 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 6th., 1931. 19

17 I HEREBY CERTIFY, That I attended deceased from November 5th 19 31. to November 6th. 19 31.

that I last saw her alive on Nov. 6th., 19 31.

and that death occurred, on the date stated above, at 7.40 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! No. Date of

Was there an autopsy! No.

What test confirmed diagnosis! Clinical.

(Signed) Theibus Antigan, M. D.

19 (Address) 2942 E. Fayette St.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincent Bem. Date of Burial Nov 10, 1931

20 UNDERTAKER J. J. Doran ADDRESS 3000 E. Balto St

IMPORTANT.—WRITE PLAINLY with pen and ink. Fill in all blanks. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73723

E 73723

CERTIFICATE OF DEATH.

159

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1616 Harlem ave ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME none - Infant of Thomas & Emma Dorsey,

(a) RESIDENCE NO. 1616 Harlem ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced
(husband of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11/7/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Thomas Jason Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co., Md.

12 MAIDEN NAME OF MOTHER Emma Malton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Emma Dorsey

(Address) 1616 Harlem ave

15 Filed 1931 G. H. HAMPSON JONES, M. D. Registrar

By —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/7 1931.

17 I HEREBY CERTIFY, That I attended deceased from 11/7, 1931, to 11/7, 1931, that I last saw h[illegible] alive on 11/7, 1931, and that death occurred, on the date stated above, at 12.15 p. m.

The CAUSE OF DEATH* was as follows:

Premature Birth
(about 5 1/2 months pregnant)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. N. Pigott, M. D.

11/7 1931 (Address) 1536 N. Linden St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL NOV 9 1931

20 UNDERTAKER

ADDRESS

Registrar of Vital Statistics

CAUSE OF DEATH in plain terms, so that it may be understood by the profession generally. Each item of information is important. See instructions on back of certificates.

AdCo. 5-31 250M

E 73729

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73729

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hosp. St. 3rd Ward) 8

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Martell

(a) Residence: No. 1 mile 4700 Old Fort Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11 5 31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Lewis C. Martell

14. BIRTHPLACE (city or town) (State or country) North Amer.

MOTHER

15. MAIDEN NAME Mary A. Wells

16. BIRTHPLACE (city or town) (State or country) Balt. Md.

17. INFORMANT Mrs. Martell

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date 19

19. UNDERTAKER

(Address)

NOV 9 1931 FILED C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-8-1931

22. I HEREBY CERTIFY, That I attended deceased from 11 8 31, 19, to 11 8, 19 31

I last saw h alive on 11 8 19 31 death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	
Acute Resp. Failure	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. France, M. D.

(Address) Union Mem. Hosp.

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

JOHNS HOPKINS HOSPITAL NOV 9 - 1931

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73730 115-001 E 73730

1—PLACE OF DEATH

REGISTERED NO. 16-75

CITY OF BALTIMORE: (No. 1711 Laurens ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rebecca Adams

(a) RESIDENCE NO. 1711 Laurens ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Elijah Adams

6 DATE OF BIRTH (month, day, and year): Mar 28 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): At home

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Co.

PARENTS

10 NAME OF FATHER: Alex Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Elijah Adams
(Address): 1711 Laurens St.

15 Filed 1931, 19 — Registrar

C. HAMPSON JONES, M. D.

Pat.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 8/31

17 I HEREBY CERTIFY, That I attended deceased from Nov 6, 1931, to Nov 8, 1931, that I last saw h[er] alive on Nov 8, 1931 and that death occurred, on the date stated above, at 11.20 A m.

The CAUSE OF DEATH* was as follows:

Oedema of Glottis

(duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (Secondary) Peritonsillar Abscess

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. S. McEard M. D.

11/9, 1931 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion — DATE OF BURIAL: Nov 11 1931

UNDERTAKER: Thomas E. Wright — ADDRESS: Mt Zion Cemetery

V 9 1931

IMPORTANT. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

E 73731 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73731

CERTIFICATE OF DEATH

Vincent M. Predestrian 93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Mary's Home 15-21 WARD

2 FULL NAME Ella Thompson

(a) RESIDENCE NO. St Mary's Home ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE Years 61 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Lydia Susan Jones

(Address) St Mary's Home

15 Filed NOV 9 1931 19 Registrar C. H. THOMPSON JONES, M. D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Write name of disease causing death, not mode of dying. If from violence, state whether accidental, suicidal or homicidal. If from accident, state nature of accident. If from disease, state whether primary, secondary or contributory. If from childbirth, state whether single or multiple, and whether fetus was born dead or alive. If from abortion, state whether spontaneous or induced. If from operation, state nature of operation. If from injury, state nature of injury. If from poisoning, state nature of poison. If from violence, state means and nature of injury

AdCo. 9-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73732

E 73732

CERTIFICATE OF DEATH

18

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 15-25 Ward)

Length of residence in city or town where death occurred 7 yrs. 4 mos. 8 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Titus

(a) Residence: No. 1827 Forman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) June 28, 1924

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Titus
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Martha Cooper
16. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

17. INFORMANT (Address) James Titus 1827 Stockton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Nov 9 1931

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressman St.

20. FILED Nov 9 1931 C. HAMPSON JONES, M. D.
By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1931, to Nov. 6, 1931

I last saw her alive on Nov. 6 1931 death is said to have occurred on the date stated above, at 9 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningetis (Meningococcus)	11/2/31

Other contributory causes of importance:

None

Name of operation None Date of operation

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Fitz Meranchi M. D.
(Address) Sydenham Hospital

state CAUSE OF DEATH in plain terms, so that OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 25436/ 73733

CERTIFICATE OF DEATH

34 E 73733

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 23-31 Ward)

Length of residence in city or town where death occurred 4 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Lena Treat

(a) Residence: No. 305 E. West St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

3a. If married, widowed, or divorced WIFE of (or) HUSBAND of Unknown

6. DATE OF BIRTH (month, day, year) May 12 1889

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	42	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Plainfield Mass

MOTHER FATHER

13. NAME Chas Treat Unknown

14. BIRTHPLACE (city or town) (State or country) Plainfield Mass Unknown

15. MAIDEN NAME Ada Adams Unknown

16. BIRTHPLACE (city or town) (State or country) Plainfield Mass Unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL.
Place Plainfield Mass Date Nov 10 1931

19. UNDERTAKER John J Carey Co Inc
(Address) 1501 Frederick Ave

FILED NOV 9 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1930, to Nov 9 1931

I last saw her alive on Nov 9 1931 death is said to have occurred on the date stated above, at 4.40 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar?	1930

Other contributory causes of importance:

Terminal Convulsions	Nov 3 31

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Alan Brunschwig, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Please read instructions on back of certificate. OCCUPATION is very important. See instructions on back of certificate.

Spon.—9-30—A. & Co.—250 Blks

73734 HEALTH DEPARTMENT—CITY OF BALTIMORE 73734

CERTIFICATE OF DEATH

46

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No Mykins & Caton Ave St Catherine (WARD)

2 FULL NAME Mr Henry Fitchuck

(a) RESIDENCE NO 815 E. 22nd St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Male

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE: 70 Years . 6 Months Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Printer 63
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balt.

PARENTS

10 NAME OF FATHER: Henry Fitchuck

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Maryland

12 MAIDEN NAME OF MOTHER: Nelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Beatrice Fitchuck - Sister 815 E. 22nd St

15 FILED 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7 - 31

17
I HEREBY CERTIFY, That I attended deceased from Oct 4, 1931 to Nov 7, 1931

That I last saw h[illegible] alive on Nov 7, 1931

and that death occurred, on the date stated above, at 12 - 0. m. [illegible] ante

The CAUSE OF DEATH* was as follows:

Carcinoma of transverse colon
c fistula into ileum.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Cachexia

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Necropsy findings

(Signed) George Forster M. D.

, 19 (Address) 1 Wilcox Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Nov 10 1931

20 UNDERTAKER: Mary M Rudefeld — ADDRESS: 50 E 20 [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.
TION is very important.

V 9

1-30—M. & T.—100 B—50L

E 73735

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73735

CERTIFICATE OF DEATH

46

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2503 Morgan ST. 25-32 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alberta Williams

(a) RESIDENCE NO 2503 Morgan ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs 5 mos ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of John Williams

6 DATE OF BIRTH (month, day, and year) May 20 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	5	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER William Ball

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Elizabeth Hopkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Md

14 Informant William Ball

(Address) 2503 Morgan St.

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6? 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bowel

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Cromwell M. D.

(Address) 203 Pataspsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL Nov 10 19 31

20 UNDERTAKER Edward Bryan — ADDRESS 1631 Orleans St

mation should be carefully supplied. AGE should be stated EXACTLY. If child is not named, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

V 9

Spec. 7-17-26—A Co.—200 Pks.

E 73736

HEALTH DEPARTMENT—CITY OF BALTIMORE

121 E 73736

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp 6-9 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irene Ford

(a) RESIDENCE NO. 119 N. Bond St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dancer

(b) General nature of industry, business, or establishment in which employed (or employer) Ot

(c) Name of employer

9 BIRTHPLACE (city or town) Jane city Va

(State or country) John Smith

PARENTS

10 NAME OF FATHER ~~Irene Ford~~ Va

11 BIRTHPLACE OF FATHER (City or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Lucy Cowles

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant James Coleman

(Address) 2 S. Regester St

15 Filed ..... 19 ..... Registrar

By ..... C. HAMPSON JONES, M. D.

NOV 9 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6 19 31

17 I HEREBY CERTIFY, That I attended deceased from Oct 14 19 31 to Nov 6 19 31

that I last saw h alive on Nov 6 19 31

and that death occurred, on the date stated above, at 7.05 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Ruptured appendix

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of 10-19-31

Was there an autopsy?

What test confirmed diagnosis? Operation

(Signed) B B Hans M. D.

Nov 7. 19 31 (Address) 1207 N Courtland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
asbury cemetery	Nov 10 1931
20 UNDERTAKER Edward Bryan	ADDRESS 631 Orleans st

State of Maryland—Department of Health. AGE should be carefully supplied. Information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Form — 1-30 — M. & T. — 250 Blks.

E 73737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

48 E 73728

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 Ausgusta St. ST. 9-18 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Emma Crowley

(a) RESIDENCE NO. 1722 Ausgusta ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Patrick J. Crowley

6 DATE OF BIRTH (month, day, and year) Jan. 15, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home Work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Joseph E. Eberle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary E. Crumm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant Mr. Isaac Crowley (Address) 1722 Augusta St.

Filed NOV 9 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from about Nov. 1, 1931 to Nov. 9, 1931, that I last saw h alive on Nov. 8, 1931, and that death occurred, on the date stated above, at 3:20 a.m.

The CAUSE OF DEATH* was as follows:

Extraction from Carcinoma of Breast about 7 months Prior

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Nov. 12, 1931
UNDERTAKER	ADDRESS
Kenneth Conklin	922 E. Eager St

CAUSE OF DEATH in plain terms. No abbreviations or symptoms. TION is very important See instructions on back of certificates.

AaCo. 5-31 250B

E 73738 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73738

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balt. City Hospitals 6-27 Ward)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Nicholson

(a) Residence: No. 609 N. Parrish St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Nicholson

6. DATE OF BIRTH (month, day, year) 5/19-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11-1-31
11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME John Turner
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Ennis
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Nov 10 1931

19. UNDERTAKER J. S. Brown & Son
(Address) Belmont Avenue

20. FILED 1931 C. FLAMER JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-7 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-4 1931, to 11-7 1931

I last saw h[illegible] alive on 11-7 1931 death is said to have occurred on the date stated above, at 11:30 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	about 4 mos ago.
of uterus	
& Arteriosclerosis	

Other contributory causes of importance: Acute Myocardial Failure | 11-7-31

Name of operation Biopsy of Cervix Date of 11-5-31

What test confirmed diagnosis? Clinical (Were) an autopsy? No.

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene E. Tuttle M. D.
(Address) Balto. City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

E 73739

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73739

CERTIFICATE OF DEATH

94-001

16-7

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 N. Payson St. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Augusta S. Sonneman,

(a) RESIDENCE NO. 608 N. Payson St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Sonneman,

6 DATE OF BIRTH (month, day, and year) Nov. 17. 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Frederick J. Hartleb,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Augusta Legeman,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry Sonneman (Address) 608 N Payson St

15 Filed NOV 9 1931 C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) NOV 7 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1931, to Nov 7, 1931, that I last saw h[illegible] alive on Nov 7, 1931, and that death occurred, on the date stated above, at 11 15 a. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. B. Sonneman Hoodless M. D.

(Address) 2216 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL NOV 10 1931

20 UNDERTAKER Geo W Settle

ADDRESS 2700 EDMONDSON AVE.

V 9 1931

IMPORTANT. See instructions on back of certificates.

AACo. 5-31 250B

73740 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-6

E 73740

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1326 Wilcox St. 9-16 (Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick Lynn

(a) Residence: No. 1326 Wilcox St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Julia Lynn

6. DATE OF BIRTH (month, day, year) Oct 30 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Luke Lynn

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ellen Landers

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss Mary Lynn
(Address) 2009 E Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Mrs Cathedral Date Nov 2 1931

19. UNDERTAKER Geo M Ford & Son
(Address) 211 N Howard St

19. FILED ..... 19.. Registrar.

V 9 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1931 to Nov 2 1931

I last saw h alive on 19 death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Ia. Bronchio Pneumonia	Nov 2
Capillary Bronchitis	Oct 25 31

Other contributory causes of importance:

old age

Name of operation Retrodisone Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M Fenlon M. D.

(Address) 710 E Chase St

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73741

CERTIFICATE OF DEATH

145-31

E 73741

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. ST. 8-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Genevieve Edna Chaillou

(a) RESIDENCE NO 2203 Mura ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Paul J. Chaillou

6 DATE OF BIRTH (month, day, and year) March 29, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	24	7	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): ----
(c) Name of employer: ----

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER William Bright

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER Ida Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Ida Bright

(Address): 957 N. Castle St.

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

Dec. NOV

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6th. 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

THE CAUSE OF DEATH* was as follows:

Ineritable Abortion

(duration) yrs. 0 mos. 1 ds.

CONTRIBUTORY (Secondary) Puerperal Septicaemia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of ---

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Physical Signs

(Signed) Guy N. Thomas, M. D. Coroner

11/7, 1931 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mathews

DATE OF BURIAL: Nov. 10, 31

20 UNDERTAKER: L. Miller & Son

ADDRESS: 2334 Pitkin Ave.

NOV 9 1931

mation should be carefully supplied. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

73742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-201 E 73742

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 619-Melville Ave. ST., 9-47 WARD)

2-FULL NAME Freda Milton (Marks previous Marriage)

(a) RESIDENCE NO. 619-Melville Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Milton

6 DATE OF BIRTH (month, day, and year) About 36-yrs (1895)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
About 36-yrs				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Library Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Johns Hopkins University

9 BIRTHPLACE (city or town) (State or country) Formerly Austria now Trieste, Italy

PARENTS

10 NAME OF FATHER Alfons Schaffenhauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Formerly Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Charles Milton
(Address) YMCA-Bldg. Washington, DC.

15 Filed 9 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Illuminating Gas Poisoning-Suicide
(All jets of kitchen range on)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) [illegible] Coroner, M. D.

Nov 9/31 19 (Address) 598 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL 11/10/31 19

20 UNDERTAKER George J. Roth Co

ADDRESS 1135 Hanford

TION is very important. See instructions on back of certificate.

AACo. 5-31 2500

E 73743

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73743

CERTIFICATE OF DEATH

95-002

4-25

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 320- N. Green Street St.) (Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME Rosario Serio

(a) Residence: No. 320- N. Green Street Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maria (Geppi)

6. DATE OF BIRTH (month, day, year) 9/14/1858

7. AGE Years	Months	Days	If LESS than 1 day hrs. min.
73	1	25	xxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fruit Dealer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME Salvatore Serio
14. BIRTHPLACE (city or town) (State or country) Italy
15. MAIDEN NAME Concetta Brocato
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Frank Geppi
(Address) 320-N. Green Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 11/10/31 19

19. UNDERTAKER Geo. J. Kost Inc.
(Address) 1735-Harford Ave. Balto. Md.

20. FILED 19 Registrar

NOV 9 1931 C. HAMPSON-DEAN, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-7, 1931

22. I HEREBY CERTIFY, That I attended deceased from 1-1, 1931, to 11-7, 1931

I last saw h[illegible] alive on 11-7 1931 death is said to have occurred on the date stated above, at 10.8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis -	[illegible]
with hypertension -	[illegible]
& cardio renal sequelae.	syncope -
Other contributory causes of importance:	
Broncopneumonia	months
& Subacute intestinal infection	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) S. Bruno M. D.
(Address) Medical Attendant

state CAUSE OF DEATH in plain terms, and must not give mode of dying. See instructions on back of certificate.
OCCUPATION is very important.

1-30—M. & T.—100 B—50L

E 73744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73744

82-20/

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St.Agnes Hospital ST. 20-69 WARD)

2-FULL NAME Fredrick C Goodmuth

(a) RESIDENCE NO 2671 Fredrick Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margret W Goodmuth

6 DATE OF BIRTH (month, day, and year) July 5,1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45	4	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) Wilson & Martin Co
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore , Md.

PARENTS

10 NAME OF FATHER George Goodmuth

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

14 Informant Margaret Goodmuth
(Address) 2671 Fredrick Ave

15 ... 1931 CLAMPOR JONES ... 1931
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 8th. 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) ------ (duration) --- yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home
Did an operation precede death? No Date of ---
Was there an autopsy? No
What test confirmed diagnosis? Physical signs

(Signed) Guy N. Thomsell, M. D.
Coroner
11/8, 1931 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ... DATE OF BURIAL 11-10 1931

20 UNDERTAKER ... ADDRESS ... St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NOV 9 1931

AACo. 5-31 250P

HEALTH DEPARTMENT—CITY OF BALTIMORE

73745

CERTIFICATE OF DEATH

E 73745

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 9-46 St., (Ward) 194-081

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Bruce Hook Jr

(a) Residence: No. 809 Reese St St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-13-29

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Bruce Hook Sr

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Gertrude Miller

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mother
(Address) 809 Reese St

18. BURIAL, CREMATION, OR REMOVAL
St Mary's (Crmptn) Date 11/11/1931

19. UNDERTAKER Wm Cook
(Address) 1217 E Balto

20. Date 9 1931 A. 19... Registrar

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-9 , 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-5 , 1931, to 11-9 , 1931

I last saw h/ alive on 11-9 1931 death is said to have occurred on the date stated above, at 12 40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Foreign body (Coin) in Bronchus	11-3 31
Other contributory causes of importance: Bronchial pneumonia, R Lung	11-3 31

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac A. Fisher, M. D.

(Address) Union Memorial Hosp.

Spec.—1-30—M. & T.—250 lbs

E 73746

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73746

CERTIFICATE OF DEATH.

REGISTERED NO. 95

1-PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 - Eastern Avenue ST. 11-24 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Dailey.

(a) RESIDENCE NO. 812 - Park Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Daily 1858

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73 yrs			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Baltimore County.
(State or country) Maryland

PARENTS

10 NAME OF FATHER James Ryan

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Clifford

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant [illegible] Memorial Hospital
(Address) [illegible]

15 Filed NOV 9 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 5, 1931, to Nov. 7, 1931, that I last saw h[illegible] alive on Nov 7, 1931, and that death occurred, on the date stated above, at 10.25 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation

(duration) yrs. 8 mos da.

CONTRIBUTORY (Secondary) Arterio-sclerosis & hypertension (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) [illegible] M. D.

11-7-31, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

20 UNDERTAKER [illegible]

DATE OF BURIAL 11/10 1931

ADDRESS [illegible]

CAUSE OF DEATH IS VERY IMPORTANT See instructions on back of certificate.

NOV 9 1931 H. C. HAWKINS, M.D.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73747

E 73747

CERTIFICATE OF DEATH

121

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St Agnes Hospital Catherine Conover ST. 9-18 (WARD)

2—FULL NAME Henry R Bryan

(a) RESIDENCE NO. 1136 E North Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed or divorced — HUSBAND of (or) WIFE of: Mary R Bryan

6 DATE OF BIRTH (month, day, and year): Dec 17 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): Gulford Realty Co.

(c) Name of employer: Linen Supply Co.

9 BIRTHPLACE (City or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Robert Bryan

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Emma R Parsons

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Md

14 Informant: Harry Lantz

(Address) 1132 E Chase St

15 Filed NOV 9 1931

16 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 4, 1931, to Nov 9, 1931, that I last saw h alive on Nov 9, 1931, and that death occurred, on the date stated above, at 5:55 A m.

The CAUSE OF DEATH* was as follows:

Ruptured Appendix
Disseminated Peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Toxemia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 11/5/31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) W H Hendrix, M. D.

(Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cantrell Md

DATE OF BURIAL: 11/11/31

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 Broadway

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

Dr Known 1938 Linden Ave Mad 0094

E 73748 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-00 E 73748

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2532 Garrett Av St.) 9-46 (WARD)

2 FULL NAME Margaret M. Eddleman

(a) RESIDENCE NO. 2532 Garrett Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. (If of foreign birth) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 5th 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	2	

8 OCCUPATION OF DECEASED None

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wallace R Eddleman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Elizabeth Griffiss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Wallace R. Eddleman (Address) 2532 Garrett Ave

15 Filed [illegible] 19 HAMPSON JONES, M. D. Registrar

9 19 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7th 1931

17

I HEREBY CERTIFY, That I attended deceased from October 31st, 1931, to Nov. 7th, 1931

that I last saw h er alive on Nov 7th, 1931

and that death occurred, on the date stated above, at 11 45 p m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Diagnosis

(Signed) J W Keown M. D.

Nov. 9, 1931 (Address) 1938 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 11/10/31

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

CAUSE OF DEATH to be plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

AaCo. 5-31 250B

E 73749 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 73749

CERTIFICATE OF DEATH

48

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2320 Homestead St. 9-46 Ward)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia I. Ashauer.

(a) Residence: No. 2320 Homestead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Ashauer

6. DATE OF BIRTH (month, day, year) Dec 2. 1880

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	50	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ct Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles Rogers

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Emma Nelson

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Wm F. Ashauer
(Address) 2320 Homestead St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Nov 11. 1931

19. UNDERTAKER John Minnich
(Address) 2401 Nelson St

20. FILED NOV 10 1931 21. [illegible] JAMES SON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8. 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 3. 1931 to Nov 8. 1931

I last saw h[illegible] alive on Nov 8. 1931 death is said to have occurred on the date stated above, at 8 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma uterus	

Other contributory causes of importance Chr Nephritis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ? Date of injury , 19

Where did injury occur? ?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur C Monnrgs M.D.

(Address) 800 E North Ave

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—501.

73750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167 E 73750

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2213 Lake Ave ST. 8-42 (WARD)

2-FULL NAME William N. Bartels

(a) RESIDENCE NO 2213 Lake Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs ..... mos ..... ds. How long in U. S., if of foreign birth? ..... yrs ..... mos ..... ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Bartels

6 DATE OF BIRTH (month, day, and year) Oct 3/1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
(58)	52	1	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Attorney at Law
(b) General nature of industry, business, or establishment in which employed (or employer) 6 12
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry Bartels

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Wentzel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Louise Bartels (Address) 2213 Lake Ave

15 Filed ..... 1931 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot wound region of heart- Suicide

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. Gill Wilson Coroner, M. D.

No. 2101 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem.

DATE OF BURIAL Nov 9, 19 31

20 UNDERTAKER John Emrich

ADDRESS 200 E Biddle

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 10 1931

Spec.—1-10-21—M&T—1500 Blks.

E 73751

HEALTH DEPARTMENT—CITY OF BALTIMORE

1001

107 E 73751

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH: Franklin Square Hospital

CITY OF BALTIMORE: (No.) 3-57 Lightly & Calhoun STREET WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Annie C. Williams

(a) RESIDENCE NO. 3556 Buena Vista Ave STREET WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 8-70

7 AGE: Years 61 Months 2 Days 24 If LESS than day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Teacher.

(b) General nature of industry, business, or establishment in which employed (or employer): Public

(c) Name of employer: City

9 BIRTHPLACE (City or town) (State or country): Balto Co Md

PARENTS

10 NAME OF FATHER: Dennard S. Williams

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto. Co

12 MAIDEN NAME OF MOTHER: Ada M. Rush

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto City

14 Informant: Miss Ellen Williams

(Address) 3556 Buena Vista Ave

Registrar

NOV 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-9 1931

17 I HEREBY CERTIFY, That I attended deceased from 11-3 1931 to 11-9 1931.

that I last saw h[illegible] alive on 11-9 1931.

and that death occurred, on the date stated above, at 12.05 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary): None (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) W. Schreiter M. D.

19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE- MOVAL: St Mary's Hampden DATE OF BURIAL Nov 12 1931

UNDERTAKER: H S Marshall ADDRESS: 3539 Fall Rd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

E 73752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18 V E 73752

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals ST. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Lucille Perry

(a) RESIDENCE NO 838 S East ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 5 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
2	2	6	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Roy N Perry

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Carolina

12 MAIDEN NAME OF MOTHER Irene Lohman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Roy N Perry

(Address) 838 S East ave

15 Filed ... 192 ... Registrar

V 10 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Enquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Enquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

(16 Nov 9) Accidental Burns (shock)

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) P O Kenzig M.D. M. D. Coroner

11/10 1931 (Address) 1305 N Bel Pk ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn	11/10 1931
20 UNDERTAKER	ADDRESS
Lilly Fairlawn	403 W Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73753

E 73753

CERTIFICATE OF DEATH

12 V

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Ceil Apts - 11-24 ST. / WARD)

2 FULL NAME Charlotte Louise Hill

(a) RESIDENCE NO. Ceil Apts - ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 89 yrs. 4 mos. 23 ds. How long in U. S., if of foreign birth? 89 yrs. 4 mos. 23 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William B. Hill

6 DATE OF BIRTH (month, day, and year) June 12 1842

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
89	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Francis A. Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Georgiana Shafer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Mary Hill Mudenus Daughter
(Address) 1207 Eutaw Place

15 Filed NOV 10 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1931

17

I HEREBY CERTIFY, That I attended deceased from —, 1921, to Nov 8, 1931

that I last saw h er alive on Nov 8, 1931

and that death occurred, on the date stated above, at 4 30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis: Cardiovascular Renal disease

Symptoms (duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Louis P Hamburger M. D.

Nov 9, 1931 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Lorraine Memorial Cemetery — DATE OF BURIAL Nov 11 1931

20 UNDERTAKER Stewart & Co. ADDRESS Balto.

CAUSE OF DEATH is plain terms, so that it may be understood by a layman. TION is very important. See instructions on back of certificate.

A&Co. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

73754 CERTIFICATE OF DEATH 18 E 73754

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hospital St. or L. Ward)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Little~~ MAY Valtore

(a) Residence: No. Pylesville, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis P. Valtore.

6. DATE OF BIRTH (month, day, year) 1/4/13

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~F~~	18	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pylesville Md.

MOTHER'S FATHER

13. NAME Melville Cranwell
14. BIRTHPLACE (city or town) (State or country) Pylesville Md.

MOTHER

15. MAIDEN NAME Sadie De Voe
16. BIRTHPLACE (city or town) (State or country) Pylesville, Md.

17. INFORMANT (Address) Louis P. Valtore Pylesville, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Highland Bald Nov 12 1931

19. UNDERTAKER (Address) J. J. Sinclair, Jr. Forest

20. FILED NOV 10 1931 ID Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/9, 1931

22. I HEREBY CERTIFY, That I attended deceased from 11/9/31, 1931, to 11/9, 1931

I last saw her alive on 11/9, 1931 death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st, 2nd & 3rd degree burns, Covering 3-4ths of body	11/9/31 (Thrombosis)

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury Nov 9 1931
Where did injury occur? Pylesville, Md. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Clothing caught fire from stove
Nature of injury Body extensively burned.

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Housewife

(Signed) Samuel McCambon, M. D.
(Address) Union Memorial Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

Spec.—9-30—A. & Co.—250 Blks

E 73755 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73755

CERTIFICATE OF DEATH

1 PLACE OF DEATH Left Pat in re Lunacy Writ 121 REGISTERED NO 70-69

CITY OF BALTIMORE (No ST. WARD (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME ROYAL, Clarence Tapman (TAPMAN)

(a) RESIDENCE NO 2101 W. Mulberry ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 4 mos. 8 ds. How long in U. S., if foreign-born? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX (Male) 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Tapman

6 DATE OF BIRTH (month, day, and year) June 2, 1892

7 AGE Years 39 Months 4 Days 10 9 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Manager 5 & 10¢ Store
(b) General nature of industry, business, or establishment in which employed (or employer) 086
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS
10 NAME OF FATHER Geo E. Tapman
11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md
12 MAIDEN NAME OF MOTHER Minnie Thompson
13 BIRTHPLACE OF MOTHER (city or town) Phila (State or country) Pa

14 Interment (Address) Mrs Anna Tapman 2101 W. Mulberry

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/9/31

17
I HEREBY CERTIFY, That I attended deceased from 11/7/31 to 11/9/31

That I last saw h alive on 11/9 19 31

and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:
Paralytic Ileus

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Perforated Duodenal Ulcer

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/7/31

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 (Address) 120 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Nov. 11 19 31

20 UNDERTAKER Wm. J. Tickner & Son — ADDRESS N. Pa

CAUSE OF DEATH must be plainly written. See instructions on back of certificate. TION is very important.

AdCo. 5-31-250M

E 73756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 E 73756

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4008 Springdale Ave (Ward)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Parrott

(a) Residence: No. 4008 Springdale Ave. Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: John W Parrott

6. DATE OF BIRTH (month, day, year): June 7, ?

7. AGE — Years: About 85 — Months: 5 — Days: 2 — If LESS than 1 day: hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION: None

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER — 13. NAME: Lewis Jones.

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER — 15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. Henry Downey 4008 Springdale Ave

18. BURIAL, CREMATION, REMOVAL — Place: Loudon Park — Date: Nov 10 1931

19. UNDERTAKER (Address): [illegible] Fulchner, Roms North & Pa Ave.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 18th, 1931, to Nov. 9th, 1931

I last saw her alive on Nov 7th, 1931 death is said to have occurred on the date stated above, at 6.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	
Uraemic Coma	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William Krassick M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED NOV 10 1931

Spec.—2-29-28—1. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73757

CERTIFICATE OF DEATH

51-003

151 E 73757

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 S. Ellwood Ave. ST. | 1 | WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Krylko

(a) RESIDENCE NO. 1213 S. Ellwood Ave. ST. 1-st WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) 11-9-31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				51 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Raymond Krylko

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sterania Kaniuka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Raymond Krylko
(Address) 1213 S. Ellwood Ave

15 Filed 6 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-9-31

17 I HEREBY CERTIFY, That I attended deceased from 11-9-31, 19 , to 11-9-31, 19 , that I last saw him alive on 11-9-31, 19 , and that death occurred, on the date stated above, at 1:45 p. m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? ~~Physical signs of death~~ No

What test confirmed diagnosis? Physical signs of death

(Signed) I. B. Bronushas, M. D.

11-9-31 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Russian Ind. Cem.

DATE OF BURIAL Nov. 10 1931

20 UNDERTAKER John Grabliauckas

ADDRESS 423 S Paca St

important. See instructions on back of certificates.

[illegible] TO [illegible] CO., [illegible] MD.

AACo. 5-31 250B

Reilihan

HEALTH DEPARTMENT—CITY OF BALTIMORE

73758 V|31 B 73758

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 309 S. Collins Ave (St.) 20-70 (Ward)

Length of residence in city or town where death occurred 39 yrs. 6 mos. 14 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isabelle Reilihan

(a) Residence: No. 309 S. Collins Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
(or) WIFE of David E. Reilihan

6. DATE OF BIRTH (month, day, year) April 24th 1892

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
39	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME John Mayer
14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER
15. MAIDEN NAME Barbara Kuhnemann
16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT David E. Reilihan
(Address) 309 S Collins Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 10th 1931

19. UNDERTAKER F. B. Wright
(Address) Bee Entered Place 11 M.
C. HAMPSON JONES, M.
Registrar

20. FILED NOV 10 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7th, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1931, to November 7, 1931
I last saw her alive on November 7, 1931, death is said to have occurred on the date stated above, at 3.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 6th

Other contributory causes of importance:

Hypertension	?
Chronic Interstitial Nephritis	?

Name of operation None Date of

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Hooper Linthicum M. D.
(Address) 1201 N. Calvert St

state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

AACo. 5-21-1928

HEALTH DEPARTMENT—CITY OF BALTIMORE

73759

CERTIFICATE OF DEATH

+ NE 73759

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University of Md 20-69 St. ..... Ward)

Length of residence in city or town where death occurred 52 yrs. 2 mos. 6 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geo. J. Seeger

(a) Residence: No. 225 N. Fairmount Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Seeger

6. DATE OF BIRTH (month, day, year) Aug. 2. 1879

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
52	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business, in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburgh Penn.

FATHER

13. NAME Geo. Seeger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Daniels

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Angelia Seeger 225 N. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Park Date Nov 12 1931

19. UNDERTAKER F. J. Wagner (Address) 806 Eutaw Place

NOV 10 1931

20. Filed ..... M. ..... Registrar.

State CAUSE OF DEATH in plain terms. DISEASE CAUSING DEATH, or in deaths from violence, the MEANS OF INJURY; and whether ACCIDENTAL, SUICIDAL or HOMICIDAL. Do not use abbreviations or terms of doubtful meaning. Name OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8 . 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6 . 1931, to Nov 8 . 1931

I last saw him alive on Nov 8 . 1931 death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	?

Other contributory causes of importance:

Acute Edema of Glottis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? (Yes)

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milford H. Sprecher M. D.

(Address) University Hospital

Size—2-29-28—L. F. S.—500 Blks.

Rogozet

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73760

CERTIFICATE OF DEATH

46 E 73760

1—PLACE OF DEATH St Joseps Hospital
CITY OF BALTIMORE: (No. Caroline & Eager St., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Kozoget

(a) RESIDENCE NO. 953 N Washington St WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if foreign birth? 56 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sophia Kozoget

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Austria

PARENTS

10 NAME OF FATHER: Joseph Kozoget

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Marie Herlinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant: Sophia Kozoget
(Address) 953 N Washington St

15 Filed NOV 13 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-10-31

17 I HEREBY CERTIFY, That I attended deceased from 11-26-31, 19 . to 11-10-31, 19 .

that I last saw h alive on 11-10-31, 19

and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Cancer of Liver

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Dyspnoea

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 10/28/31

Was there an autopsy? No

What test confirmed diagnosis? Laparotomy

(Signed) N B Handley, M. D.

19 (Address) 22 E Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Nov 13 1931

20 UNDERTAKER: Enoch Pratt Funeral Home — ADDRESS: 1906 Eutaw Pl

Important. See instructions on back of certificate.

Spec. -9-30—A. & Co.—250 Blks.

E 73761 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73761.

CERTIFICATE OF DEATH

92-001

1 PLACE OF DEATH Hebrew Home for Aged & Infirm
CITY OF BALTIMORE: (No.) Belvedere & Greenspring Aves.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sarah Cramer

(a) RESIDENCE No. Belvedere & Greenspring Ave
(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Benjamin Cramer

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): None.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS
10 NAME OF FATHER
11 BIRTHPLACE OF FATHER (city or town) (State or country)
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Belvedere & Greenspring

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-9-31

17
I HEREBY CERTIFY, That I attended deceased from 4-9, 1930, to 11-9, 1931
That I last saw her alive on 11-9, 1931
and that death occurred, on the date stated above, at 8 P. m.
The CAUSE OF DEATH* was as follows:
Ch. cardio-valvular disease
(duration) 10 yrs. mos. ds.
CONTRIBUTORY (Secondary) Broncho-pneumonia
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Edmund Levin M. D.
. 19 (Address) Sevndale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Levy Funeral Chapel — DATE OF BURIAL: 11-10-19 31

20 UNDERTAKER: Jack Lewis, Inc. — ADDRESS: 1709 E. Balto St.

CAUSE OF DEATH is a part of the record, so that it may be proved by certificates. TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

E 73762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3105 Huntingdon Ave St. 12-51 WARD)

REGISTERED NO. 67 E 73762

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George P. Leard

(a) RESIDENCE No. 3105 Huntingdon Ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Leard

6 DATE OF BIRTH (month, day, and year) Sept 3 1891

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	2	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Automobile Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer 086

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Franklin Leard

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Lilly Arndoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Alice Leard

(Address) 3105 Huntingdon Ave

15 Filed ..... 192 ..... Registrar

CVT 5 1531

HON is very important. See instructions on back.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/9 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH was as follows:

Gun Shot wound of Head Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Hamilton, M. D. Coroner

11/10 1931 (Address) 3572 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Poplar Balto Co.	Nov 11 1931
20 UNDERTAKER	ADDRESS
Chenowith Son	3615 Hunting Ave

Spec.—9-30—A. & Co.—250 Blks

73763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 2 2 73763

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3512 E. Hamilton) ST. 27-43 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William J. Hagan

(a) RESIDENCE NO. 3512 E Hamilton Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write The word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Hagan

6 DATE OF BIRTH (month, day, and year) Feb 22-1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Asst Supt

(b) General nature of industry, business, or establishment in which employed (or employer) Cigar Mfg.

(c) Name of employer Hartley Bros Co

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm J. Hagan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Elizabeth Griffith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Eliz Hagan
(Address) 3512 E Hamilton Ave

15 Filed NOV 11 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 8 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct 8, 1931 to Nov 7 1931

that I last saw h[illegible] alive on Nov 7 1931

and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

Hemiplegia Left

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Fred Taubenberger M. D.

(Address) 500 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL 11-11 1931

20 UNDERTAKER Leonard Ruck — ADDRESS 645 Gilmor

CAUSE OF DEATH in plain terms, so that it may be properly classified. Certificates of certificates TION is very important. See instructions on back of cer

AaCo. 5-31 2108

E 73764 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73764

CERTIFICATE OF DEATH

131V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto. City Hospitals 14-20
CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geo Klumpain

(a) Residence: No. 1431 Myrtle Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, year) (?) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65(?)			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Sophia Bell
(Address) 1431 myrtle ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Nov 10, 1931

19. UNDERTAKER Mrs. Katie R Williams
(Address) 322 N. Gilmor St

FILED C. HAMPSON JONES, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-7 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-20, 1931, to 11-7, 1931

I last saw him alive on 11-7 1931, death is said to have occurred on the date stated above, at 3:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Senile~~	
Arteriosclerosis with	?
Cardio-Vascular renal	?
disease	
Arteriosclerotic Gangrene	?

Other contributory causes of importance:

Acute myocardial failure	11-4-31

Name of operation No Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Luther B. Linder M.D.

(Address) Balto City Hospitals

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

CV T 5 Inst.

1-30—M. & T.—100 B—50L

E 73765

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73765

CERTIFICATE OF DEATH

7-13 82-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. WARD)

2-FULL NAME Bertha Goldsmith

(a) RESIDENCE NO. Sinai Aged Home ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 28/1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Rubin Goldsmith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Henry Schloss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Sinai Hospital Records

(Address)

Filed NOV 10 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. H. Mann M. D. Coroner

11/10/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Hebrew

DATE OF BURIAL Nov 11 1931

20 UNDERTAKER Dave Londeree & Son

ADDRESS 1402 Eutaw Place

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 73766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 73766

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 25 19 W. Northern Av ST., 16-32 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jas Wakel

(a) RESIDENCE NO. 1219 N. Washington Av WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Elmira Wakel

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]
(c) Name of employer: Calvert Co.

9 BIRTHPLACE (city or town) (State or country): Calvert Co.

PARENTS

10 NAME OF FATHER: Jas Wakel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co.

12 MAIDEN NAME OF MOTHER: Rachel

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Calvert Co.

14 Informant: Jas Wakel

(Address) 1108 Stockton St.

15 Filed NOV 10 1931 HAMPSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Nov 5th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) Inquest thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Accident Fractured Skull & Sudden

(duration) hrs. mins. ds.

CONTRIBUTORY (Secondary) Shock by Electric Car,

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Corner Fond & 25th W. North Av.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leek, M. D.

Coroner

, 19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Friendship A. A. Co, md — DATE OF BURIAL: Nov 10 1931

20 UNDERTAKER: Thomas E. Kelson — ADDRESS 1303 Pressman St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NOV 10 1931

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73767

CERTIFICATE OF DEATH

93E 003 73767

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 619 N. Monroe St. 15-27 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Horace Preston

(a) RESIDENCE No. 319 N. Monroe St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer Date Co.

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Howard Brady
(Address) Lawson & Woods

15 Filed [illegible], 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) H. [illegible] Coroner, M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Nov 11 1931

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pennsylvania Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NOV 10 1931 [illegible] JONES, M.D.

Spec.—1-10-21—MAT—1500 Blks.

E 73768

E 73768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1591

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 Fawcett ST. 12th WARD)

2-FULL NAME Viola Frances Rosendell.

(a) RESIDENCE NO. 424 Fawcett ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 minutes yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	W	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 9, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 10 min.
	0	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER Earp Stephen Rosendell

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Viola Harwood.

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

14 Interment
(Address) Geo. Fawcett
424 Fawcett St.

NOV 1931

C. HAMPSON JONES, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 9, 1931, to Nov 9, 1931,

that I last saw her alive on Nov 9, 1931,

and that death occurred, on the date stated above, at 10 P M

The CAUSE OF DEATH* was as follows:

Premature birth

1/2 nitre - uterine

(Pulmonary hemorrhage)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) not known.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Roscoe R. Ross, M. D.

11-9, 1931 (Address) 438 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys and Lamsdale	11/12 1931
20 UNDERTAKER	ADDRESS
J. Walter Davis	348 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-20—M. & T.—100 B—601.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1861-001

E 73769

CERTIFICATE OF DEATH

E 73769

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) Provident Hosp. St. 17-21 (WARD)

2-FULL NAME Robt Hagans

(a) RESIDENCE No. 1319 Eutaw St., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Tina Hagans

6 DATE OF BIRTH (month, day, and year) Mar 25 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	7	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Porter.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Dudley N. Co.

9 BIRTHPLACE (City or town) (State or country): Joseph Hagans N. C.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Henry Wynn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant: Tina Hagans

(Address) 1319 Eutaw St.

15 [illegible] 1931 Registrar

NOV 16 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident Fractured Skull

Fall down steps. Struck head on Telephone Box

(Duration) yrs. mos. ds.

CAUSE (Secondary) (Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular Autopsy

(Signed) A. Leach, M. D. Coroner

1957 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery — DATE OF BURIAL: Nov 10 1931

20 UNDERTAKER: Archibald K. Gaudi — ADDRESS: 1814 McCulloh

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A4Co. 5-31 250M

E 73770 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 73770

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 2-16 Ward)

Length of residence in city or town where death occurred yrs. mos 17 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Barnard

(a) Residence: No. Woodholme Ave & Pinkerstown Road Balto Md St., Ward. Pikesville Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed (Once)

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Barnard deceased

6. DATE OF BIRTH (month, day, year) May 17 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55	6 5	8 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rosendale
(State or country) N.Y.

MOTHER FATHER

13. NAME John Hunt
14. BIRTHPLACE (city or town) Hurley, N.Y.
(State or country) N.Y.
15. MAIDEN NAME Jane McCook
16. BIRTHPLACE (city or town) Rosendale
(State or country) N.Y.

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place Poughkeepsie Date 11/11 1931

19. UNDERTAKER Frank A. Metzel
(Address) Pikesville Md

20. FILED NOV 10 1931 C. HAMPSON Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1931, to Nov. 5, 1931

I last saw her alive on Nov 5 1931 death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	1920(?)
Pneumonia, bronchial	Nov. 5, 1931

Other contributory causes of importance:

~~Pneumonia, bronchial~~	2 days

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Samuel McCausland M. D.

(Address) Union Memorial Hosp

State CAUSE OF DEATH in plain terms. Do not use abbreviations or OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

E 73771

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73771

CERTIFICATE OF DEATH

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns-Hopkins Hospital St. 7-9 WARD)

2-FULL NAME Philip Burnet.

(a) RESIDENCE No 2 Strand St. New Castle, ST. Del. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha J. Burnet.

6 DATE OF BIRTH (month, day, and year) Dec. 21, 1877.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	53	10	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Life Insurance
(b) General nature of industry, business, or establishment in which employed (or employer) Supt.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dover Del

PARENTS

10 NAME OF FATHER Philip Burnet

11 BIRTHPLACE OF FATHER (city or town) (State or country) Del.

12 MAIDEN NAME OF MOTHER Emma Jester

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Del.

14 Informant James T. Chandler & Son.

(Address) Wilmington, Del

NOV 19 1931 192

C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Coronary Artery Arteriosclerosis
with Obstruction

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes at Hopkins

What test confirmed diagnosis?

(Signed) J. H. Mason M. D.
Coroner

11/10/31 (Address) 508E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cheltenhill Cem. Phila. Pa

DATE OF BURIAL Nov 10 1931

UNDERTAKER J. H. Jackson Sons

ADDRESS North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. S. Co.—250 Blks

E 73772

E 73772 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1581

1 PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No.) Wilkens & Caton Aves (Street) 19-16 (Ward)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Francis Harlen

(a) RESIDENCE NO. 208 N. Carey St (Usual place of abode) St. WARD

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1 1931

7 AGE: Years 5/11/32 0 Months 5 Days 9 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Benjamin Harlen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mahoney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Next of Kin

15 Filed NOV 10 1931 C. HAMPSON JONES, M. D. Registrar By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-10-31

17 I HEREBY CERTIFY, That I attended deceased from November 10 1931, to November 10 1931

that I last saw him alive on November 10 1931

and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H Palmer Supplee M. D.

19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Catholic Cem

DATE OF BURIAL: 11/12/31

AUTHORITY

UNDERTAKER: Hope & Farley Funeral Parlors

CAUSE OF DEATH is plain, clear, so that a layman can understand it. Be sure to fill in all items. See instructions on back of certificate. ATTENTION is very important.

AsCo. 5-31 250R

E 73773

HEALTH DEPARTMENT—CITY OF BALTIMORE E 73773

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-9 Ward)

Length of residence in city or town where death occurred yrs mos 3 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Hazel Creek

(a) Residence: No. Frenaship-Md St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 26-1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	6	13	1

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 6m
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md—

MOTHER FATHER
13. NAME Arthur Creek
14. BIRTHPLACE (city or town) (State or country) Md—
15. MAIDEN NAME Elsie Gray
16. BIRTHPLACE (city or town) (State or country) Md—

17. INFORMANT Friends (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Union Chapel Date Nov 10 1931

19. UNDERTAKER P. L. Hopkins (Address) Frenaship Md

CHARLES JONES, M. D. 19 Registrar

NOV 10 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1931 to Nov 9 1931

I last saw her alive on Nov 8 1931 death is said to have occurred on the date stated above, at 3:25-15 m.

The principal cause of death and related causes of importance were as follows:

Polio myelitis — Date of onset 11-3-31

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Spl Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Warfield Co M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73774 — 159 — E 73774

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 1526 Tolcott ST. 14-20 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Dennis

(a) RESIDENCE NO. 1526 Tolcott ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male — 4 COLOR OR RACE: Col — 5 Single, Married, Widowed, or Divorced, (write the word):

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11-9-31

7 AGE — Years — Months — Days: 1 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Robert Dennis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Dorothy Cox

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Dorothy Dennis
(Address): 1526 Tolcott

15 Filed NOV 10 1931 19 — 16 [illegible]

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 4, 1931, to Nov 10, 1931, that I last saw he alive on Nov 10, 1931 and (hat death occurred, on the date stated above, at 7.00 A m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? History

(Signed) H Usonphrey M. D.

, 19 (Address) 501 N Dunbar St.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lebanon — DATE OF BURIAL: Nov 11 1931

20 UNDERTAKER: Virginia A. Brooks — ADDRESS: 1163 N. Caren

1-30—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73775

167 ✓ E 73775

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 5-21 WARD

2-FULL NAME Gertrude Merriken

(a) RESIDENCE NO. 2021 Clifton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H Merriken

6 DATE OF BIRTH (month, day, and year) July 27 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	3	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Family Welfare Worker
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: 0 & C

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Jno. Trautwein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Carolina Altdorfer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Jno Trautwein

(Address) 2021 Clifton Ave

15 Filed DEC 19 1931 CHAMPION JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest Autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Bullett Wound Through Brain; Self-inflicted Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Lord Baltimore Hotel

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Inspection

(Signed) James M Stanton, M. D. Coroner

1931 (Address) 701 E. Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western	11/11 1931
20 UNDERTAKER J W Coutz	ADDRESS 1214 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73776 ✓ 75 E 73776

REGISTERED NO.

E 73776
1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced dead at Mercy Hospital ST. 18-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles M. O'Brien

(a) RESIDENCE NO 858 W Fayett ST., ... WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E O'Brien

6 DATE OF BIRTH (month, day, and year) Sept 21 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	47	1	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Printer 063
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Unemployed Baltimore Md

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER James O'Brien

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mary E O'Brien (Address) 1502 Desoto Rd

15 Filed NOV 1 3 1931 16 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

Sudden (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Hanbon, M. D. Coroner

Nov 10, 1931 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Town — DATE OF BURIAL 11/11 1931

20 UNDERTAKER J. M. Cook — ADDRESS 1217 E Fayett St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T—100 B—501.

E 73777

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73777

CERTIFICATE OF DEATH

82

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 St. Paul ST. 11-7 WARD)

2-FULL NAME Collyn A. Keith

(a) RESIDENCE NO. 605 St Paul ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 22 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	26	11	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Public School
(b) General nature of industry, business, or establishment in which employed (or employer): Instructor
(c) Name of employer: City Schools

9 BIRTHPLACE (city or town) (State or country) Minnesota

PARENTS

10 NAME OF FATHER David P Keith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Minnesota

12 MAIDEN NAME OF MOTHER Grace Forstrom

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Minnesota

14 Informant Geo. W. Brown

(Address) 14 E Madison

15 Filed NOV 10 1931 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9 1931

17 I HEREBY CERTIFY, ~~That I~~ took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage. due to

Rupture of Middle Meningeal artery

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted, if not at place of death? /

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) James M Fenton, M. D. Coroner

11.10.1931 (Address) 702 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Goldfield, Nevada — DATE OF BURIAL: 11 11 1931

20 UNDERTAKER: J M Cook — ADDRESS: 1217 E Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A&Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

62 E 73778

E 73778

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (36-37 Ward)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U.S., if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William P. Chesshier

(a) Residence: No. no home St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	40?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman C.C.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Piedmont W. Va.

MOTHER FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) ? W. Va.

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem. Date NOV 10 1931 19

19. UNDERTAKER (Address) Returned to by Returned to Health Dept. Fitzpatrick & Kenny Funeral Home

20. FILED ..... HARRY JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1931 to Nov. 6, 1931

I last saw him alive on Nov. 6, 1931 death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pellagra	3 wks

Other contributory causes of importance: Alcoholism Chr. + Acute | 2 months

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas. Edward Jr M. D.

(Address) City Hosp.

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2502

E 73779 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73779

CERTIFICATE OF DEATH 107-001

1. PLACE OF DEATH Baltimore City Hospitals 96-37 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Flemming

(a) Residence: No. no home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora

6. DATE OF BIRTH (month, day, year) Aug. 16, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Boston Mass.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) ? N. C.

MOTHER

15. MAIDEN NAME Esther Simmons

16. BIRTHPLACE (city or town) (State or country) ? Mass.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date 11/10, 1931

19. UNDERTAKER (Name) Tolley & Sons (Address) [illegible]

20. FILED NOV 10 1931, 19 HARRISON JONES, M. D. Registrar

State CAUSE OF DEATH in part 21 and OCCUPATION in part 8 on back of certificate. See instructions on back. OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1931, to Nov. 8, 1931

I last saw him alive on Nov. 8, 1931 death is said to have occurred on the date stated above, at 7:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Unknown

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Nov 9 31 (Signed) Elmer Hightower, Jr. M. D.

(Address) Balto. City Hosp.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73780

108 E 73780

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Community Hospital St. [illegible] Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Ames

(a) Residence: No. 1402 N. Lexington St St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of single

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University Md Date NOV 10 1931

19. UNDERTAKER [illegible]
(Address)

NOV 10 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1931 to Nov. 5 1931

I last saw him alive on Nov 5 1931 death is said to have occurred on the date stated above, at 1:25 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Oct 15, 1931

Other contributory causes of importance:

Chronic nephritis	?

Name of operation none Date of

What test confirmed diagnosis? Signs + Symptoms Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Hambaker, M. D.

(Address) University Hosp

STATE CAUSE OF DEATH IN DETAIL. See instructions on back of certificate. OCCUPATION is very important.

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

73781

CERTIFICATE OF DEATH

X 46 E 73781

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3902 Groveland Ave. St. 25-63 (Ward)

Length of residence in city or town where death occurred yrs 2 mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Elizabeth Farquhar Cecil

(a) Residence: No. 3902 Groveland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Smith Cecil

6. DATE OF BIRTH (month, day, year) August 1st 1876

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	55	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairfield Pa.

FATHER

13. NAME John W. Sullivan

14. BIRTHPLACE (city or town) (State or country) New Market Md.

MOTHER

15. MAIDEN NAME Annie Farquhar

16. BIRTHPLACE (city or town) (State or country) New Market Md.

17. INFORMANT (Address) Smith Cecil 3902 Groveland Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Friends Cem. Date Nov. 11, 1931

19. UNDERTAKER (Address) Wm J. Tinsteman & Son Mount Ver. Pl. & Gay

20. 11 0 1931 C. HAMPSON JONES, M. D. Registrar

By

State CAUSE OF DEATH in such terms that OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-15, 1931, to 11-8, 1931

I last saw h[illegible] alive on 11-8, 1931 death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anemia followed by ataxic paraplegia	

Other contributory causes of importance: History 8 yrs gall bladder involvement 7 years Diabetes: 2 yrs 50 diag. as gastric carcinoma Pregnancy

Name of operation: Stomach Date of

What test confirmed diagnosis: [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Ward Wiseman M. D.

(Address) 2125 Md. Ave

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

73782

CERTIFICATE OF DEATH

13 E 73782

Registered No. 73782

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 Frederick Ave. St., 19-38 Ward)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Schmitt.

(a) Residence: No. 1613 Frederick Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Schmitt,

6. DATE OF BIRTH (month, day, year) December 9, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36 37	11	--	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Jacobs,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Agnes Imes.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank Schmitt (Address) 1613 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date NOV 12 1931

19. UNDERTAKER Geo W. Sattler (Address) [illegible]

V 10-1931 CHAMP M. JONES, M. D. Registrar

State CAUSE OF DEATH in this part. See instructions on back of certificate. OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 9 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Long ? 19 31, to Nov 9 19 31, that I last saw h[illegible] alive on Nov 9 19 31, and that death is said to have occurred on the date stated above, at 11-15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chronic	

Other contributory causes of importance: Cardiac valvular disease Myocarditis Cirrhosis Liver

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 704 Cathedral St

Spec.—1-11-29—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73783

CERTIFICATE OF DEATH.

13 E 73783

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 506 N Dallas ST. 7-9 WARD)

2-FULL NAME Addine Crosby

(a) RESIDENCE No. 506 N. Dallas ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Willie Crosby

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): Own

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): S C

PARENTS

10 NAME OF FATHER: Jaush Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country): S C

12 MAIDEN NAME OF MOTHER: Addine Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S C

14 Informant: Samuel McPherson

(Address) 506 N Dallas St City

15 Filed: 10 1931

Registrar: C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-9 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 2 1931 to Nov 9 1931

that I last saw her alive on Nov 1 1931

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Nephritis Interstitial

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) [illegible], M. D.

(Address) 52 Augusta

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Darlington So S C	10-11 1931

20 UNDERTAKER: Pratt Gilchrist

ADDRESS: 1515 McElderry St

CAUSE OF DEATH must be written plainly. See instructions on back of certificates. TION is very important

Spec.—1-30—M. & T.—250 Bks

(Prochazka)

E 73784 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73784

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 941 N Durham ST. 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Prochazka

(a) RESIDENCE NO. 941 N Durham St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Prochazka

6 DATE OF BIRTH (month, day, and year) June 25 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER not Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER not Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Mary Prochazka (Address) 941 N Carlton Street

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 10 31

17 I HEREBY CERTIFY, That I attended deceased from Oct. 8 31 to Oct 10 31

that I last saw alive on Oct 10 31 at 9a m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 3 mos da.

CONTRIBUTORY (Secondary) Cardiac Dyslysis (duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wilbur Ryland M. D.

(Address) 85 N Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakhill Cemetary DATE OF BURIAL Nov 12 1931

20 UNDERTAKER August Pasch ADDRESS 2406 Ashland Ave

Registered Oct 10-1931 C. HAMPSON JONES, M. D. Registrar

TION is very important. See instructions on back of certificates.

AACo. 5-31 2M8

HEALTH DEPARTMENT—CITY OF BALTIMORE

73785

CERTIFICATE OF DEATH

93-6 E 73785

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 21-31 St., 2 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Wesley Smith or John Wesley Osborne

(a) Residence: No. 923 S. Fremont Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Magdalena

6. DATE OF BIRTH (month, day, year) Mar. 4, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	74	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: John

14. BIRTHPLACE (city or town) (State or country): ? Md.

MOTHER

15. MAIDEN NAME: Jane ?

16. BIRTHPLACE (city or town) (State or country): ? Md.

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place W. F. Lownes Cem. Date Nov 11, 1931

19. UNDERTAKER: Wm. F. Miller & Son (Address) 3324 Pennsylvania Ave.

20. FILED NOV 10 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1931 to Nov. 9, 1931

I last saw him alive on Nov. 9, 1931 death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chr.	2 yrs.

(Other contributory causes of importance:

Hypertension and Arteriosclerosis

Name of operation: Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno. O'Neill Jr. M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Also statements of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 73786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-00 E 73786

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital St. 9-46 Ward)

Length of residence in city or town where death occurred 0 yrs. 9 mos. 3 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edgar Regner, Jr.

(a) Residence: No. 1649 Carswell St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) Oct 7, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Edgar Regner

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Estelle C. Clyde

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT (Address) Edgar Regner 1649 Carswell St.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Cem. Date Nov. 12, 1931

19. UNDERTAKER Mrs. E. Mallon & Son (Address) 2354 Gilmor St.

20. [illegible] 10 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 E, 1931, to Nov. 10, 1931

I last saw him alive on Nov. 10, 1931, death is said to have occurred on the date stated above, at 12 05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis (B. influenzae)	10/31/31

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Spinal puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Peter Meranski M. D.

(Address) Lyndenham Hospital

SEE CLASSIFICATION OF DISEASES on back of certificate. OCCUPATION is very important. See instructions

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73787

REGISTERED NO. E 73787

73787

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. St. Joseph Hospital ST. 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME (White) Mary F. Bundy

(a) RESIDENCE No. 343 E. 24th St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	black	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Bundy

6 DATE OF BIRTH (month, day, and year) July 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51	50	4		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant James M Skinner

(Address) 1625 E. Madison St

Date 10-1931, 192 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insuffiuiency

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Indigestion ?

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? History

(Signed) [illegible], M. D. Coroner

Nov 8/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Osbury Cem DATE OF BURIAL 11-10 1931

UNDERTAKER Jos. Jr. Skinner ADDRESS 1625 E. Broad St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of disease TION is very important. See instructions on back of certificate.

V 10-1931

Spec.—1-30—M. & T.—250 Blks

E 73788 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73788

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3931 Ridgewood Ave ST. 15-63 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kasian John Kneisch

(a) RESIDENCE No. 3931 Ridgewood Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of) Marie Kneisch

6 DATE OF BIRTH (month, day, and year) July 22 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs? Marie Kneisch

(Address) 3931 Ridgewood Ave.

15 Filed NOV 1931, 19 HARRISON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 10 - 31

17 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1927, to Nov 10th, 1931, that I last saw he alive on November 10th, 1931, and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Rontas Spinal Paralysis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. B. Saunders, M. D.

11/10/1931 (Address) 719 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Nov 13, 31

20 UNDERTAKER Harry R. Mumcock & Son ADDRESS 4204 Ridgewood Ave

(Secondary) ... (duration) ... yrs. ... mos. ... ds.

CAUSE OF DEATH CERTIFICATE. See instructions on back of certificates. TION is very important

AACo. 5-11 1508

HEALTH DEPARTMENT CITY OF BALTIMORE

73789

CERTIFICATE OF DEATH

93-603 ✓ E 73789

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 28-63 St. 93 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles B. Brown

(a) Residence: No. 4206 Acsdemy Ave. St., Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 31, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: John F. S. Brown

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Jennie Wright

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Cemetery Date 11/12 1931

19. UNDERTAKER (Address): Wm Cook 1217 E Fayette St

20. FILED NOV 10 1931 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1931, to Nov. 10, 1931

I last saw him alive on Nov. 4, 1931 death is said to have occurred on the date stated above, at 6:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chr	1-2 months

Other contributory causes of importance:

Arteriosclerosis, Senile	Unknown

Name of operation None Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas Gilmour Jr M. D.

(Address) Balto. City Hosp.

STATE CAUSE OF DEATH. See instructions on back of certificate. OCCUPATION is very important.

AACo. S-H 2508

D. Seth 2435 Md Ave Balto 6440 8'-E 73790

HEALTH DEPARTMENT, CITY OF BALTIMORE

73790

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 E. 34th St., 9-47 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Jane Biden

(a) Residence: No. 612 E. 34th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 30th 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Joseph Biden

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Lydia A. Randle

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Ada B. Shipley
(Address) 612 E. 34th st

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery Date 11/12/1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. 10-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10th, 1931

22. I HEREBY CERTIFY, That I attended deceased from March, 1930 to Nov. 10, 1931

I last saw h[illegible] alive on Nov. 10, 1931 death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Duration
Cardio vascular hypertension	Fourteen (14) years
Cerebral hemorrhage	1 day.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George M. Settle, M. D.

(Address) 2435 Maryland Ave

State CAUSE OF DEATH in such terms that OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E-3795

E 73791 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 51 E 73791

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1-9 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grant Jarvis

(a) Residence: No. Northumberland St., apt Ward. Wash-Ill-C

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Anna

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired. Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn -

FATHER

13. NAME Lewis Jarvis

14. BIRTHPLACE (city or town) (State or country) Va -

MOTHER

15. MAIDEN NAME Nancy McNeil

16. BIRTHPLACE (city or town) (State or country) Tenn -

17. INFORMANT Records -

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Wash D.C. Date Nov 10 1931

19. UNDERTAKER W. W. Chamberlain & Co

(Address) 1422 Eutaw St Balto Md

19 ... Registrar

NOV 10 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19 1931 to Nov. 10 1931

I last saw him alive on Nov. 10 1931, death is said to have occurred on the date stated above, at 8:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple papillomata of bladder (urinary)	?
dead right kidney (tumor?)	?

Other contributory causes of importance:

Bronchopneumonia, left	11/10/31
Bacteremia (Gram neg. bacilli)	11/8/31
Uremia	11/2/31

Name of operation Suprapubic cystotomy Date of 10/26/31

What test confirmed diagnosis? Cystoscopy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hunter Wilson Jenkins, M. D.

(Address) Johns Hopkins Hospital

STATE CAUSE OF DEATH IN TERMS OF DISEASE AND MODE OF DYING, NOT MERELY MODE OF DYING, such as heart failure, asphyxia, anemia, or uremia. Indefinite or unsatisfactory terms, such as "senility," "old age," "infirmity," "natural causes," "cardiac failure," "pneumonia," "exhaustion," "convulsions," "paralysis," "coma," "shock," "hemorrhage," "blood poisoning," "septicemia," "pyemia," "abscess," "tumor," "cancer," "malignancy," "gangrene," "ulcer," "carcinoma," "sarcoma," "leukemia," "hypostasis," "embolism," "thrombosis," "meningitis," "hydrocephalus," "apoplexy," "cerebral hemorrhage," "cerebral softening," "uremia," "diabetes," "Bright's disease," "nephritis," "cirrhosis of liver," "jaundice," "fracture," "contusion," "wounds," "burns," "scalds," "drowning," "electrocution," "suffocation," "strangulation," "poisoning," "found dead," "homicide," "suicide," "accident," "unknown," "unascertained," "supposed," "probable," "possible," "undetermined," "not known," "not given," "not specified," "not stated," "not certified," "not diagnosed," "not determined," "not ascertained," "not known to me," "not given to me," "not specified to me," "not stated to me," "not certified to me," "not diagnosed to me," "not determined to me," "not ascertained to me," "not known to me to have occurred," "not given to me to have occurred," "not specified to me to have occurred," "not stated to me to have occurred," "not certified to me to have occurred," "not diagnosed to me to have occurred," "not determined to me to have occurred," "not ascertained to me to have occurred," "not known to me to have occurred on the date stated above," "not given to me to have occurred on the date stated above," "not specified to me to have occurred on the date stated above," "not stated to me to have occurred on the date stated above," "not certified to me to have occurred on the date stated above," "not diagnosed to me to have occurred on the date stated above," "not determined to me to have occurred on the date stated above," "not ascertained to me to have occurred on the date stated above."

AACo. 5-31 2568

Bolt

HEALTH DEPARTMENT—CITY OF BALTIMORE

73792 | 108 E 73792

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 Primson St. 25-70 Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Laura Elsa Bolt

(a) Residence: No. 816 Primson Ave St, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of: Chas. C. Bolt

6. DATE OF BIRTH (month, day and year): Sept 12 68

7. AGE: Years 63 | Months 1 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa

MOTHER FATHER

13. NAME: Wm Kurtz

14. BIRTHPLACE (city or town) (State or country): Pa

15. MAIDEN NAME: Unknown not Known

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Chas C Bolt 816 Primson Ave

18. BURIAL, CREMATION, OR REMOVAL. Place: Western Cem Date: Nov 12 1931

19. UNDERTAKER (Address): D. S. Marshall 3539 Galy Road

NOV 11 1931 HAMPSON JONES M.D. Registrar

State CAUSE OF DEATH in such terms that a medical man can classify it. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1931, to Nov 10, 1931

I last saw h[illegible] alive on Nov 9, 1931 death is said to have occurred on the date stated above, at 12 3[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	Nov 4

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] Young, M. D.

(Address) 729 Eutaw St.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 ✓ E 73793

73793

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 117 Edmonson Ave ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Slater

(a) RESIDENCE NO. 117 Edmonson Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	/	/	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unk

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unk

14 Informant William Fowler

(Address) 117 Edmonson ave

Filed NOV 11 1931 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) nov 8-31

17 I HEREBY CERTIFY, That I attended deceased from Sept 24, 1931 to Nov 6, 1931, that I last saw h alive on Nov 6 1931, and that death occurred, on the date stated above, at 2 55 m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dropsy

Indefinite (duration) yrs. 1 mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Edward Fisher, M. D.

11-9, 1931 (Address) 612 Emmanent

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodbury cemetery	nov 11 1931
20 UNDERTAKER Edward Bryan	ADDRESS 1631 Pleasant st

Important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73794 (3)

E 73794

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 Orleans ST. 6-9 WARD)

2-FULL NAME William Hill, Sr.

(a) RESIDENCE NO 1708 Orleans ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred // yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EASY METHOD OF DIAGNOSIS. TION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Keymer, Md.

PARENTS

10 NAME OF FATHER John Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant William Hill, Jr., (Address) 1708 Orleans St

15 Filed NOV 11 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
Aortitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) History Syphillis (Hopkins

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Kalen, M. D. Coroner

Nov 10/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet cemetery — DATE OF BURIAL 11-12 1931

20 UNDERTAKER Edward Bryan — ADDRESS 1631 Orleans St

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73795

CERTIFICATE OF DEATH

27-56 92-081

E 73795

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 4216 Wickford Road St.) 27 (Ward)

2-FULL NAME Cecelia Gill

(a) RESIDENCE NO. 4624 Pallmall Road St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 12, 1863

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	68	4	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Home duties
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) England
(State or country)

PARENTS

10 NAME OF FATHER John Gill

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Mary E. O'Rourke

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Mrs. F. W. McComas
(Address) 4216 Wickford Road

15 Filed , 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-10 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac
Disease of
Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

11/9 1931 (Address) 1532 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Nov. 12 1931
20 UNDERTAKER John O. Mitchell & Sons, Wm. H. Mitchell	ADDRESS 900 Eutaw Place

tion should be carefully supplied. Age should be stated in years, months and days if under one year. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250P

E 73796 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

51 E 73796

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 14-20

Length of residence in city or town where death occurred 25 yrs. ... mos. ... da. How long in U.S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Benjamin Murphy

(a) Residence: No. 1726 Bolton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 4, 1840

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME William Murphy

14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER

15. MAIDEN NAME Catherine Hutchinson

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL. Place Dorsey's Date Nov 13 1931

19. UNDERTAKER (Address) Samuel Mitchell Sons 1700 Eutaw Place

20. FILED Nov 13 1931 C. EMERSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1931 to Nov. 10, 1931

I last saw h im alive on Nov. 10, 1931 death is said to have occurred on the date stated above, at 3:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate with Regional Metastases. Lumbar Vertebrae	Unknown
	History 2 mo.

Other contributory causes of importance:

Broncho-pneumonia	17 da.

Name of operation none Date of .....

What test confirmed diagnosis? Ex. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Nat Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Luther E. Leaf, M. D.

(Address) Balto. City Hosp.

state CAUSE OF DEATH in plain terms, avoiding use of abbreviations or terms peculiar to any occupation. OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 73797. HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 73797

CERTIFICATE OF DEATH 131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2809 St. Paul ST. 17-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William O. Atwood

(a) RESIDENCE NO. 2809 St. Paul ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline B. Oursler

6 DATE OF BIRTH (month, day, and year) Oct. 6, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Civil Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER William O. Atwood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Anna Hammond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Mrs. William O. Atwood

(Address) 2809 St. Paul St.

15 Date NOV 14 1931 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10th 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 15. 1931. to Nov 10th. 1931.

that I last saw him alive on Nov 9th. 1931

and that death occurred, on the date stated above, at 5. a m.

The CAUSE OF DEATH* was as follows:

Thrombosis of Coronary artery

(duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic nephritis (duration) ? Unknown

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Jefferson Buck M. D.

11/10 19 31 (Address) 5. Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge Cemetery

DATE OF BURIAL Nov. 12 19 31

20 UNDERTAKER John O. Mitchell & Sons, 1900 Eutaw Pl

Important. See instructions on back of certificates.

AACo. 5-11 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2582 [illegible] 38

97-001 V

97 C 73798

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 14-20 Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME William Howard

(a) Residence: No. 1617 Madison ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME William Howard

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Laura Wortham

16. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

MOTHER

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL.

Place Bethlehem Date Nov 13 1931

19. UNDERTAKER Stevens Funeral Home

(Address) 29 W Lexington St

CV 1-1 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept-21, 1931, to Nov 9, 1931

I last saw him alive on Nov-9 1931 death is said to have occurred on the date stated above, at 11.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	Feb 1931
Other contributory causes of importance: Rheumatic Heart Disease	1919

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Allan Barnes, M. D.

(Address) Johns Hopkins Hospital.

See instructions on back of certificate. OCCUPATION is very important.

Spec.—2-29-28—L. F. S.—500 Blks.

73799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 73799

REGISTERED NO. 107

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 Whitelock ST. 13-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Leola Harris

(a) RESIDENCE NO. 1502 Whitelock ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Nov 4. 1906

7 AGE — Years: 25 — Months: — Days: 4 — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Moses Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Edwinia Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

11 Informant: Moses Harris (Address): 1502 Whitelock St.

15 Filed NOV 11 1931 H. M. R. JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 8. 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 10. 1931. to Nov 8. 1931.

that I last saw h~~e~~r alive on Nov 8. 1931. and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Bronchs-Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Acute Bronchitis (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Paul Brown, M. D.

11 9 1931 (Address) 1663 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

UNDERTAKER: Adam H. Chase & Son

DATE OF BURIAL: 11-11-1931

ADDRESS: 638 N. Gilmor

Important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

73800

CERTIFICATE OF DEATH

131 E 73800

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 13-57 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estella Lake

(a) Residence: No. 1320 Morling Ave. St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James B. Lake.

6. DATE OF BIRTH (month, day, year) March ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50?	8.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Desp[illegible]aux

14. BIRTHPLACE (city or town) (State or country) ? ?

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Nov. 12, 1931

19. UNDERTAKER Walter Lowe

(Address) 501 Eutaw St.

20. FILED NOV 11 1931 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1931 to Nov. 9, 1931

I last saw her alive on Nov. 9, 1931 death is said to have occurred on the date stated above, at 3:25 m. P.M.

The principal cause of death and related causes of importance were as follows:

chronic nephritis — Date of onset 6 mo. (?)

Hypertrophied arthritis of spine.

Other contributory causes of importance:

Anemia. — 8 da.

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Luther E. Leete M.D.

(Address) Balto. City Hospitals

SEE BACK OF BURIAL PERMIT FOR INSTRUCTIONS. OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 73801

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 22-02 E 73801

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 568 Gold St. 14-59 WARD)

2-FULL NAME John Dorsey

(a) RESIDENCE No. 568 Gold ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Loner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Ind.

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unk.

12 MAIDEN NAME OF MOTHER Unk.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unk.

14 Informant Martha Dorsey
(Address) 809 Whitelock

15 Filed NOV 11 1931 Registrar C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Intestinal Obstruction

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Hobart Cordon, M. D. Coroner

19 (Address) N.A.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 11/11/19 31

20 UNDERTAKER Wm. Lee C. Holland — ADDRESS 1618 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

Dr. Settle ✓ 2435

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73802

CERTIFICATE OF DEATH.

82-001 73802

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2818 Parkwood Ave ST. WARD 43-54

2-FULL NAME William E. Legg.

(a) RESIDENCE NO. 2818 Parkwood Ave ST.

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Edith Legg.

6 DATE OF BIRTH (month, day, and year): June 21-1855

7 AGE: Years 76 Months 4 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: Moses Legg.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Maria Wrightson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: Edith Legg

(Address): 2818 Parkwood Ave

15 Filed NOV 11 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 10th 31

17 I HEREBY CERTIFY, That I attended deceased from July 14, 1931, to Nov. 10, 1931.

that I last saw him alive on Nov. 10, 1931.

and that death occurred, on the date stated above, at 1 p m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary): Cerebral softening

(duration) yrs. 2½ mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical examination

(Signed) Frank M Settle, M. D.

11/10, 1931 (Address) 2435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sturmville Md. DATE OF BURIAL: 11-11 1931

20 UNDERTAKER: Bernard C Harle ADDRESS: 1000 S Paca St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CONDITION is very important. See instructions on back of certificates.

AACo. 4-31 250M

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

733803

82-T-24 733803

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3823 Eastern St., 16-37 Ward)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ferdinand Berkenkemper

(a) Residence: No. 3823 Eastern St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Berkenkemper

6. DATE OF BIRTH (month, day, year) July 20 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
70	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Berkenkemper Jr

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Mary Algon (Address) 3823 Eastern

18. BURIAL, CREMATION, OR REMOVAL. Place Baltimore Date Nov 12 1931

19. UNDERTAKER Wm Uhlir (Address) 2008 Aliceanna St

20. FILED 1931 H. C. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3 1931 to Nov. 9 1931

I last saw him alive on Nov. 9 1931 at 3:30 A.M. death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coro Thrombosis	
Pneumonia Hypostatic	
Dilated Heart	

Other contributory causes of importance:

Arterial Sclerosis

Name of operation None Date of None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Peter F. Brantner M.D.

(Address) 3508 Fourth St

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

Spec—1-30—M. & T.—250 Bks

Gannon

E 73804 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE E 73804

CERTIFICATE OF DEATH.

23

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 16-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Gannon

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Thomas Gannon

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Anna Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor (Address) C. HARRISON JONES, M. D.

15 Filed NOV 1 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 10th 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 6 . 1931 . to Nov 10 . 1931 .

that I last saw her alive on Nov 10 . 1931 .

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Peritonealis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Asthma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) C. H. Jones M. D.

Nov. 10. 1931 (Address) 1114 Hollins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters

DATE OF BURIAL Nov. 12. 1931

20 UNDERTAKER Ryle Wedefeld

ADDRESS Ave Gramont

TION is very important. See instructions on back of certificates.

AaCo. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

B 73805

CERTIFICATE OF DEATH

V 93-B 73805

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U.S. Marine Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. St. ..... Ward) 1-3

Length of residence in city or town where death occurred 61 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry S. Shettle

(a) Residence: No. 705 S. Lakewood Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of [redacted]

6. DATE OF BIRTH (month, day, year) Dec. 25, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lighthouse Service

10. Date deceased last worked at this occupation (month and year) 12-23-29

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Daniel Shettle

14. BIRTHPLACE (city or town) (State or country) Hampton, Va.

MOTHER

15. MAIDEN NAME Mary Stoddard

16. BIRTHPLACE (city or town) (State or country) Boston, Mass.

17. INFORMANT (Address) Records, U.S. Marine Hospital Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL St. Marys, Hampden Date Nov. 12, 1931

19. UNDERTAKER (Address) E. Leroy Stiffler, Inc. 125 E. Monta[illegible] Ave.

[illegible] HAMILTON JONES, M. D.
Registrar.

NOV 12 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from December 28, 1929 to November 9, 1931

I last saw him alive on November 9 1931 death is said to have occurred on the date stated above, at 6:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic (Prior to 12-'29	
Arteriosclerosis, general	

Other contributory causes of importance:

Cardiac hypertrophy and dilatation	11-3-31

Name of operation ..... Date of .....

What test confirmed diagnosis C & L Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify .....

(Signed) Gordon A. Abbott, M. D.

(Address) U.S. Marine Hospital

INSTRUCTIONS: Fill in this certificate so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73806

CERTIFICATE OF DEATH

131 E 73806

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 518 Tunbridge Road ST. 27-48 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Alice Mays.

(a) RESIDENCE NO. 518 Tunbridge Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
female	white	married

a If married, widowed, or divorced — HUSBAND of (or) WIFE of Albert Mays

6 DATE OF BIRTH (month, day, and year) Nov. 20, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ruth Bull

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

11 Informant Albert Mays

(Address) 518 Tunbridge Road

15 (Date received) NOV 12 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1931, to Nov. 10th, 1931, that I last saw her alive on Nov. 10th, 1931 and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Robert L. Kirk, M. D.

11/11. 1931 (Address) 3126 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Weisburg, Balto. County

DATE OF BURIAL Nov. 12, 1931

20 UNDERTAKER E. Leroy Stiffler, Inc.

ADDRESS 125 E. North ave.

Important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 lots

Ella Mitchell

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73307

CERTIFICATE OF DEATH

E 73307

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 437 Orchard ST. 11-24 WARD)

2. FULL NAME Ella Mitchell 437 Orchard

(a) RESIDENCE NO. 437 Orchard ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

PARENTS

10 NAME OF FATHER Benj. Watts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Montgomery Co.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Montgomery Co.

14 Informant (Address) Lottie Wingo 437 Orchard

15 Filed 11-25-31 HAMILL JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/9/31

17 I HEREBY CERTIFY, That I attended deceased from June 31, 19 to 11/9/31, 19

that I last saw h alive on 11/8/31, 19

and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:

Progressive Re-
nal Insufficiency
Mild Attack of
June 31, (duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Hypertension
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Geo. Ellis M. D.

11/12/31 (Address) 4 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Lincoln Park D.C. DATE OF BURIAL. 11/13/31

20 UNDERTAKER Samuel P. Bewley & Bride

CAUSE OF DEATH must be plainly written. Any person who wilfully makes any false statement in this certificate shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars or by imprisonment not exceeding six months or by both such fine and imprisonment. See page 3 of this book of certificates. TION is very important. See instructions on back of

Spec.—1-12-23—M&T—500 Blks.

Banks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73808

CERTIFICATE OF DEATH.

95.002 E 73808

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 419 Mosher ST. 14 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter H. Banke, Sr.

(a) RESIDENCE NO. 419 Mosher ST. 14 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie M. Banke

6 DATE OF BIRTH (month, day, and year) Dec. 9- 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	11	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) U. S. P. O.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John D. Banke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Etta Stanley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Lillie M. Banke wife (Address) 419 Mosher Street

15 Filed NOV 19 1931 H. JONES JOHNSON, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 9" 1931

17 I HEREBY CERTIFY, That I attended deceased from November 7 1931 to November 9 1931, that I last saw him alive on November 9 1931, and that death occurred, on the date stated above, at 4:00 P. m.

The CAUSE OF DEATH* was as follows: Organic Heart disease.

(duration) yrs. 3 mos 16 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) J. Bonnell Taylor, M. D.

11/11/1931 (Address) 2937 N Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery

DATE OF BURIAL Nov. 12 1931

20 UNDERTAKER C. Louis M. Johnson

ADDRESS 2338 Madison Ave

CAUSE OF DEATH must be stated plainly. See instructions on back of certificates.

THION is very important

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73309

REGISTERED NO. 1071-001 E 73309

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hosp. (St.) 345-21 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert Arthur

(a) RESIDENCE NO. (Usual place of abode) 1608 Baker ST. Balt. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 24 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W. Pete.

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced, HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Sept 18th 31

7 AGE: Years — Months 1 — Days 21 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or foreign country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Elwyn E. Ardinel

11 BIRTHPLACE OF FATHER (city or town) (State or foreign country): Boston Mass

12 MAIDEN NAME OF MOTHER: Helen F. Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or foreign country): Cecilton, Md

14 Informant: Mrs E. Arthur

(Address): 1608 Baker St

15 Filed: 11-12-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/9/31

17 I HEREBY CERTIFY, That I attended deceased from Nov 6 . 1931 . to Nov 9 . 1931 .

that I last saw him alive on Nov 9 . 1931

and that death occurred, on the date stated above, at 9 10 P. m.

The CAUSE OF DEATH* was as follows: Bronchial Pneumonia

(duration) yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary): Immature Pregnancy

(duration) yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Fortunato Gardner, M. D.

. 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenlawn

DATE OF BURIAL: 11/14/31

20 UNDERTAKER: H. Maurice Poulson

ADDRESS: 2216 W. North Ave

Important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73810

REGISTERED NO. 119 E 73810

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 73810

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1557 Leslie ST. 15-21 WARD)

2-FULL NAME John Butler

(a) RESIDENCE NO. 1557 Leslie ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 26 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		6	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer None

9 BIRTHPLACE (City or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Butler

11 BIRTHPLACE OF FATHER (City or town) (State or country) Char Co.

12 MAIDEN NAME OF MOTHER Lucy Reese

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Charles Co

14 Informant Lucy Butler (Address) 1557 Leslie

15 Date Received NOV 12 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Nov 10 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. ..... mos 4 da

CONTRIBUTORY (Secondary) (duration) yrs. ..... mos. ..... da

Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) C. Hampson Jones, M. D. Coroner

(Address) 1304 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters S. Cemetery

20 UNDERTAKER Thomas E. Kelson

DATE OF BURIAL Nov 12 1931

ADDRESS 1303 Pressman

CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of cause of death is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 73811

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73811

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1300 Gilmore St. 5-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alberta Robinson

(a) RESIDENCE NO. 1300 Gilmore ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Robinson

6 DATE OF BIRTH (month, day, and year) May 2 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	40	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Louisiana

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

14 Informant Richard Robinson (Address) 1300 Gilmore St

15 Filed DEC 12 1931 19 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-10-1931

17 I HEREBY CERTIFY, That I attended deceased from 11-5 .1931. to 11-10 .1931.

that I last saw her alive on 11-9 .1931.

and that death occurred, on the date stated above, at 2:15 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) unknown

unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Frank H. Saunders M. D.

11-10-1931 (Address) 029 Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Nov 13 1931

20 UNDERTAKER Thomas E. Kelson

ADDRESS 330 Forstman St

DEC 12 1931

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-09 E 73812

REGISTERED NO. E 73812

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 540 N. Bond St ST. 7-9 WARD)

2-FULL NAME George Bailey, Jr.

(a) RESIDENCE NO. 1538 McElderry ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [redacted] yrs. 9 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Bailey

6 DATE OF BIRTH (month, day, and year) Feb 5/1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	10	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pocomoke City, Md.

PARENTS

10 NAME OF FATHER George Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pocomoke City, Md.

12 MAIDEN NAME OF MOTHER Annie Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pocomoke City, Md.

14 Informant Annie Bailey

(Address) 1538 McElderry St

Filed NOV 12 1931 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Suffocation- Odema of pharynx & Larynx.

CONTRIBUTORY (Secondary) Probably peritonsilar abcess (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? History- Presbyterian Eye & Throat Hospital

(Signed) [signature] Coroner. M. D.

11/12/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Antioch Cemetery DATE OF BURIAL Nov 13 1931

20 UNDERTAKER Chas. H. Johnson ADDRESS 446 N. Carlton St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73813

REGISTERED NO. E 73813

1-PLACE OF DEATH. (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) 3341 W Belle ST. 11-24 WARD

2-FULL NAME Evelyn Stanton

(a) RESIDENCE NO. 3341 W Belle St., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem 4 COLOR OR RACE Col 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 23 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work mo
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Leon Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Flossie Stanton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (Address) Mrs Flossie Stanton 3341 W Belle St

Filed NOV 12 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (duration) ..... yrs. mos 2 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas E Glenn M. D. Coroner

(Address) Towson Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemy — DATE OF BURIAL 11-12 1931

20 UNDERTAKER Wm J Carty — ADDRESS Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact settlement of doubtful points is very important. See instructions on back of certificate.

Rynn.—6-9-19—H. P. Co.—1000 Blks.

73814

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73814

131V

CERTIFICATE OF DEATH.

REGISTERED NO. 1

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1122 Eachcomm ST.) 16-22 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katie Ridgeout

(a) RESIDENCE. NO. 1122 Eachcomm ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50+ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Leven Ridgeout

6 DATE OF BIRTH (month, day, and year): June 2-1-1879

7 AGE: Years 52 | Months 5 | Days 9 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Wife

(b) General nature of industry, business, or establishment in which employed (or employer): Housekeeping

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Elliott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dorchester Co. Md

12 MAIDEN NAME OF MOTHER: Amanda Simms

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant (Address): Leven Ridgeout 1122 Eachcomm St

NOV 12 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 10 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1931, to Nov 10, 1931, that I last saw h[er] alive on November 9, 1931, and that death occurred, on the date stated above, at 12 10 A. m.

The CAUSE OF DEATH* was as follows:

Reflex Gastro Enteritis & Cardiac Failure in Compensation (duration) yrs. 2 mos. 2 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis & Caries (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Wm. H. Wright M. D.

11/10, 1931 (Address) 1209 Forrest Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetery	11-12-1931
20 UNDERTAKER	ADDRESS 916
David Carter	Pa ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

73815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12 V E 73815

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 832 Born Court St. 18-26 Ward)

2-FULL NAME Etta Johnson (Tena Johnson)

(a) RESIDENCE NO. 832 Born Court Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	Negro	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Bernard Johnson

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
48	35			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Tena Johnson
(Address) 832 Born Court

15 Filed ... 19 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Peritonitis due to ruptured appendix.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Gilliard M. D.

11/11 1931 (Address) 137 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	11-12 19 31
20 UNDERTAKER	ADDRESS 96
Bernard Tankin	89 Ave

tion should be carefully supplied. Age should be stated in years, months and days if less than one year. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 E 73816

Registered No.

E 73816

1. PLACE OF DEATH Baltimore City Hospitals St. 26-27 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. If of foreign birth? 3 yrs. mos. ds.

2. FULL NAME Samuel Brown

(a) Residence: No. none St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) West Indies

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Dietrich's Date 11/12 1931

19. UNDERTAKER (Address) John Wagner & Sons 1118 Eutaw St.

FILED NOV 12 1931 EDWARD JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar. 4, 1918 to Nov. 7, 1931

I last saw h in alive on Nov. 7, 1931 death is said to have occurred on the date stated above, at 12:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sclerosis, Cerebral (Syphilis Suspected)	1918
Other contributory causes of importance: Bronchopneumonia	3 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

Spec.—8-16-29—L. F. S.—100 Blks.

E 73817

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 73817

CERTIFICATE OF DEATH

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 Madison Ave ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dorothea Williams Thomas

(a) RESIDENCE NO. 1405 Madison Ave ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Easton Thomas

6 DATE OF BIRTH (month, day, and year) Dec 23, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Hyland Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Anna Lightford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Easton Thomas

(Address) 1405 Madison Ave

15 Filed ..... 19..... Registrar

NOV 12 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9/31

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1931, to Nov 9, 1931, that I last saw h[illegible] alive on Nov 9, 1931 and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(duration) ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? N. Y.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) E. H. McCard M. D.

11/11, 1931 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Nov 12 1931
20 UNDERTAKER Richard C. Laddis	ADDRESS 1847 McCulloh St.

important. See instructions on back of certificate.

AaCo. 5-31 250B

E 73818 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 73318

23 V

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No..... St. 5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Cuff

(a) Residence: No. 1101 Thomsen st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adele Cuff

6. DATE OF BIRTH (month, day, year) Sept. 20, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME Martin Cuff
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Ida Green
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place National Cem. Date Nov 13, 1931

19. UNDERTAKER Mr Peter R Williams
(Address) 2224 Edmondson Ave

20. FILED NOV 12 1931 L. HAMPSON JONES, M. D. Registrar.
By .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1931, to Nov. 10, 1931
I last saw h im alive on Nov. 10, 1931 death is said to have occurred on the date stated above, at 8.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	5 months.
Other contributory causes of importance	

Name of operation No Date of .....
What test confirmed diagnosis? Lab. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence A Sena, M. D.
(Address) Baltimore City Hospitals

INSTRUCTIONS on back of certificate. OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 73819

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73819

CERTIFICATE OF DEATH

46

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 508 N. Bruce ST. 14-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Hester Gardner

(a) RESIDENCE NO. 508 N. Bruce ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of: William Gardner

6 DATE OF BIRTH (month, day, and year): Aug 23 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	53	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Howard County Md

PARENTS

10 NAME OF FATHER: James Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Susie Gibson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Co Md

14 Interment: Mt Auburn Cemetery

(Address): 508 Bruce St

15 Filed: 12 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/9/31

17 I HEREBY CERTIFY, That I attended deceased from 11/6/31, 19 , to 11/9, 19 31, that I last saw h[illegible] alive on 11/9 19 31 and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

(Carcinoma Gastric)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. E. Bell, M. D.

19 (Address) 1324 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Nov 13, 1931

20 UNDERTAKER: Wm. Kirk B. Williams

ADDRESS 3221 Schroeder St

Important. See instructions on back of certificate.

AACo. 5-31 2500

E 73820

HEALTH DEPARTMENT—CITY OF BALTIMORE

2404

46V E 73820

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 E. Fayette St. 6-9 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... da. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Friedman

(a) Residence: No. 1503 E. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Friedman

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sadie Friedman

(Address) 1503 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sinai Hebrew Cem. Date 11-12- 19 31

19. UNDERTAKER Post Funeral Home

(Address) 29 E. Eager St.

20. FILED NOV 12 1931 19 HARRY C. JONES M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11 1931

22. I HEREBY CERTIFY, That I attended deceased from April 1931 to Nov-11- 1931

I last saw him alive on Nov.-11- 1931, death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Herman Seidel, M. D.

(Address) 2404 Eutaw Pl.

STATE CAUSE OF DEATH in detail. Also OCCUPATION in every case. OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 73821 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73821

CERTIFICATE OF DEATH

REGISTERED NO. 1076-001

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. Joseph Hospital (WARD) 9th

2—FULL NAME Mrs. Josephine Rusanowska (Rusanowska)

(a) RESIDENCE NO. 2003 E. 31st St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if foreign birth? 44 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced (or) WIFE of the late Leonard Rusanowska

6 DATE OF BIRTH (month, day, and year) Not stated

7 AGE: Years 63 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Leonard Andrzejewski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant: Mr. Thomas J. Rusanowska

(Address) 2003 E. 31st St.

15 Filed ... 19... C. HAMILTON JONES, Registrar

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 11, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1931, to Nov. 11, 1931, that I last saw her alive on Nov. 11, 1931 and that death occurred, on the date stated above, at 6:15 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Myocardial Failure

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) M. Baumgartner; M. D.

11/11, 1931 (Address) St. Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery, U.A.C. Md.

DATE OF BURIAL: Nov. 14 1931

20 UNDERTAKER: Harry Hoen's Son

ADDRESS: 1301 E. Eager St.

I-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73822

3E 73822

REGISTERED NO. 173

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Goodnow Hosp. ST. 11-24 WARD)

2-FULL NAME Elliott Wallace

(a) RESIDENCE NO. 1105 Mcculloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Wh 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Oct 31-1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
29	28		11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Worcester Mass

PARENTS

10 NAME OF FATHER William Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Emma Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant (Address) Lloyd Wallace 1105 Mcculloh

15 Filed NOV 12 1931 C. HAMPDEN JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, Autopsy and that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Homicide Pistol wound of brain (duration) 1 hr. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. Leroy Carter, M. D. Coroner

19 (Address)

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Tolchester Beach md

DATE OF BURIAL Nov 12 1931

20 UNDERTAKER Joseph A. Lively

ADDRESS 1091 N. Mount St

NOV 12 1931

- CAUSE OF DEATH in plain terms, so that it may be properly classified. - TION is very important! See instructions on back of certificates.

Spec.—1-12-23—V&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73823 ✓ E 73823

E 73823

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1042 Argyle Ave ST. 17 WARD)

REGISTERED NO. 17724

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Johnson

(a) RESIDENCE NO. 1042 Argyle Ave ST. 17 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced
~~(b) HUSBAND of~~
(a) WIFE of: Isaac Johnson

6 DATE OF BIRTH (month, day, and year): 1852

7 AGE: Years 79 | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED.

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Kent Island Md.

PARENTS

10 NAME OF FATHER: Jacob Price

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kent Island Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kent Island Md

14 Informant (Address): Harry Johnson

15 Filed DEC 13 1931, 19 HARRY KEY JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/9/ 1931

17 I HEREBY CERTIFY, That I attended deceased from 11/2/ 1931, to 11/9/ 1931.

that I last saw her alive on 11/9/ 1931.

and that death occurred, on the date stated above, at 12.30 A. m.

The CAUSE OF DEATH* was as follows:

Diagnosis: Acute Dilatation, Pulmonary Hypostasis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chr. Glomerulonephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical + History

(Signed) Jesse E. Dickerson M. D.

19 (Address) 929 Hearn St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn

DATE OF BURIAL: Nov 12 1931

20 UNDERTAKER: Joseph A. Lively

ADDRESS: 409 N Mount St

TION is very important. See instructions on back of certificates.

AACo. 5-11 250B

E 73824 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

CERTIFICATE OF DEATH

46E 73824

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., or Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Michael Joseph Brannan

(a) Residence: No. 1116 Riverside Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Ethel Brannan

6. DATE OF BIRTH (month, day, year): Sept 28 1870

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
61	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: James Brannan

14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT: Mrs Ethel Brannan
(Address): 1116 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Md Date: 11-14 1931

19. UNDERTAKER: E. & B. Nash
(Address): 115 E. West St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from October 16, 1931 to Nov 11, 1931

I last saw h.. alive on Nov 11 1931 death is said to have occurred on the date stated above, at 1.45 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1 yr ago

Other contributory causes of importance:

Name of operation: Laparotomy Date of: 10-22-31

What test confirmed diagnosis? ↑ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Wm J. Sullivan M. D.

(Address) 610 Baltimore Gen Hosp

GIVE CAUSES OF DEATH ON BACK OF CERTIFICATE. OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73825

Registered No. 131 E 73825

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 27-46 Ward)

Length of residence in city or town where death occurred 69 yrs. 7 mos. 17 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Adele Leuthiemm

(a) Residence: No. Fallona Ave & Charles St St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Leuthiemm

6. DATE OF BIRTH (month, day, year) May 7, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	69	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Knight

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elizabeth Sanahan

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Husband

(Address) Fallona Ave & Charles St

18. BURIAL, CREMATION, OR REMOVAL. Place Cathedral Cemetery Date 11/21, 1931

19. UNDERTAKER Henry C. Meyer and Son

(Address) 1 [illegible] St.

[illegible] Registrar

NOV 12 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-9, 1931, to 11-11, 1931

I last saw h[illegible] alive on Nov 11 1931 death is said to have occurred on the date stated above, at 6 40 A.m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Nov. 2, 31

Other contributory causes of importance:

Arteriosclerosis	?
Chronic Hypertrophic & myocardial Degeneration	?
Chronic Nephritis	?

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Burns Jr M. D.

(Address) Mercy Hospital

STATE CAUSE OF DEATH IN DETAIL. See instructions on back of certificate. OCCUPATION is very important.

Spec.—9 20—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73826

CERTIFICATE OF DEATH

82 2004 73826

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Incurables ST 13-52 WARD 8)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Laura Constantine First

(a) RESIDENCE No. Home for Incurables ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. 7 ds. 14 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. First

6 DATE OF BIRTH (month, day, and year) Mar 23-1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	..	7	18 19

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Constantine

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Anna Trion

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ind.

14 Informant Hospital Records
(Address) Home for Incurables

15 Filed NOV 12 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1931

17

I HEREBY CERTIFY, That I attended deceased from July 15 1931 to Dec 11 1931

that I last saw h[illegible] alive on Dec 11 1931

and that death occurred, on the date stated above, at 5 45 P m

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Hypertension

Hemiplegia (duration) 5-10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. H. Hopkins M. D.

19 (Address) 214 Med. Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Marys - Hampden	Nov 13 31
20 UNDERTAKER	ADDRESS
Wm. J. Tickner & Sons	N. Ave

CAUSE OF DEATH: IMPORTANT. See instructions on back of certificates.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

73827.

CERTIFICATE OF DEATH

82-12 73827.

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 17-50 St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 7 mos. 19 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alvin Travers Miller

(a) Residence: No. 2430 Barclay St. St., Ward.
(usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Gist Miller

6. DATE OF BIRTH (month, day, year) Mar 22 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Backus Motor Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lynn F Miller

14. BIRTHPLACE (city or town) (State or country) Portsmouth Va

MOTHER

15. MAIDEN NAME Eugenia Travers

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Eugenia Travers

(Address) 2430 Barclay St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Nov. 13 1931

19. UNDERTAKER Wm J Fichter & Son

(Address) Park & Pa Ave

(Signed) [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1931, to Nov. 10, 1931

I last saw h[illegible] alive on Nov. 10 1931 death is said to have occurred on the date stated above, at 5.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	Oct 11 1931

Other contributory causes of importance: Broncho Pneumonia — Nov 1-31

Name of operation None Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M.D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

DEC 12 1931

1-20—M. & T.—100 B—50L

E 73823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73828

787-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 7-9 WARD)

2-FULL NAME Joseph Thomas Laughlin , Jr.

(a) RESIDENCE NO ... Piedmnot, W.Va. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anne Laughlin

6 DATE OF BIRTH (month, day, and year) Feb 21/1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	33	8	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Grocery Buyer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Luke, Md.

PARENTS

10 NAME OF FATHER Jos. Thos. Laughlin, Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Mary E. Hoban

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Franklin, Md.

14 Informant Anne Laughlin

(Address) Piedmont, W.Va.

15 Filed NOV 12 1931 [illegible] JONES, M. D. Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Infected Obstructive Hydrocephalus involving Cerebellum.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of 2 yrs ago

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

Nov. 12/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Piedmont W Va

DATE OF BURIAL Nov 14 1931

20 UNDERTAKER [illegible]

ADDRESS [illegible]

AaCo. 5-11 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73829

E 73829

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital
CITY OF BALTIMORE: (No.) Linwood & Haven St. 4-30 (Ward)
Length of residence in city or town where death occurred 2 yrs. 2 mos. 2 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Postmaster Parrott

(a) Residence: No. Hanover Md., St., Ward. Harney Maryland
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nina

6. DATE OF BIRTH (month, day, year) Nov 30 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Operator
9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Meal Repository Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME George W. Parrott
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Bertie B. Bill
16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT Albert Parrott
(Address) Hanover Md.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov. 14 1931

19. UNDERTAKER Easton Son
(Address) Edmondson Ave.

NOV 12 1931 C. HAMPSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1931, to Nov 12, 1931
I last saw him alive on Nov. 12, 1931 death is said to have occurred on the date stated above, at 12:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Penetrating wound of forehead	Sept 10 1931
Osteo-myelitis of skull	" 24-31
Brain abscess	Sept 1931
Typhoid fever	

Other contributory causes of importance:
Meningitis — Nov 12 31

Operation of skull — Sept 23-31
Name of operation Drainage of brain abscess — Oct 14-31

What test confirmed diagnosis? Blood & Spinal Was (C. S.) an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Milford H. Sprecher M. D.
(Address) University Hospital

state CAUSE OF DEATH in this space. See instructions on back of certificate.
OCCUPATION is very important.

1-20—M. & T.—100 B—50L.

E 73830

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73830

93-8.7

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1027 Lamont Ave ST., 7-13 WARD)

2-FULL NAME Philip Wagner

(a) RESIDENCE NO 1027 Lamont Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise Wagner

6 DATE OF BIRTH (month, day, and year) March 22/1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	7	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Westminister, Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Louise Wagner
(Address) 1027 Lamont Ave

15 Filed NOV 12 1931, 192 [illegible] Registrar
8317

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
General Senile Debility
Arteriosclerosis

(duration) ..... yrs. ..... mos ..... ds

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) John Wallace, M. D.
Coroner

Nov 10/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS NOV 12 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Fill in all items. Be sure to sign certificate. TION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND
Bureau of Vital Statistics

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73831 ✓ E 73831

E 73831

CERTIFICATE OF DEATH

REGISTERED NO. 23

1—PLACE OF DEATH Md Penitentiary

CITY OF BALTIMORE: (No. 954 Forrest ST., 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Samson

(a) RESIDENCE NO. 954 Forrest ST.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6-22-1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Latta South Carolina

PARENTS

10 NAME OF FATHER Helden Samson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Oklahoma

12 MAIDEN NAME OF MOTHER Frances Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Gresham South Carolina

14 Informant Helden Samson

(Address) Latta S. C.

Filed 12 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-1-31

17 I HEREBY CERTIFY, That I attended deceased from 4-16, 1931, to 11-1, 1931, that I last saw him alive on 11-1, 1931 and that death occurred, on the date stated above, at 9.02 A.m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) yrs. 6 mos. 15 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy?

What test confirmed diagnosis? Usual

(Signed) John F Anthony, M. D.

, 19 (Address) 3012 Northway Drive

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

ADDRESS

20 UNDERTAKER Commissioner Health.

UNIVERSITY OF MARYLAND

NOV 1 1931

Important. See instructions on back of certificate.

A4Co. 5-31 2508

73832

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-93 73832

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1633 E. North ave St. 8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank T Jenkins

(a) Residence: No. 1633 E. North ave St., 8 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Duff Jenkins

6. DATE OF BIRTH (month, day, year) 12-24-1858

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
72	10	16	X

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 13
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Train Despatcher
10. Date deceased last worked at this occupation (month, day, year) 7-31-31
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Constantine Jenkins
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Melville
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT J W. Jenkins
(Address) 1633 E. North ave

18. BURIAL, CREMATION OR REMOVAL. 11/13/31
Place Greenmount Cemetery Date

19. UNDERTAKER Geo. J. Ruth Sons
(Address) 1330 Harford ave

20. FILED Nov 13 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1931, to Nov 10, 1931

I last saw him alive on Nov 10, 1931 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Oct 26 31
Edema Lungs	Nov 9-31

(Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ..., 19...

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. Gill Hall, M. D.

(Address) 1631 E. North ave.

OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—501.

E 73833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001 E 73833

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414-Rosedale Ave. ST. 15-68 WARD)

2-FULL NAME Victor C. Hooper

(a) RESIDENCE NO 2700-Pressbury St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ellen (Ward)

6 DATE OF BIRTH (month, day, and year) 2/2/1865

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or XX min.
	66	9	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter 015
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER James Hooper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Ida (Unknown)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. Mary Ellen Hooper

(Address) 2700-Pressbury St.

15 Filed 12-1931 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Angina Pectoris Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. F. Faulk, M. D. Coroner

D (Address) 1161 W.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedrall

DATE OF BURIAL 12/14/31

20 UNDERTAKER [illegible] & Ruth Son

ADDRESS 1735 Hoff

TION is very important. See instructions on back of certificate.

Stat.—2-29-28—1. F. S.—500 Blks.

(Know)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73834

CERTIFICATE OF DEATH

E 73834

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 22 Hugh Hopkins ST. (or AVE.)

2—FULL NAME Minnie Knox

(a) RESIDENCE NO. 1709 N Castle WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 10 1924

7 AGE: Years 7; Months; Days 1; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: George Knox

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Magret Leidner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Anna Robinson

(Address) 1709 N Castle St

15 12-1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-11-31

17 I HEREBY CERTIFY, That I attended deceased (from) 8-22-31. 19 (to) 11-11-1931.

that I last saw her alive on Nov 11, 1931

and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Megacolon

(Megalocolon)

(duration) Chronic yrs. mos. ds.

CONTRIBUTORY (Secondary): Peritonitis - Toxemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 11/6/31

Was there an autopsy? Yes

What test confirmed diagnosis? Pathological

(Signed) M. Friedrich, M. D.

(Address) 1709 N Castle St Hugh Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Bur — DATE OF BURIAL: Nov 14 1931

20 UNDERTAKER: M. W. E. Dippel inc — ADDRESS: 378 Lanvale St

Important. See instructions on back of certificates.

Spec.—2-29-25—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97-001 ✓ E 73835

E 73835

REGISTERED NO. 24-35

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1441 Decatur ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John S. Malone

(a) RESIDENCE NO. 1331 Decatur ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 12, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	8	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto S.S. Co. Baltimore Maryland.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Harry Malone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary Greegie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mary E. Connell

Address 302 Ramswood

15 Filed NOV 12 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 10-1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1931, to Nov. 10, 1931

that I last saw h[illegible] alive on Nov. 10, 1931

and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Decompensated Mitral Regurgitation

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? C

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos Fu Stevens, M. D.

11-12 1931 (Address) 2818 Hanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet

20 UNDERTAKER Charles L. Storm

DATE OF BURIAL Nov 13 1931

ADDRESS 1710 Eden

Important. See instructions on back of certificate.

1-26—M. & T.—100 B—501.

E 73836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73836

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hos. ST. 25 52 WARD) REGISTERED NO. 210-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gustav Klauta

(a) RESIDENCE No. 1403 Forest Hill Av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Klauta

6 DATE OF BIRTH (month, day, and year) Aug 31st 1870 ancestry

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	2	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) Factory
(c) Name of employer Brush Handle Co

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER August Klauta

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Anna Klauta

(Address) 1403 Forest Hill Ave

15 Filed 11 21 1931, 192 HAMPSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH 1 P.M.

16 DATE OF DEATH (month, day, and year) Nov 11th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Struck & knocked down by a truck as he passed around Street Car

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hart Skull Fract R. Femur

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Wilkins & Catharine

Did an operation precede death? no Date of no.

Was there an autopsy? no

What test confirmed diagnosis? Coroner

(Signed) J. J. Hance, M. D.

11/12, 1931 (Address) Baltimore Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	11/14/1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

Spec.—0-20—A. A Co.—250 Blks

Dr Eugene Douglas 3043 St Paul st
Univ 1786

73837

HEALTH DEPARTMENT—CITY OF BALTIMORE

73837

CERTIFICATE OF DEATH

131

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 617 Lanvale St 13-20 (WARD)

REGISTERED No

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James McDougall Sr

(a) RESIDENCE No 617 Lanvale St WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~

HUSBAND of ~~wife of~~ Harriett Gertrude McDougall

6 DATE OF BIRTH (month, day, and year) Mar 4th 1846

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lumberman

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER James McDougall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Frances Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Y.

14 Informant (Address) James McDougall Jr 847 Royal Av - Reservoir st

15 Date received NOV 12 1931 G. HAMPSON JONES, M. D. Registrar

No. 80 H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12th 1931

17

I HEREBY CERTIFY, That I attended deceased from Sept 15th, 1931, to Nov. 12th, 1931

that I last saw him alive on Nov. 12th, 1931

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) 10 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) Eugene Douglas - M. D.

, 19 (Address) 3043 St. Paul st -

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	11/14/1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul st

CAUSE OF DEATH to be filled in plain terms, so that it may be properly classified. See instructions on back of certificate.

Spec—12-9-25—A Co.—200 Blks.

222 W. Monument

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 73838 (corrected: 59 E 73838)

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1803 Linden Ave St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nannie M Ady

(a) RESIDENCE NO. 1803 Linden Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U. S., if of foreign birth? 1 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 3- 1862

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	69	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Stafford Co

(State or country)

PARENTS

10 NAME OF FATHER William Ady

11 BIRTHPLACE OF FATHER (city or town) Balto Co.

(State or country) Md

12 MAIDEN NAME OF MOTHER Louise Eichelberger

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Informant John Webster

(Address) Forest Hills

NOV 13 1931

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) Nov 13 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 21 1931, to Nov. 13, 1931, that I last saw h alive on Nov 12, 1931, and that death occurred, on the date stated above, at 3A m.

The CAUSE OF DEATH* was as follows: Diabetes mellitus

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) None known

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Chas. J. Keller, M. D.

11/13, 1931 (Address) 222 W. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Ignatius Date of Burial Nov 16 1931

20 UNDERTAKER Dean & Sons ADDRESS Bel Air Md

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 2M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73839

CERTIFICATE OF DEATH

159

Registered No. E 73839

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-58 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Friedman

(a) Residence: No. 3718 Granada Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 7, 1931

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
			4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Friedman

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Julia Cohen

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Nat'l Cem. Date 11/13 1931

19. UNDERTAKER Jack Levin Inc
(Address) 1499 E Balto St

C. HAMPSON JONES, M. D.
Registrar.

20. FILED NOV 13 1931 per

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from November 7, 1931, to November 11, 1931

I last saw him alive on November 11, 1931, death is said to have occurred on the date stated above, at 10:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Simon Berger, M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73840 — 82-0E 73840

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 Wyeth St., 21-24 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ross Walter

(a) Residence: No. 505 Wyeth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena M. Walter

6. DATE OF BIRTH (month, day, year) October 26, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	-	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) April 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick
(State or country) Maryland

FATHER

13. NAME Aloysius Walter

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Dorsey

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Mrs. Lena M. Walter
(Address) 505 Wyeth St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Nov. 14, 1931

19. UNDERTAKER Edward Cook
(Address) 1003 W. Baltimore St.

NOV 13 1931 — HAMPSON JONES, M. D., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1931, to Nov. 10, 1931

I last saw him alive on Nov. 10 1931 death is said to have occurred on the date stated above, at 11.15P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 11/1/31

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hampson Jones, M. D.

(Address) 11 N. Carey St.

See instructions on back of certificate. OCCUPATION is very important.

AACo. 5-11 2108

E 73841 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C 73341

CERTIFICATE OF DEATH

28-144 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5102 Forest Park Ave. St. ..... Ward) .....

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Laura Etta Whitmore

(a) Residence: No. 5102 Forest Park Ave. St., ... Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clarence E. Whitmore

6. DATE OF BIRTH (month, day, year) September 28, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Cyrus Towsend
14. BIRTHPLACE (city or town) Howard County
(State or country) Maryland

MOTHER

15. MAIDEN NAME Harriett Phelps
16. BIRTHPLACE (city or town) Anne Arundel County
(State or country) Maryland

17. INFORMANT Mr. Clarence Whitmore
(Address) 5102 Forest Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date Nov. 14, 1931

19. UNDERTAKER [illegible]
(Address) 1005 E. Baltimore St.

20. FILED NOV 13 1931 H. M. COOK JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1931, to Nov 11, 1931
I last saw h er alive on Nov 11, 1931 death is said to have occurred on the date stated above, at 5.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	
Acute Nephritis	

Other contributory causes of importance

Mitral Regurgitation	1920

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. E. Smith, M. D.
(Address) 4500 Liberty Heights Ave.

OCCUPATION is very important. See Instructions on back of certificate.

1-30—M. & T.—100 B—50L.

E 73842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82E001 73342

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 534 N. Chester ST. 7-9 WARD)

2-FULL NAME Emanuel Strumsky

1a) RESIDENCE No 534 N. Chester ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	whiteb	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 4/1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	56	3	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Meat Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.,Md.

PARENTS

10 NAME OF FATHER Frank Strumsky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Antonette Corbel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Marthe Curran
(Address) 534 N. Chester St

15 Filed ..... 19.. WILLIAM H. JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. J. Curran Coroner, M. D.

11/13/31 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dark Wood Cem DATE OF BURIAL Nov. 14, 31

20 UNDERTAKER Jos. J. Curran & Son ADDRESS 156 N. Liberty

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

Ames

HEALTH DEPARTMENT CITY OF BALTIMORE

E 73843 E 73843

CERTIFICATE OF DEATH

131v

Registered No. 49

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 Charlotte Place, Guilford St., 7th Ward)

Length of residence in city or town where death occurred 17 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Boykin Ames

(a) Residence: No. 2 Charlotte Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph I. Ames

6. DATE OF BIRTH (month, day, year) 1851, May 18

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
80	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Society Hill So. Carolina

FATHER

13. NAME David Rogreon Williams

14. BIRTHPLACE (city or town) (State or country) Society Hill So Carolina

MOTHER

15. MAIDEN NAME Katherine Boykin Miller

16. BIRTHPLACE (city or town) (State or country) Sumter So. Carolina

17. INFORMANT (Address) Joseph I. Ames 2 Charlotte Place, Guilford

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place R. Thomas Farrin Date Nov 14th 1931

19. UNDERTAKER Henry W. Jenkins & Sons Co.

NOV 13 1931 HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Feby 16, 1928, to Nov 11, 1931

I last saw h 22 alive on Nov 11, 1931 death is said to have occurred on the date stated above, at 11 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	Nov 11 1931
Arteriosclerosis - Symptoms →	1928
Chronic Nephritis - duration →	1928
Myocarditis - Symptoms →	1928

Other contributory causes of importance

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Louis P. Hamburger, M. D.

(Address) 120 Eutaw Place

State CAUSE OF DEATH in plain words. See instructions on back of certificate. OCCUPATION is very important.

AaCo. 5-11 250B

25-4468

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73844

JOHNS HOPKINS HOSPITAL

CERTIFICATE OF DEATH

131 E 73844

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 44-59 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Killian Patten

(a) Residence: No. 2129 Etting St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, ~~Widowed~~, or Divorced (write the word)
Female	Black	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James

6. DATE OF BIRTH (month, day, year) Feb 1 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
39	40	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Walter Brown.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Virginia Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT JOHNS HOPKINS HOSPITAL
(Address) Records.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Nov 14 1931

19. UNDERTAKER Virginia V. Brooks
(Address) 1463 N. Carey St.

NOV 13 1931 BALTIMORE, MD.

Registrar.

State CAUSE OF DEATH in plain terms, so that a person unacquainted with medical terminology may properly classify the disease. Also state OCCUPATION in very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 7th, 1931, to Nov 11th, 1931

I last saw h.. alive on Nov 11th 1931 death is said to have occurred on the date stated above, at 2:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. vascular nephritis;	
Hypertension; Arteriosclerosis;	11 yrs ago
Arteriolosclerosis; Cardiac hypertrophy	
Myocardial insufficiency;	One week ago
Uremia.	4 days ago

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. C. Bedell, M. D.

(Address) Johns Hopkins Hospital

Spec.—9-30—A. & Co.—250 Blks

E 73845

E 73845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5302 BelleVista Ave. WARD 27-43 131v

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME CHARLES NICHOLAS ESER

(a) RESIDENCE NO 5302 BelleVista Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline M. Eser

6 DATE OF BIRTH (month, day, and year) July 13, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	4 3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Police Officer 061

(b) General nature of Industry, business, or establishment in which employed (or employer): Retired 18 Years

(c) Name of employer: Baltimore Police Dept.

9 BIRTHPLACE (city or town) (State or country): Trenton, New Jersey

PARENTS

10 NAME OF FATHER: ? Eser

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Huber

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mr. Gerhard H. Eser (Son) 5302 BelleVista Ave.

15 Filed NOV 16 1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 10. 1931

17

I HEREBY CERTIFY, That I attended deceased from March 15. 1928 to Nov. 10 1931

that I last saw him alive on Nov. 10 1931

and that death occurred, on the date stated above, at 9.20 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Inter Nephritis (duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic arthritis (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Chas. S. Eser M. D.

11/17/31 (Address) 4085 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Nov. 13. 1931

20 UNDERTAKER: Frenr. Sander & Sons. Inc. — ADDRESS: Baltimore & Broadway.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupa-TION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 73846

HEALTH DEPARTMENT—CITY OF BALTIMORE

73846

CERTIFICATE OF DEATH

Registered No. 172-11

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 N. Potomac St. 6-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arnold Fracalossi

(a) Residence: No. 23 N. Potomac St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4, 1915

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
16	4	6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Vineland N. J.
13. NAME Dominic Fracalossi
14. BIRTHPLACE (city or town) (State or country) N. J.
15. MAIDEN NAME Romilda Pasli
16. BIRTHPLACE (city or town) (State or country) Italy
17. INFORMANT Mrs. Romilda Fracalossi (Address) 23. N. Potomac St.
18. BURIAL, CREMATION, OR REMOVAL. Place Holy Redeemer Date Nov 14, 1931
19. UNDERTAKER John A. Logan (Address) 2 Bond & Balto Sts
C. HARRISON JONES, M. D.
DATE RECEIVED NOV 12 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1931, to Nov 10, 1931

I last saw him alive on Nov 10, 1931 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphatic Leukemia	Sept 17 31
Edema Lungs	Nov 10 31

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Gill Hall, M. D.

(Address) 1631 E. North Ave

See instructions on back of certificate. OCCUPATION is very important.

AaCo. 5-31 250B

E 73847

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73847

CERTIFICATE OF DEATH

108

Registered No. 21-29

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Glyndon Ave St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jane C. Wilkens

(a) Residence: No. 1212 Glyndon Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William L. Wilkens

6. DATE OF BIRTH (month, day, year) March 22, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51 y	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME James G. Custer

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Jane E. Lennon

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Elmer Y. Wilkens
(Address) 1212 Glyndon Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cemetery Date Nov 14, 1931

19. UNDERTAKER Frederick A. Gale
(Address) 220 W. Lombard St.

20. FILED NOV 13 1931 C. HAMPSON JONES M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11/31/19

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 1931, to Nov 11th 1931

I last saw her alive on Nov 10 1931 death is said to have occurred on the date stated above, at 1.20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Double Lobar Pneumonia	11-4-31

Other contributory causes of importance:

Cardiac Failure	2 d

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Benj. O. McCleary M. D.

(Address) 400 N Payson St

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

E 73848

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73848

CERTIFICATE OF DEATH

28-63 231

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Thos.) St. ..... Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John F. Bien

(a) Residence: No. 4114 Newton ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) June 8, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Bien

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place Parkwood Cem. Date Nov 14 1931

19. UNDERTAKER George W. Zinkler
(Address) 1737 E Eager St

NOV 13 1931 ..... 19 ..... Registrar.

20. FILED .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 18 1931 to Nov. 12 1931

I last saw him alive on Nov. 12 1931 death is said to have occurred on the date stated above, at 3.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Spring 1929
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) [illegible] M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73849 (1)

REGISTERED NO. E 73849

E 73849

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St. 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out Par. 18.)

2-FULL NAME Edith Armstrong

(a) RESIDENCE No. 1040 N. Stricker ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 6-1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	0	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Jas Armstrong

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Stella Tozer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Stella Armstrong

(Address) 1040 N. Stricker

15 Filed NOV 13 1931 J. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Nov 11th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above, as follows:

The CAUSE OF DEATH* was as follows: Accidental burns 2nd degree burns Clothes caught fire while child was playing with matches

CONTRIBUTORY (Secondary or Duration) yrs. mos. days

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leslie Hollis, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL 11/14/31

20 UNDERTAKER: Cockrell & Hoddis

ADDRESS 1848 E. Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

73850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

73850

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (NO. 19-27 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernice Christ

(a) RESIDENCE NO. 605 Lorraine Ave. WARD Balto Co. Md

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 5 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~Single~~, Married, Widowed, or ~~Divorced~~. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Christ

6 DATE OF BIRTH (month, day, and year) June 6 1878

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
53	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. None old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore md

PARENTS

10 NAME OF FATHER Robert C. Hoffmeyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore md

12 MAIDEN NAME OF MOTHER Anna J Gibson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore md

14 Informant (Address) Mrs Albert C. Kunkel 605 Lorraine Ave

15 Filed 1930

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-12 1931

17 I HEREBY CERTIFY, That I attended deceased from 11-1 1931 to 11-12 1931.

that I last saw her alive on 11-12 1931.

and that death occurred, on the date stated above, at 11 35 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma sigmoid colon

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Resection Date of 11-3-31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) C. W. Peake M. D.

19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Nov 14 1931

20 UNDERTAKER Jos Jacobs & Son — ADDRESS 2173 Ba-

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HARRISON BROS. & CO. PHILA.

Spec—9-30—A. & Co.—250 Blks.

73851 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C 73851

CERTIFICATE OF DEATH.

3 1 V

1 PLACE OF DEATH

CITY OF BALTIMORE (No 2004 Penrose Ave) WARD 20-K

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret E McEvoy

(a) RESIDENCE No 2004 Penrose Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James McEvoy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Masterson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mrs Mary Hartsman 2004 Penrose Ave

15 Filed NOV 13 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-11-31

17

I HEREBY CERTIFY, That I attended deceased from Oct 10, 1931, to Nov 11, 1931, that I last saw h-- alive on Nov 11, 1931, and that death occurred, on the date stated above, at 1.09 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alfred Draper M. D.

11-13-31 (Address) 2007 O'Neal Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters Cem	11/14 1931
20 UNDERTAKER Geo A Farley	ADDRESS Fulton & Lafayette

CAUSE OF DEATH to be filled in plain terms, so that a layman can understand it. Abbreviations and initials should not be used. Do not report conditions that did not cause death. Do not report merely symptoms of disease. Do not report modes of dying, such as heart failure, asphyxia, anemia, etc., unless they are the only terms which can be used. In deaths from violence, state the nature of injury, as fracture of skull, laceration of brain, etc., and the means of injury, as railway accident, fall, gunshot, etc. State whether accidental, suicidal or homicidal. In deaths of women, always state whether pregnancy existed or childbirth occurred within three months of death. In deaths of children, always state whether full term, premature or prematurely born. In deaths from violence, or suddenly when apparently in health, the jurisdiction of the Coroner must be fully stated. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10Y-001 B 73852

E-73852

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 322 East 25th ST. 12-50 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wm Eicker

(a) RESIDENCE NO. 322 East 25th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. — mos. — ds. How long in U. S., if foreign birth? 75 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

a If married, widowed, or divorced HUSBAND of (or) WIFE of Selma Eicker

6 DATE OF BIRTH (month, day, and year) May 2-1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Eicker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary E. Stutzeling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Chas. E. Eicker (Address) 322 E. 25th St.

15 Filed . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 13-1931.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 8th, 1931, to Nov. 13, 1931.

that I last saw him alive on Nov. 12 1931

and that death occurred, on the date stated above, at 5-45 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings

(Signed) A. F. Robinson M. D.

11/13, 1931. (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL A. S. Marshall — DATE OF BURIAL Nov 13 31

UNDERTAKER New Cumberland Pa. — ADDRESS 353 Fall Ave

Important. See instructions on back of certificate.

HAMPDEN CO. MASS.

NOV 1 - 1931

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

733853 Pronounced dead University Hosp 18 V-003

REGISTERED NO. B 733853

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
City of Baltimore: (No. Halethorpe, Md St. 7-13 Ward)

2-FULL NAME James Sturdivant

(a) RESIDENCE NO. 709 N. Bond St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Sturdivant

6 DATE OF BIRTH (month, day, and year) 8-1-1904

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	27	3	10 11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) N. C.

PARENTS

10 NAME OF FATHER Willie Sturdivant

11 BIRTHPLACE OF FATHER (city or town) N C.
(State or country)

12 MAIDEN NAME OF MOTHER Lucy Randleff

13 BIRTHPLACE OF MOTHER (city or town) N C.
(State or country)

14 Informant Willie Sturdivant
(Address) 733 N. Wolfe St

15 Filed 11 19 31 16 H. HAMPSON JONES, M. D. Registrar

Par

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Suffocated - Accidental death. Buried under cave in of sand bank

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Chas Tilley M. D.
11/13 1931 (Address) 273 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodsboro N. C. — DATE OF BURIAL 11 14 1931

20 UNDERTAKER Byrom & Wright — ADDRESS 1218 McCulloh St

IMPORTANT: Statistical particulars should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73854

CERTIFICATE OF DEATH. 159

E 73354

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 101 N. Carey ST. 18-26 (WARD)

2-FULL NAME Baby Girl Price

(a) RESIDENCE NO. 101 N. Carey St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. dy.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 12 '31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Luke Burnley

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Mary Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant (Address)

Filed NOV 13 1931, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1931. to Nov 12, 1931.

that I last saw he alive on Nov 12, 1931.

and that death occurred, on the date stated above, at 6 45 a.m.

The CAUSE OF DEATH* was as follows: Prematurity 4 mos.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

(Address) 24 W. Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Buried in furnace

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AdCo. 5-11 2501

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

73855 Registered No. 13/V 73855

1. PLACE OF DEATH M.E. Home for the Aged

CITY OF BALTIMORE: (No. 2211 Rogers Ave. St.) (Ward) 27-54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Campbell

(a) Residence: No. Home for Aged of the M. E. Church St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Oct 21. 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	-	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME James Campbell
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME Martha Cooke
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Miss Etta Cuddy
(Address) 2211 Rogers Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Nov 14, 1931

19. UNDERTAKER George Smith
(Address) 1532 Fulton Ave

20. FILED NOV 15 1931 C. HAMPSON JONES, M. D. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1931, to Nov 12, 1931

I last saw her alive on Nov 12, 1931 death is said to have occurred on the date stated above, at 10.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Myocarditis	

Other contributory causes of importance:

Chronic Nephritis

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George E. Shannon, M. D.

(Address) 700 Fulton Ave.

AACo. 5-11 2500

20-46 2

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

73856

101 L 73856

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 7-9 Ward)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Ingly Hutton

(a) Residence: No. Seaford - Del St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 17 1923

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	6	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Del

FATHER

13. NAME James Hutton

14. BIRTHPLACE (city or town) (State or country) Del

MOTHER

15. MAIDEN NAME Lillie Insley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records — JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Seaford Del Date 11/13 1931

19. UNDERTAKER M. L. Watson Jr.
(Address) Seaford Del.

20. FILED C. HARRISON JONES, M. D.
Registrar

NOV 13 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1931, to Nov 13, 1931

I last saw him alive on Nov 13, 1931 death is said to have occurred on the date stated above, at 5:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	11-11-31
Other contributory causes of importance: Cervical Adenitis	11-5-31
Congenital Hemorrhagioma	all life

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. E. Buckford, M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

M Carter.

E 73857

HEALTH DEPARTMENT—CITY OF BALTIMORE

63 E 73857

CERTIFICATE OF DEATH

1—PLACE OF DEATH at Mercy Hospital

REGISTERED NO.

CITY OF BALTIMORE (No. Lombard & 2934 St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louis McCarter

(a) RESIDENCE NO. 27 South Durham St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 DATE OF BIRTH (month, day, and year): March 1931

7 AGE: Years — Months 8 — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Dolphus McCarter

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Helen Eyler

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Md.

14 Informant: Dolphus McCarter

(Address) 27 Durham St.

15 [illegible] C. H. [illegible], JONES, M. D. Registrar.

NOV 13 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-13-31

17 I HEREBY CERTIFY, That I attended deceased from 11-7-31, 19 , to 11-13-31, 19 ,

that I last saw h alive on 11-13-31, 19

and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis? Clinical Con

(Signed) W. W. Hendry, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Johns Cem

DATE OF BURIAL: 11/14 19 31

20 UNDERTAKER: Easton Sons

ADDRESS: Edmondson

important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Blks.

E 73858

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73858

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1314 Hollins St. 18-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benedict Malduis

(a) RESIDENCE NO. 1314 Hollins St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. da. How long in U. S. if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Malduis

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	IF LESS than 1 day state hrs. or min.
76	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer Self

9 BIRTHPLACE (city or town) Russia

(State or country)

PARENTS

10 NAME OF FATHER unknown.

11 BIRTHPLACE OF FATHER (City or town) Russia

(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Russia

(State or country)

14 Informant Elizabeth Lawyer

(Address) 1314 Hollins St.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 11th 19 31

17 I HEREBY CERTIFY, That I attended deceased from Nov 4 . 1931 . to Nov. 9 . 1931 .

that I last saw h— alive on Nov 9 . 1931 .

and that death occurred, on the date stated above, at 3 00 A. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. mos. 9 ds.

CONTRIBUTORY

(Secondary)

(duration) ..... yrs. mos. ..... ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Thos A Shelsworth, M. D.

11/12 . 1931 (Address) 647 West Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Baltimore 11/14 1931

20 UNDERTAKER ADDRESS

Chas B Buchanan 6375 Reisterstown

NOV 13 1931

Tuition should be carefully supplied. Age should be stated in every case where it can be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-31 250B

73859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 F 73859

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals St. 16-32 Ward

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Ambrose

(a) Residence: No. 1622 Harlme Ave. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Alexander Ambrose

14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ? ?

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place UNIVERSITY OF MARYLAND Date 19

19. UNDERTAKER (Address)

20. FILED C. HAMPSON JONES, M. D. Registrar.

State CAUSE OF DEATH on back of certificate. See instructions on back. OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1931 to Nov. 11, 1931

I last saw him alive on Nov. 11, 1931 death is said to have occurred on the date stated above, at 7:A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyro-Dilla, Chr	9-30-31

Other contributory causes of importance: Arteriosclerosis, Senile | Intercurrent

Name of operation none Date of none

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) Balto. City Hos.

AACo. 5-31 250B

25-45-09

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73360

CERTIFICATE OF DEATH

159 E 73360

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 6-11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy LOTTERER

(a) Residence: No. 156 N. Potomac St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/9/31

7. AGE	Years	Months	Days	If LESS than 1 day, 9 hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md—

FATHER
13. NAME Joseph Lotterer
14. BIRTHPLACE (city or town) (State or country) Md—

MOTHER
15. MAIDEN NAME Lillian Boggs
16. BIRTHPLACE (city or town) (State or country) Md—

17. INFORMANT Friends—
(Address) JOHNS HOPKINS HOSPITAL

JOHNS HOPKINS HOSPITAL, NOV 13 1931
Place Date 19

Commissioner of Health.

19. UNDERTAKER .....
(Address) .....

NOV 13 1931 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1931, to Nov 9, 1931

I last saw him alive on Nov. 9, 1931, death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Birth 11-9-31

(Other contributory causes of importance:)

Asphyxia	11-9-31

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John F. Washington, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms. DISEASE CAUSING DEATH, or in case of death from violence, state MEANS OF INJURY; and whether ACCIDENTAL, SUICIDAL or HOMICIDAL. OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73861

54-004 ✓ E 73861

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1015 Valley St. ST. 10-14 (WARD)

2-FULL NAME Carmelita B. Gibson

(a) RESIDENCE NO. 1015 Valley St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) May 12, 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	21	6	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John D. Gibson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary A. Bracelin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs. Anna L. Gibson

(Address) 1015 Valley St

15 Filed NOV 13 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1928, to Nov 12, 1931, that I last saw h[illegible] alive on Nov 11, 1931, and that death occurred, on the date stated above, at 9:20 a.m.

The CAUSE OF DEATH* was as follows:

Tumor of Brain

(duration) 3 yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? ~ Date of .....

Was there an autopsy? —

What test confirmed diagnosis? .....

(Signed) W. S. Gibney M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Nov. 14 1931
20 UNDERTAKER	ADDRESS
Elmer V. Collins	1942 E. Eager St.

TION is very important. See instructions on back of certificates.

Cor.—10-18-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001 E 73862

REGISTERED NO. E 73862

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 73862

1-PLACE OF DEATH

City of Baltimore: (No. 3224 Evergreen ave Ward) 43

2-FULL NAME Harry E. Perry

(a) RESIDENCE No. 3224 Evergreen ave Ward

Length of residence in city or town where death occurred 5yr mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sallie E. Perry

6 DATE OF BIRTH (month, day, and year): Mar. 4/78

7 AGE: Years 53 Months 8 Days 7 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work: Sheet Metal

(b) General nature of industry, business, or establishment in which employed (or employer): City foreman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto.

PARENTS

10 NAME OF FATHER: Francis W. Perry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Annie R. Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Sallie E. Perry 3224 Evergreen ave

Registrar

13 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Reported Angina Pectoris

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? M. D.

(Signed) [illegible]

11/12/31 (Address) 508 E. north Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Woodlawn Cem.

DATE OF BURIAL: Nov 14/31

20 UNDERTAKER: Philip Herwig

ADDRESS 206 Orleans st

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 73863 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73863

X 107-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST. [illegible] (WARD)

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev. Leslie E. Goodwin

(a) RESIDENCE NO. 500 S. ST., _____ WARD _____
(Usual place of abode) Sparrows point Md
(If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. 1 mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mch 3. 1852

7 AGE: Years 79 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clergyman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER: Harvey Goodwin

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Ellen Rees

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Dr. [illegible]
(Address) [illegible]

Filed 12-13-1931 H. [illegible] JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-11-31.

17 I HEREBY CERTIFY, That I attended deceased from 10-19, 1931, to 11-11, 1931, that I last saw him alive on 11-11-31, 19____, and that death occurred, on the date stated above, at 10 p.m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(duration) ____ yrs. ____ mos 2 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis (General & Cerebral) (duration) 6 yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Allyn B. Chute, M. D.

19 (Address) Church Home & Infirmary

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Nov 14 31

20 UNDERTAKER: John White [illegible] — ADDRESS: [illegible]

1-30—M & T—100 B—50L

E 73864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

E 73864

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. City Hospital ST. 3-4 (WARD)

2-FULL NAME Andrew Stone

(a) RESIDENCE NO 132 S Spring St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
41	41	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant City Hospital
(Address)

15 Filed NOV 3 1931 WD C. HAMPSON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 132 S Spring

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B. F Heuzog md Coroner, M. D.

11 2, 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

NOV 13 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THE MORGUE.

1-30—M & T—100 B—50L

E 73365

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73365

92-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 5-8 WARD)

2-FULL NAME Roland Adams

(a) RESIDENCE NO. 419 Somerset St ST., ... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
73	73			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant City Hospital

(Address)

Filed ... 193... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. F. Herzog M.D., M. D. Coroner

11/7, 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL ... 19...

20 UNDERTAKER

ADDRESS

NOV 13 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M. H. T.—100 B—50L

E 73866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100

E 73866

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST., 76-57 WARD

2-FULL NAME John Dennis

(a) RESIDENCE NO Unknown ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	55	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant City Hospital

(Address)

15 Filed Nov 13 1931, 192 C. HAMPSON JONES, M. D. Registrar.

NOV 13 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Phlebitis of Left Fem Vein

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) B P Kenyon md, M. D. Coroner

Nov 13 1931 (Address) 1305 N Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

NOV 13 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of CAUSE of certificate.
TION is very important. See instructions on back of

AaCo. 5-11 250B

73867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73867
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals 1-1 Ward)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U.S. If of foreign birth 20 yrs. ... mos. ... ds.

2. FULL NAME Amelia Malinowski

(a) Residence: No. 3046 Boston St. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alexander

6. DATE OF BIRTH (month, day, year) Feb. 4, ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62?	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Germany

FATHER
13. NAME August Rhode
14. BIRTHPLACE (city or town) (State or country) ? Germany

MOTHER
15. MAIDEN NAME Amelia ?
16. BIRTHPLACE (city or town) (State or country) ? Germany

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cem. Date Nov. 14 1931

19. UNDERTAKER Reinhard Fratkowski
(Address) 1 & Linwood Ave

20. FILED NOV 13 1931 HAMPSON JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1931 to Nov. 11, 1931

I last saw her alive on Nov. 11 1931 death in said to have occurred on the date stated above, at 7:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	4-5 days
Other contributory causes of importance: Thrombophlebitis of secondary	3 days
Decubitus ulcer	14 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Elmer Hitchcock M. D.

(Address) Balto. City Hosp.

state CAUSE OF DEATH in plain terms. DO NOT USE ABBREVIATIONS OR ILLEGIBLE WORDS. See instructions on back of certificate. OCCUPATION is very important.

Spec.—1-30—M. & T.—250 Blks.

E 73868 HEALTH DEPARTMENT—CITY OF BALTIMORE 160-E 73868

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. / WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Hughes

(a) RESIDENCE NO. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11/12/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
27 hours				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sinai Hospital Baltimore Md.

PARENTS

10 NAME OF FATHER Robert Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Elisabeth Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Hosp. Record.

(Address) Sinai Hosp.

Filed NOV 13 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/13/31.

17 I HEREBY CERTIFY, That I attended deceased from November 12, 1931 to November 13, 1931, that I last saw him alive on Nov. 13, 5 P.M., 1931, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) J. Liberatore, M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem

DATE OF BURIAL Nov. 13 1931

20 UNDERTAKER Stephen J. Fralkowski INC

ADDRESS 1000 S. Kenwood Ave

NOV 13 1931

Certificates. See instructions on back of certificates. TION is very important.

Spec.—1-30—M. & T.—250 Bks.

E 73869

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 OE 73869

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirm ST. 6-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Harman

(a) RESIDENCE No. 209 N. Port ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Gertrude Harman

6 DATE OF BIRTH (month, day, and year) July 22 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	59	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Bakers Supply

(c) Name of employer Myers & Hicks

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Harman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Anna Newton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Gertrude Harman

(Address) 209 N. Port St

15 [illegible] 19 [illegible] Registrar

V 13131

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-11-31

17 I HEREBY CERTIFY, That I attended deceased from Nov. 4, 19 31, to Nov 11, 19 31,

that I last saw h[illegible] alive on Nov 11, 19 31,

and that death occurred, on the date stated above, at 12:35 A. m.

The CAUSE OF DEATH* was as follows:

Mitral stenosis with insufficiency and congestive failure

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) None.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Hist. Gross Clinical

(Signed) Allyn B. Chute, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dale Lawn	Nov 14 1931
20 UNDERTAKER	ADDRESS
Frank V. Pipetone	2818 E Balto St

TION is very important. See instructions on back of certificates.

AACo. S-H 250B

D: Henning 2000 Hollins St ✓ Edwin 2668 5786

HEALTH DEPARTMENT CITY OF BALTIMORE

E 73870 — 23 E 73870

CERTIFICATE OF DEATH

Registered No. 20164

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 326 S Franklintown Rd (Ward) 20

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine T. Smith

(a) Residence: No. 326 S. Franklintown Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 27th 1917

7. AGE	Years	Months	Days	If LESS than 1 day: hrs. or min.
	14	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Smith

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Catherine Snyder

16. BIRTHPLACE (city or town) (State or country) Cecil Co. Md.

17. INFORMANT (Address) Chas. Smith 326 S. Franklintown Rd

18. BURIAL, CREMATION, OR REMOVAL London Park Cemetery Date 11/16/1931

19. UNDERTAKER (Address) Wm Cook 1317 St Paul St

20. FILED NOV 13 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/13/1931

22. I HEREBY CERTIFY, That I attended deceased from 9/14 - 1931 to Oct 31 1931

I last saw her alive on Oct 31 1931 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	?

(other contributory causes of importance)

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E Hollis Hemming M. D.

(Address) 2000 Hollins St

If death occurred in a hospital or institution, state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

Spec—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

73871

CERTIFICATE OF DEATH

50 E 73871

REGISTERED No.

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 4620 Elsrode Av. ST. 27-4th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Florence Amelia Stenehan

(a) RESIDENCE No. 4620 Elsrode Av ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 56 yrs 10 mos 18 ds. How long in U. S., if of foreign birth? 56 yrs 10 mos 18 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced, (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Stenehan

6. DATE OF BIRTH (month, day, and year) Dec 24 1874

7. AGE: Years 56 Months 10 Days 18 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10. NAME OF FATHER John Sanderson

11. BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12. MAIDEN NAME OF MOTHER Hyatt Bond

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14. Informant (Address) Mrs. J. H. Stenehan (husband) 4620 Elsrode Av. City

15. Filed NOV 13 1931, 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Nov 11 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931, to Nov 11, 1931

that I last saw h[illegible] alive on Nov 11, 1931

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Cardiac exhaustion

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Carcinoma of breast

(duration) 4 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct 30, 1931

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John W Sanderson M. D.

19. (Address) 1714 N Carolina St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Nov 13 1931

20. UNDERTAKER Stewart & Co

ADDRESS Baltimore

CAUSE OF DEATH to be filled in plainly. See instructions on back of certificate. TION is very important.

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~25870~~ 254570

CERTIFICATE OF DEATH † 131 VE 73872

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) S. 7-4 Ward)

Length of residence in city or town where death occurred yrs mos 2 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME George Taylor

(a) Residence: No. Glenburnie Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Unknown

5a. If married, widowed, or divorced
HUSBAND of Unknown
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Tom Taylor
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Marley M.E. Date 11-15 1931

19. UNDERTAKER Jas. H. Stinner
(Address) 1625 E. Chase St

NOV 14 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov-10, 1931, to Nov 12, 1931.

I last saw him alive on Nov 12, 1931 death is said to have occurred on the date stated above, at 3:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
UREMIA	11-8-31
CHRONIC NEPHRITIS	not known
SEPTICAEMIA	11(1-8)-31

Other contributory causes of importance:

Name of operation NONE Date of

What test confirmed diagnosis? Blood) Was there an autopsy? Yes
Chem

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. C. Bedell, M. D.
(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in the plainest terms. See instructions on back of certificate. OCCUPATION is very important.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73873

CERTIFICATE OF DEATH

23 E 73873

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2838 Hayford Ave (STREET OR AVENUE) (WARD)

2—FULL NAME Grace Russo

(a) RESIDENCE NO. 2838 Hayford ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 22-1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Anthony Russo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Filomena Guarano

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Louis Gray Spencer Avenue
(Address) 509 E. Baltimore Street

15 Filed NOV 14 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 12-1931

17 I HEREBY CERTIFY, That I attended deceased from April, 1927, to November 12, 1931, that I last saw h[illegible] alive on November 12, 1931, and that death occurred, on the date stated above, at 2:55 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 6 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) John S. Fraley, M. D.

11/13/31, 19 (Address) 3522 Greenmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	11/14/1931
20 UNDERTAKER J. J. Moran	ADDRESS 3 Bath E

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

73874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001 L 73874

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital St. 10-14 (WARD)

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Garnett

(a) RESIDENCE NO. 825 Harford Ave. ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar. 18-1930

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	1	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Richard Garnett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Sarah Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Interment Bertha Thomas
(Address) 825 Harford Ave.

14 1931 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 13-31

17

I HEREBY CERTIFY, That I attended deceased from

11-1, 1931, to 11-18, 1931

that I last saw him alive on 11-13, 1931

and that death occurred, on the date stated above, at 3 A.M. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

3 wks
(duration) yrs. mos. ds.

CONTRIBUTORY _____
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore Md.

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) George McDonald M. D.

11-13 1931 (Address) 151 N. Dimmon St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery Nov. 14	1931
20 UNDERTAKER	ADDRESS
Chas. H. Johnson	716 N. Carolina St.

CAUSE OF DEATH: In plain terms, without abbreviations, indicate the disease, injury, or complication directly causing death. TION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 73875

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73875

CERTIFICATE OF DEATH.

210-0E 73875

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. Pronounced dead at 4 P.M. Hopkins) E. or W. _____ Ward

(If death occurred in a hospital or (institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leroy Bryan

(a) RESIDENCE NO. 733 N. Central Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jul. 16-1925

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	6	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. md.

(State or country)

PARENTS

10 NAME OF FATHER Randolph Bryan

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Helen Brown

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Interment (Address) Helen Bryan 733 N. Central Ave.

15 Nov 14 1931 C. HAMPSON JONES, M. D. Registrar

By _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck by one auto Fender wheels & a truck & rear wheels passed over

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract. Skull

(duration) yrs. mos. ds.

(Signed) H. Frank M. D.

(Coroner)

11/13, 1931 (Address) Traffic Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? In front of 625 N. Eay St

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dalmy Cemetery Date of Burial Nov. 14 1931

20 UNDERTAKER Oliver H. Johnson ADDRESS 416 N. Carolina St.

Use should be carefully supplied. Arts. should be properly classified. Exact statement of OCCUPATION is OF DEATH in plain terms, so that it may be properly very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 73878

HEALTH DEPARTMENT—CITY OF BALTIMORE

73878

CERTIFICATE OF DEATH

82-001

1 PLACE OF DEATH

CITY OF BALTIMORE (No 826 Harlem Ave STATE 46-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

2 FULL NAME Eliza M. Harris

(a) RESIDENCE NO 826 Harlem Ave STREET — WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 2 mos 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 21 1868

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James A. Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

11 Informant Elizabeth Harris
(Address) 826 Harlem Ave

15 Filed 11/15, 1931 A. P. A Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12. 1931

17

I HEREBY CERTIFY, That I attended deceased from Sept, 1931, to Nov 12, 1931

That I last saw h[illegible] alive on 11/11, 1931

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobular
Arteriosclerosis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Kidney Sclerosis
Hemorrhage (duration) Indefinite

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. Lee Hs. M. D.

11/13, 1931 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem.

DATE OF BURIAL 11/15 1931

20 UNDERTAKER Samuel T. Hemsley

ADDRESS 678 N. Gilmor St

CAUSE OF DEATH to plain terms, so that it may be of certificates
TION is very important. See instructions on back of cer

AdCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 73877

CERTIFICATE OF DEATH

131 E 73877

Registered No. .....

1. PLACE OF DEATH Balto Md
CITY OF BALTIMORE: (No. Good Shepherd General Hospital 1512 Gilmor Ward)
(If death occurred in hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 7 yrs 8 mos ds How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Holbrook

(a) Residence: No. 715 Pierce St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 22 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year) Sept 1931
11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Bruce Md

FATHER
13. NAME Isaac Holbrook
14. BIRTHPLACE (city or town) (State or country) Bruce Md

MOTHER
15. MAIDEN NAME Eliza
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Eliza Holbrook
(Address) 715 Pierce

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Nov 16 1931

19. UNDERTAKER Samuel Bowers
(Address) 578 N Eutaw

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1931 to Nov 12 1931
I last saw him alive on 11-12 1931 death is said to have occurred on the date stated above, at 6.30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron Nephritis	4 mo ago

Other contributory causes of importance:
Arterio sclerosis
Prostatitis

Name of operation none Date of
What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. R Boyd Kirk, M. D.
(Address) 1512 Gilmor

State CAUSE OF DEATH in plain English. See instructions on back of certificate. OCCUPATION is very important.

AaCo. 5-11 250B

E 73878 HEALTH DEPARTMENT CITY OF BALTIMORE E 73878

CERTIFICATE OF DEATH

93-003

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 17-2 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Johnson

(a) Residence: No. 581 Oxford St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) Apr. 7, ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50 ?	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day's work, c
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 0
10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME William Ringold
14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER
15. MAIDEN NAME Annie Meyers
16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 11/16 1931

19. UNDERTAKER (Address) James C. Hemsley 518 N. Broadway

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1931 to Nov. 12, 1931

I last saw her alive on Nov. 12, 1931 death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr.	1929

Other contributory causes of importance

Myocardial insufficiency Sp 1931

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Thweatt M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

Spec.-7-17-26—A Co.—200 Bks.

73879

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73879

CERTIFICATE OF DEATH

82-001

1-PLACE OF DEATH Provident Hospital

City of BALTIMORE: (No. 17-25 St. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William S Cook

(a) RESIDENCE NO. 643 N Para Street St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ?

6 DATE OF BIRTH (month, day, and year): ? 1871

7 AGE: 60 Years Months Days IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: waiter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: not known

9 BIRTHPLACE (city or town)

(State or country): Virginia

PARENTS

10 NAME OF FATHER: Daniel Cook

11 BIRTHPLACE OF FATHER (City or town)

(State or country): [illegible]

12 MAIDEN NAME OF MOTHER: Eliza Bruce

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: Gloster Cook

(Address): 847 Lanvale Ave

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

11-12-31

17 I HEREBY CERTIFY, That I attended deceased from 11-9, 19 31, to 11-12, 19 31,

that I last saw h[illegible] alive on 11-12, 19 31,

and that death occurred, on the date stated above, at 3 45 m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) George M Daniel M. D.

(Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: [illegible] Auburn Cem. Date of Burial: 11/14 19 31

20 UNDERTAKER: Samuel T Hemsley ADDRESS: 519 N Bond

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-31 2108

73880 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 73880

Gt-602

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md. St. 17-26 Ward)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Barnard

(a) Residence: No. 663 Pine St. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	~~White~~	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) ~~1853~~ 1847

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
84	-			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME George Barnard
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Amanda ?
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Baltimore City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem. Date 11/16 19 31

19. UNDERTAKER Samuel T. Kennedy
(Address) 3 Se Mt Belle 104

20. FILED 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-13-1931

22. I HEREBY CERTIFY, That I attended deceased from 11-9, 1931, to 11-13, 1931

I last saw her alive on 11-13, 1931 death is said to have occurred on the date stated above, at 1.00 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Coronary Thrombosis	11-13-31

Other contributory causes of importance:

Senility	

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

11-13-31 (Signed) Elmer Hirshberg M. D.
(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

AA Co. 5-31-2508

E 7388J

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 7388J

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH — Monroe St

CITY OF BALTIMORE: (No. 1649 N. Monroe St. 45-21 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rebecca Levin

(a) Residence: No. 1649 N. Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Benjamin Levin

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Izyes

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jake Konbo
(Address) 2605 Keyworth ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale 11/15 19 31

19. UNDERTAKER Jack Levy Son
(Address) 1439 E. Baltimore St.

20. FILED NOV 16 1931 19 ... Registrar

J. A. STANSBURY JONES, D.C.

State CAUSE OF DEATH in the group OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from June, 1927, to Nov 13 1931

I last saw h.. alive on Nov 12 1931 death is said to have occurred on the date stated above, at 12 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Nov. 8/31
Other contributory causes of importance:	
Senility, nephritis.	1924

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Samuel Weinbrenner M. D.

(Address) 1010 Eutaw Place

AACo. 5-11 250B

E 73882 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 73882

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1408 Fremway St. 27-49 Ward

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Stone Whiteley

(a) Residence: No. 1408 Fremway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Ella Wilson Whiteley (dead)

6. DATE OF BIRTH (month, day, year) Nov 16 1855

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
75	11	30 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Coal " Co

10. Date deceased last worked at this occupation (month and year) Feb 31. | 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Calvin Whiteley

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Harriet Stone

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Edwin W Brown
(Address) 1100 N Charles St.

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Date Nov 11 1931

19. UNDERTAKER Henry H Jenkins Sons Co
(Address) Eutaw & Mt Royal Ave

FILED NOV 14 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1931 to Nov 13 1931

I last saw h alive on Nov 13 1931 death is said to have occurred on the date stated above, at 11.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac dilatation & paralysis -	
Pulmonary oedema	

Other contributory causes of importance:

Hypertension
Thrombosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury X

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edwin W Brown M. D.

(Address) 1100 N Charles St

State CAUSE OF DEATH in plain words. Do not use abbreviations or symbols. OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 73883 **HEALTH DEPARTMENT CITY OF BALTIMORE** V 93-E 73883

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1230 William St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John M. Eckman

(a) Residence: No. 1230 William St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Griffen.

6. DATE OF BIRTH (month, day, year) 1/30/1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Jno. M. Eckman

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Mary [illegible]

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mary M. Eckman 23 William

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 11/14 19[illegible]

19. UNDERTAKER (Address) [illegible]

NOV 14 1931 H. HARRY JONES M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11.11.31, 19

22. I HEREBY CERTIFY, That I attended deceased from 10.21.31, 19, to 11.11.31, 19

I last saw him alive on 11.13.31, 19 death is said to have occurred on the date stated above, at 12.10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Chronic Myocarditis	1 year
	Previous

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Philip B. Tawes, M. D.

(Address) 1432 William St.

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

A4Co. 5-31 2500

E 73884 HEALTH DEPARTMENT CITY OF BALTIMORE 73884

CERTIFICATE OF DEATH

53V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL S. 16-68 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elnora Mason Griffin

(a) Residence: No. 716 Kings Road, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Geo. E.

6. DATE OF BIRTH (month, day, year) 7/10/1900

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	31	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cleveland Ohio

FATHER

13. NAME Edward Stone

14. BIRTHPLACE (city or town) (State or country) Pittsburgh Penn

MOTHER

15. MAIDEN NAME Emma Jones

16. BIRTHPLACE (city or town) (State or country) Cleveland Ohio

17. INFORMANT Geo. E. Griffin
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 11-16-31

19. UNDERTAKER H. C. Blanchard & Son
(Address) 1726 Eutaw Place, Balto, Md.

20. FILED NOV 14 1931 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 13 1931

22. I HEREBY CERTIFY, That I attended deceased from 10 21, 1931, to 11 13, 1931

I last saw h... alive on 11 13 1931 death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma Spine	1930

Other contributory causes of importance

None

Name of operation Laminatomy Date Aug 6, 1931

What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred W. Rait, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms. DEATHS FROM VIOLENCE must state MEANS AND NATURE OF INJURY, and whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. Burns or scalds should state whether or not they were the cause of death. Write plainly with ink. See instructions on back of certificate. OCCUPATION is very important.

1-30—M. & T.—200 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73885

REGISTERED NO. E 73885

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) President Nos. ST. 3-59 WARD)

2-FULL NAME Sarah Ella Beard

(a) RESIDENCE NO 2500 Mc Culloughs ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Fourteen unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Irwin Beard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Sarah Bennett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Julia Beard

(Address) 613 N. Carrollton Ave

15 [illegible] 1931 Registered [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-10 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Killed while in taxi at Caroline with street car

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Fell from taxi Result

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2500 Block Mc Culloughs

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. Frank Coroner, M. D.

11/14, 19 (Address) Fayette Co Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

UNDERTAKER Mrs. R. H. Elliott

DATE OF BURIAL Nov. 14, 1931

ADDRESS 132 E. Baltimore

NOV 14 1931

BEFORE WRITING, READ CAREFULLY. Exact statement of OCCUPATION in plain terms, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important! See instructions on back of certificates.

Spec.-7-17-26-A Co.-200 Bks.

E 73886

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 73886

CERTIFICATE OF DEATH

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. 916 W Lexington St. 18-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman Wright

(a) RESIDENCE NO. 916 W Lexington St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. 1 mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Susie Wright

6 DATE OF BIRTH (month, day, and year): July 15, 1885

7 AGE — Years: 46 — Months: 3 — Days: 28 — IF LESS than 1 day ____ hrs. or ____ min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Saloon Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Prince Edward (State or country) Va

PARENTS

10 NAME OF FATHER George Wright

11 BIRTHPLACE OF FATHER (City or town) Greenbay (State or country) Va

12 MAIDEN NAME OF MOTHER Amelia Hunt

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) Va

14 Informant Susie Wright

(Address) 916 Lexington St.

V 14 1931

C. HAMILTON JONES M. D. Registrar

Filed _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-13-1931

17 I HEREBY CERTIFY, That I attended deceased from 11-5- 1931 to 11-13- 1931

that I last saw him alive on 11-13- 1931

and that death occurred, on the date stated above, at 5 10 p m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ____ yrs. ____ mos. 8 ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. L. Jackson M. D.

11-14 1931 (Address) 600 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenbay, Va. — Date of Burial: Nov 14, 1931

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 322 N. Schroeder St.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful to see that CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 250B

2 54176 HEALTH DEPARTMENT—CITY OF BALTIMORE 13 L 73887

2 L 73887

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 7-4 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Tanssig

(a) Residence: No. 238 Winona ave St., Germantown Ward. Phila Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb-2-1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inert Brass

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

MOTHER FATHER

13. NAME Richard Tanssig

14. BIRTHPLACE (city or town) (State or country) Mo

15. MAIDEN NAME Clara Davis

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Tulpehocken Pa. Date 11/14/31 19

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1700 Eutaw pl. Balto Md.

NOV 14 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-14, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct-29, 1931, to Nov 14, 1931

I last saw him alive on Nov 14, 1931 death is said to have occurred on the date stated above, at 1.40 A m

The principal cause of death and related causes of importance were as follows:

Malignant Hypertension & Chronic Nephritis — Date of onset

Other contributory causes of importance:

Uremia

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ralph J. Hills, M. D.

(Address) Johns Hopkins Hosp.

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

Spec.—9 20—A. & Co.—250 Blks

E 73888 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 13 E 73888

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 S. Linwood ave ST | - | WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anna Masilek

(a) RESIDENCE NO. 629 S. Linwood ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Albert Masilek

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) 0 3 1

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Czechoslovakia

PARENTS

10 NAME OF FATHER Albert Kutsi

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Interment Anna Riley
(Address) 629 S. Linwood ave

15 Filed NOV 14 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13/31

17

I HEREBY CERTIFY, That I attended deceased from Sept 04, 1931, to Nov. 13, 1931

that I last saw her alive on Nov. 12, 1931

and that death occurred, on the date stated above, at 6 - A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstial Nephritis
Arteriosclerosis
Myocarditis ?

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Joseph Pokorny M. D.

19 (Address) 2200 E Madison st

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Nov 16 1931

20 UNDERTAKER: Frank Brackbon — ADDRESS: 1906 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

1-20—M. & T.—100 3—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73889

2 10-001 E 73889

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) John Hopkins Ho. ST., 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Leon Jones

(a) RESIDENCE NO 1619 Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10/27/19[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14		20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Servant
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: [illegible]

9 BIRTHPLACE (city or town) (State or country): [illegible]

PARENTS

10 NAME OF FATHER Jas Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): [illegible]

12 MAIDEN NAME OF MOTHER Lonia Rogers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): [illegible]

14 Informant Mrs Jones (Mother)

(Address) 1619 Mulberry St

15 Date received NOV 14 1931 Registrar C. HAMPTON JONES

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-12-19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Skull injury, on head & fell to ground, striking head on wheels of trailer

(duration) yrs. mos. ds. Fract Skull

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Fayette W Balto Co

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam

(Signed) J. J. Frame, M. D. Coroner

11/14 1931 (Address) Dragne Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary County

DATE OF BURIAL: Nov. 15 1931

UNDERTAKER: Wm F. Williams

ADDRESS: 1153 W. Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.
TION is very important

AaCo. 5-11 2M8

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73890

CERTIFICATE OF DEATH

10 E 73890

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Ham Hospital St. 12-28 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 14 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred Rabotsack Jr.

(a) Residence: No. 2036 Maryland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of /

6. DATE OF BIRTH (month, day, year) Aug. 31, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Alfred Rabotsack
14. BIRTHPLACE (city or town) (State or country) Compton, Va.

MOTHER

15. MAIDEN NAME Mamie Baker
16. BIRTHPLACE (city or town) (State or country) Culpeper, Va

17. INFORMANT Alfred Rabotsack
(Address) 2036 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Nov. 20 1931

19. UNDERTAKER Charles H. Dill
(Address) 1417 Eutaw Place

20. Filed NOV 14 1931, 19 [illegible] Registrar.

State CAUSE OF DEATH in plain words. See instructions on back of certificate. OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1931, to Nov. 14, 1931

I last saw him alive on Nov. 14, 1931 death is said to have occurred on the date stated above, at 4 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal Diphtheria	10/31/31

Other contributory causes of importance:

Bronchopneumonia	11/10/31

Name of operation none Date of

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Peter Meranski M. D.
(Address) Lyden Ham Hospital

AACo. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73891

CERTIFICATE OF DEATH

31 E 73891

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 Tunbridge Rd St., 27-48 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 88 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Hildebrand

(a) Residence: No. 508 Tunbridge Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo W. Hildebrand

6. DATE OF BIRTH (month, day, year) Jan 6 1843

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Culbertson Martin

14. BIRTHPLACE (city or town) (State or country) Greencastle Penna.

MOTHER

15. MAIDEN NAME Ellen Hayes

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Miss Grace B. Hildebrand

(Address) 508 Tunbridge Road

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date NOV 16 1931

19. UNDERTAKER Geo W Little

(Address) 2700 EDMONDSON AVE

NOV 15 1931 C. HAMPSON JONES, M. D.

Registrar

of

State CAUSE OF DEATH in plain terms. See instructions on back of certificate.
OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 13 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1931, to Nov 13, 1931

I last saw h— alive on Nov 12, 1931, death is said to have occurred on the date stated above, at 1.15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, cerebral hemorrhage,	1925
Chronic Nephritis	1925

Other contributory causes of importance:

Cerebral Hemorrhage	Nov 1931

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury , 19

Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address)

A4Co. 5-31 2508

2302 St. North ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

1409 73892

CERTIFICATE OF DEATH

1 31 E 73892

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 Jefferson St. 5-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fanny Glassman

(a) Residence: No. 1403 Jefferson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Wh	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nathan Glassman

6. DATE OF BIRTH (month, day, year) July 17 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	62	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Yonda Bernitz

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Selma Glassman

(Address) 1403 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Rendale Date 11/15 1931

19. UNDERTAKER Jack Levine Inc

(Address) 1403 E. Balto St.

20. FILED 1931 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2 1931 to Nov. 14 1931

I last saw her alive on Nov. 12 1931 death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Mitral Stenosis,
Cardio Stenosis. Cystic
Interstitial Nephritis. Hypertension Arterio Sclerosis. etc.
Angina Pectoris

Other contributory causes of importance:

Heart failure.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None or specify

(Signed) Louis H. Ehrman M. D.

(Address) 2302 N. North Ave.

State CAUSE OF DEATH in plain English. See instructions on back of certificate. OCCUPATION is very important.

1-20—M. & T.—100 B—50L

E 73893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001 ✓ E 73893

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital ST. 15-22 WARD)

2-FULL NAME Wallace Miller

(a) RESIDENCE NO 1335 N. Stricker ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 1922

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	11		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Westmoreland Co., Va

PARENTS

10 NAME OF FATHER James Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Maltilda Saunders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant James Miller

(Address) 1335 N. Stricker St

15 NOV 15 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Lobular Pneumonia

..... (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) D. J. Kalus Coroner, M. D.

Nov. 14/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Nov. 15-1931
20 UNDERTAKER Thomas E. Kelson	ADDRESS 1303 Preston St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56 E 73894

B 73894

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE No. 615 Lorman ST. 15-22 WARD

2-FULL NAME Sarah Spriggs

(a) RESIDENCE No. 615 Lorman ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer A A Co Md

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Lizzie Spriggs

(Address) 615 Lorman St

15 Filed NOV 15 1931, 192 HAMPSON JONES H ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy, or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

Sudden (duration) yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Rheumatism (duration) yrs. 1 mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Wm H Hamilton, M. D. Coroner

19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem't.	Nov 16 1931
20 UNDERTAKER Thomas E. Kelson	ADDRESS 1363 Pennsylvania Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

254517 73895 — 73895

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 7-9

Length of residence in city or town where death occurred 5 yrs. 3 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Schonberger

(a) Residence: No. 1013 Lodge Forest Drive St., Ward. Harrow Pt
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis

6. DATE OF BIRTH (month, day, year) Oct 31 - 1908

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	23		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Joseph Lukko

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Strakhova

16. BIRTHPLACE (city or town) (State or country) Russian

17. INFORMANT JOHNS HOPKINS HOSPITAL Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Nov 16 1931

19. UNDERTAKER Kirby Gaither Inc
(Address) 1218 Druid Hill Ave

20. FILED NOV 13 1931 19... Registrar No. 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 - , 1931, to Nov 12, 1931.

I last saw her alive on Nov 12 1931, death is said to have occurred on the date stated above, at 11.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia } Streptococcus	Nov 3, 31
Pneumonia }	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. C. Bedell, M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Coroner Fricton

1-30—M. & T.—100 B—50L

E 73896

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73896

CERTIFICATE OF DEATH

67

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Mercy Hospital (Ward) 27-4th

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME George E. Barnes

1a) RESIDENCE NO. 2709 Gibbons Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of— ———

6 DATE OF BIRTH (month, day, and year) Mar 12th 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	8	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phila, Pa.

PARENTS

10 NAME OF FATHER George Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Phila. Pa.

12 MAIDEN NAME OF MOTHER Lorraine Grimes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila. Pa.

14 Informant Geo Barnes

(Address) 2709 Gibbons Ave

15 Filed NOV 15 1931 H. [illegible] JONES M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13th 1931 12.05 P.M.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hypertrophy of Thymus Gland
Congenital

(duration) 2 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at birth in Phila. Pa.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) James M Fenton, M. D. Coroner

11 15, 1931 (Address) 704 E Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery — DATE OF BURIAL 11/16/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St. Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 73897 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73897

CERTIFICATE OF DEATH. 115-002

1 PLACE OF DEATH

CITY OF BALTIMORE (No St Agnes Hospital 46-22 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Samuel Kalafos

(a) RESIDENCE NO. 1134 McKean Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 9th 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Samuel Kalafos

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greece

12 MAIDEN NAME OF MOTHER Ethel Wagner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Samuel Kalafos
(Address) 1134 McKean Ave

15 Filed NOV 15 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 7 1931 to Nov 1931

that I last saw h[illegible] alive on Nov 13 1931

and that death occurred, on the date stated above, at 12:30 P.M.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. 16 mos. ds.

CONTRIBUTORY (Secondary) Arthritis deformitans

(duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical findings

(Signed) J. Neal MacMullen M. D.

, 19 (Address) 2147 Harford

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stone Chapel Cemetery DATE OF BURIAL 11/16/1931

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

NOV 15 1931

AaCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

2545961 E 73898 CERTIFICATE OF DEATH * 119 E 73898

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary V. Sturgeon

(a) Residence: No. Tolly Quarters Farm St., Ellicott City Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan - 1931

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Arthur Tucker
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Lillian Sturgeon
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Finkany cemetery Date 11/16/1931

19. UNDERTAKER Wm Cook
(Address) 121 St Paul St

20. FILED [illegible] JONES M. D.
(Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1931, to Nov 14, 1931
I last saw her alive on Nov 14, 1931 death is said to have occurred on the date stated above, at 2:17 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Nov. 12
Diarrhea + enteritis	Nov 5
Other contributory causes of importance: Otitis media	Nov. 5
Premature	Birth

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harold Huffman, M. D.
(Address) Johns Hopkins Hosp.

state CAUSE OF DEATH in plain terms. Indefinite or unknown causes of death are not acceptable. OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

X E 73899

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73899

CERTIFICATE OF DEATH.

97

1 PLACE OF DEATH St. Agnes Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Wilkens Caton Aves ST. 13-54 WARD

2 FULL NAME Mrs. Edith Daugherty

(a) RESIDENCE NO. 3408 Auchentoroly Terrace ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Fr. Thomas Daugherty.

6 DATE OF BIRTH (month, day, and year) Feb 3 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	0	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Chas Gelwicks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Dr Thomas Daugherty

(Address) 3405 Auchentoroly Terrace

15 Filed , 19 Registrar

CAUSE OF DEATH in plain words, so that it may be properly classified. Each question must be answered. Omission of any part of information will delay registration of certificate. TION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14th 1931

17

I HEREBY CERTIFY, That I attended deceased from Nov. 10 , 1931 , to Nov 14 , 1931

that I last saw h[illegible] alive on Nov. 14 , 1931

and that death occurred, on the date stated above, at 10:25 a. m.

The PLACE OF DEATH* was as follows:

Atheroma of Aorta

(duration) yrs. 3½ mos. ds.

CONTRIBUTORY (Secondary) Chr. Passive Congestion

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? 3408 Auchentoroly Ter.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) Robt Elwell M. D.

11/16/1931 (Address) St. Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	11/16/1931
20 UNDERTAKER Wm Cook	ADDRESS 1217 St Paul St

Spec.—9-30—A & Co.—250 Blks.

Dr C. S. Parker 3123 North Ave Lafayette 33

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82E 73900

E 73900

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 3008 Baker ST. 16-67 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Viola Amelia Middlekauff

(a) RESIDENCE NO. 3008 Baker ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurr 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ (or) WIFE of Wm D. Middlekauff

6 DATE OF BIRTH (month, day, and year) Mar 17th 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Edward Leonard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hannah Watts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wm D. Middlekauff

(Address) 3008 Baker St

15 [illegible] JONES, M. D. Registrar

NOV 15 1931 HAM

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14th 1931

17

I HEREBY CERTIFY, That I attended deceased from Nov 10th 1931 to Nov 14th 1931

that I last saw h[illegible] or alive on Nov 14 1931

and that death occurred, on the date stated above, at 11.45 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis previous attack July 7/31 (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lividity, fixed

(Signed) [illegible] M. D.

. 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 11/17 1931

20 UNDERTAKER Wm Cook 1217 St ADDRESS Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupa-TION is very important. See instructions on back of certificates.

AaCo. 5-31 250B

David J. Heckert

HEALTH DEPARTMENT—CITY OF BALTIMORE

73901

73901

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1643 E. Charles St. 23-34 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David J. Heckert

(a) Residence: No. 1643 E. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower.

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louisa J. Heckert

6. DATE OF BIRTH (month, day, year) Sept. 16 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	85.	1.	29.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 20 yrs.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME Dont know.
14. BIRTHPLACE (city or town) (State or country) Dont know.

MOTHER
15. MAIDEN NAME Dont know.
16. BIRTHPLACE (city or town) (State or country) Dont know.

17. INFORMANT Family Record.
(Address) 1643 E. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Strawberry Hill Date Nov 15 1931.

19. UNDERTAKER J. Howard Evans
(Address) 31 E. Fort Ave.

20. FILED NOV 15 1931. E. HAMLIN JONES, M. D. Registrar. 11/13/31

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13. 1931

22. I HEREBY CERTIFY, That I attended deceased from April. 2. 1931 to Nov. 13. 1931
I last saw him alive on Nov. 12. 1931 death is said to have occurred on the date stated above, at 7:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/2/31
Other contributory causes of importance:	
Exhaustion	11/11/31

Name of operation None Date of
What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ., 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) T. A. Campbell M. D.
(Address) 1644 Hanover St.

State CAUSE OF DEATH in such terms that a medical classification can be assigned. OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73902

Registered No. E 73902

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 73902

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2819 N Calvert St. 12-5 (Ward)

Length of residence in city or town where death occurred 29 yrs. mos. da. How long in U.S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frances A Clark

(a) Residence: No. 2819 N Calvert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Edward J Clark

6. DATE OF BIRTH (month, day, year): Aug 16 1861

7. AGE — Years: 70 — Months: 7 — Days: 29 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Scotland

FATHER

13. NAME: John Bell

14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: Mary Beaton

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT (Address): Frank E Bradford Rockville Md

18. BURIAL, CREMATION, OR REMOVAL — Place: Emmorsburg Md — Date: 11 — 19 — 1931

19. UNDERTAKER (Address): Robert Burkhardson Baltimore Md

Registrar.

FILED 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 15 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 8 1931 to Nov 15 1931

I last saw her alive on Nov 14 1931 death is said to have occurred on the date stated above, at 8 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 8
Hypertension	2 yrs

Other contributory causes of importance:

age —

Name of operation — Date of

What test confirmed diagnosis? Dupra Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm H Pearre M. D.

(Address) 2105 Charles St

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

1-30—M & T—100 B—50L

Cooper Cromwell 201 Patapsco Ave ✓

E 73903

HEALTH DEPARTMENT—CITY OF BALTIMORE

141 E 73903

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 8-12 WARD)

2-FULL NAME Theresa M. Linck

(a) RESIDENCE NO. 1214 N. Bradford ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Arthur W. Linck

6 DATE OF BIRTH (month, day, and year) Dec 31st 1901

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	11	10	13

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Frank Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary Kinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Arthur W. Linck

(Address) 1214 Bradford St

15 Date Received: NOV 15 1931 Registrar: Harry H. Jones II

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Inevitable Abortion

(Duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Hemorrhage - traumatic shock (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical Signs

(Signed) Guy N. Cromwell M. D. Coroner

11/15, 1931 (Address) 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL 11/18/1931

20 UNDERTAKER: Wm Cook

ADDRESS 1217 St Paul St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

Coroner Cromwell 201 Patapsco Ave ✓

E 73904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001 E 73904

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Agnes Hospital Catons 70-37 WARD)

2-FULL NAME Margaretta L. Mehrbrei

(a) RESIDENCE NO 208 N. Fulton Ave ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Charles Mehrbrei

6 DATE OF BIRTH (month, day, and year) Nov 5th 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	0	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Westminster Md

PARENTS

10 NAME OF FATHER Henry Zahn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Koontz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. H. Offerman

(Address) Manchester Md

15 Filed NOV 15 1931 H. M. Jones M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13th 11 P.M. 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos ? ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell M. D.
Coroner

11/15, 1931 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 11/16 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 S. Fulton St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—0-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73905

CERTIFICATE OF DEATH

1931 E 73905
REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3238 Elmora Ave) (WARD) 40

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Annie Heintzman

(a) RESIDENCE No. 3238 Elmora Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married, widowed, or divorced~~ HUSBAND OF (or) WIFE of Henry Heintzman

6 DATE OF BIRTH (month, day, and year) Feb 2nd 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER Jacob Yakel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Annie (Unknown)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant Henry Heintzman
(Address) 3238 Elmora Ave

15 Filed NOV 15 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14th 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 29th, 1931, to Nov 14th, 1931, that I last saw her alive on Nov 14th, 1931, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis moderate (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & Clinical

(Signed) H. T. Gordy M. D.

(Address) Wyoming & Overland Aves

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 11/18/1931

20 UNDERTAKER: Wm Cook ADDRESS 1217 St Paul St

CAUSE OF DEATH must be properly certified in plain terms, so that it may be properly classified. See instructions on back of certificates. ATTENTION is very important.

AaCo. 5-31 250B

Dr Gage 709 N. Broadway Wo 1619 J

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-00 E 73906

E 73906

Registered No. E 73906

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2706 Berwick Av) (Ward 27-43)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Louis De Haven

(a) Residence: No. 2706 Berwick Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Elsie De Haven

6. DATE OF BIRTH (month, day, year) July 15th 1870

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	61	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Jesse T. De Haven

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Russell

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Elsie De Haven

(Address) 2706 Berwick Ave

18. BURIAL, CREMATION, OR REMOVAL. Greenmount Cemetery Date 11/16, 1931

19. UNDERTAKER Wm Cook

(Address) 1202 Eutaw Pl Balto

20. FILED ..... 19 ..... Registrar

E 73906

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1931, to Nov 13, 1931

I last saw ~~him~~ alive on 11.13.31, 19.., death is said to have occurred on the date stated above, at 10.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
	11 11 31

Other contributory causes of importance:

None	11/12/31

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm Gage, M. D.

(Address) 709 N Broadway

state CAUSE OF DEATH in plain terms. Do not use abbreviations or OCCUPATION in very important. See instructions on back of certificate.

AaCo. 5-31 250B

254564 C 73907

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73907

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maude Whitton

(a) Residence: No. 1301 Ocean View ave St., ... Ward. Norfolk Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Capt Arthur Whitton USN

6. DATE OF BIRTH (month, day, year) May 22 1872

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	59	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Q

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Australia

FATHER

13. NAME Alfred Snadden

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Watchorn

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 17 1931

19. UNDERTAKER J. Wyle Ahrens & Son

(Address) 221 E. Lan

20. FILED NOV 19 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1931, to Nov 15 1931

I last saw her alive on Nov 15 1931 death is said to have occurred on the date stated above, at 2.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor Dural Endothelioma Left Cerebral	July 1931
non-malignant	
Other contributory causes of importance:	
Arteriosclerosis	?

Name of operation Right Craniotomy Date of 11-12-31

What test confirmed diagnosis? ? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Fred W. Keil M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73908

CERTIFICATE OF DEATH

82-001

REGISTERED NO. E 73908

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~1962 Belair Road~~ ST., 8-16 WARD)

2-FULL NAME Mary Ann Schone

(a) RESIDENCE NO 1962 Belair Rd ST., 8 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Harmon Schone

6 DATE OF BIRTH (month, day, and year) Oct 21/1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	0	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Herman R. Honeman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary. M. Quartman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Catherine Hohman

(Address) 1962 Belair Road

15 Filed NOV 15 1931 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy- resulting in accidental fall in residence-fractur left humerus.-Sep 18/31

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Odema etc

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

11/15/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Nov 16 1931

20 UNDERTAKER Lilly & Gilden Inc.

ADDRESS 403 S. Wolfe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

GV 1 5 1931

AACo. 5-31 250R

E 73909 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 73909

CERTIFICATE OF DEATH

Registered No. 79-002
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 Hanover St. 22-31 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Acree

(a) Residence: No. 704 Hanover St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/-/1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City Md.

MOTHER FATHER

13. NAME Mary Acree.
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Mary Pitchett
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary Acree
(Address) 704 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson's Chapel Date 11-16 1931

19. UNDERTAKER John H. Jordan
(Address) 1427 Pennsylvania Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/14 1931

22. I HEREBY CERTIFY, That I attended deceased from 11/8 1931, to 11/14 1931

I last saw her alive on Nov. 13 1931 death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Spinal meningitis	11/7/1931

Other contributory causes of importance:

Bronchial-pneumonia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. H. Harrold M. D.
(Address) 830 Mass Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified on back of certificate. OCCUPATION is very important. See instructions on back of certificate.

11 Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 73910 — REGISTERED NO. E 73910

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Sinai Hospital ST., 7-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Stefan

(a) RESIDENCE NO. 815 N Rose ST., WARD

(1)usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. / ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

5a If married, widowed, or divorced HUSBAND of or) WIFE of Edward

6 DATE OF BIRTH (month, day, and year) 11/13/31.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		0	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Sinai Hospital Baltimore Md.

10 NAME OF FATHER Edward Stefan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Lillian Chade

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) 1236 S. Wood Ave Edward Stefan

15 Filed NOV 16 1931 J. HAMPTON DUKES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/14/31

17 I HEREBY CERTIFY, That I attended deceased from 11/13 1 , 193 , to 11/14 , 1931 , that I last saw him alive on 11/14 at 10 m. , 1931 , and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Premature Baby

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Lindenstine M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary — DATE OF BURIAL Nov 16 1931

UNDERTAKER Frank Brochon — ADDRESS 1906 Eutaw

CAUSE OF DEATH must be plainly written. See instructions on back of certificates. TION is very important.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 73911

CERTIFICATE OF DEATH

E 73911

REGISTERED NO. 119

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE; NO. 412 W Preston ST. 14-20 WARD

2-FULL NAME Elsie E Taylor.

(a) RESIDENCE NO 412 W Preston ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

Exact statement of OCCUPATION may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 4 - 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		7	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Elsie Taylor

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Fannie Washington
(Address) 720 Cumberland

15 Filed NOV 13 1931 HAROLD JONES
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Hemorrhage Enteritis

(duration) ..... yrs. mos 3 ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Bruce Brune, M. D.
Coroner

1914 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem

20 UNDERTAKER Dennis Carlon

DATE OF BURIAL 11-16 1931

ADDRESS 916 Park

AaCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73912

CERTIFICATE OF DEATH

131 ✓ E 73912

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 745 Hilton St. 17-24 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Briscoe (Bristol)

(a) Residence: No. 745 Hilton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Chas. Briscoe

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General House
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER
13. NAME Chas Gordon
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Elvira Gilmor
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Chas Gambrill
(Address) 745 Hilton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Bonnie Brae Date 11-17 1931

19. UNDERTAKER Edward Fowler
(Address) [illegible]

FILED 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/12/31

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1 1931 to Nov 12 1931
I last saw h[illegible] alive on Apr 13 1931 death is said to have occurred on the date stated above, at 2:[illegible] m
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Days	

Other contributory causes of importance:
Chronic Nephritis
6 mos. ? days

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Chas H. Tonjtmire, M. D.
(Address) 1512 W. Lafayette ave

state CAUSE OF DEATH in plain terms. Do not state OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH

73913 E 73913

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 Mcheela ave 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs 7 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Baker

(a) Residence: No. 1815 N Broadway Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Wilfred P. Baker

6. DATE OF BIRTH (month, day, year): Sept 24, 1856

7. AGE: Years 75 | Months 1 | Days 20 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Dublin Ireland

MOTHER FATHER

13. NAME: Unknown McCarthy

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. Leila Baker Hill

(Address) 804 Greene St Cumberland Md

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Date Nov. 16 1931

19. UNDERTAKER: Wm. H. Ecker Sons

(Address) Hanover & Lee sts

FILED NOV 16 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 13. 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1931, to Nov 13, 1931

I last saw h[illegible] alive on Nov 12 1931 death is said to have occurred on the date stated above, at 2.15a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	Nov 7, 31
Other contributory causes of importance: Anemia. Arteriosclerosis Myocardial degeneration Senility	?.

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Alan B. Lemmon, M. D.

(Address) 718 N. Patterson Park ave

state CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. If from accident, state when and where it occurred. If a woman, whether single, married, or widowed. Give OCCUPATION in every case. If deceased was housewife, so state. If occupation was connected with any industry, state it. If deceased was a child, state the OCCUPATION of father or mother. See instructions on back of certificate.

AaCo. 5-31 250B

73914

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-E 73914

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 15-61 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Bertie Garoneik.

(a) Residence: No. 2909 Wendale Road. St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Robert

6. DATE OF BIRTH (month, day, year) 6-21-1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md U.S.A.

MOTHER FATHER

13. NAME Charles Lamm
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Sarah
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jacob C Lamm
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Sarari Date 11/16 1931

19. UNDERTAKER Jack Levi Bro
(Address) 1739 E. Baltimore St.

NOV 18 1931 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9 1931 to Nov 15 1931

I last saw her alive on Nov. 15 1931 death is said to have occurred on the date stated above, at 6.16 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis.	
Uterine fibroids.	
Lacerated cervix	

Other contributory causes of importance:

Acute cardiac dilatation	6 hrs.

Name of operation Vaginal hysterectomy Date of 11-10-31

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Andres E. Calas M. D.

(Address) Bon Secours Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 73915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73915

REGISTERED NO. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2807 Berwick Ave ST. 27-163 WARD)

2-FULL NAME Edward R. Bressler

(a) RESIDENCE NO 2807 Berwick Ave ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2-5 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Alice J. Bressler

6 DATE OF BIRTH (month, day, and year) Oct 28/1866

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
65	0	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): Self Employed
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Stiltz, Pa.

PARENTS

10 NAME OF FATHER Corneleous Bressler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Ellen M. Freed

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant (Address) Mrs. Maud Bailey 32 Pretty Hill Road.

15 Filed NOV 19 1931 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shot Gun Wound left breast

Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

11/16/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] DATE OF BURIAL Nov 17 1931

20 UNDERTAKER [illegible] ADDRESS [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73916

E 73916

CERTIFICATE OF DEATH

v 108

1 PLACE OF DEATH

CITY OF BALTIMORE (No 1125 S Bunney St 1-3 WARD)

REGISTERED No
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Marie E. Cholewczynski

(a) RESIDENCE No 1125 S. Bunney St. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 17 - 1931

7 AGE: Years | Months 0.4 | Days 28 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Edmund CHOLEWCZYNSKI

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto, md.

12 MAIDEN NAME OF MOTHER: Julia Barthowiak

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto, md

14 Informant: Edmund Cholewczynski
(Address) 1125 S Bunney St

DEC 16 1931

C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/15/31

17

I HEREBY CERTIFY, That I attended deceased from 11/3, 1931, to 11/15, 1931

that I last saw h[illegible] alive on 11/15/31, 19

and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) Samuel Baker M. D.

19 31 (Address) 316 St Paul Pl

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus cemetery

DATE OF BURIAL: Nov 16th 1931

20 UNDERTAKER: George A. Weber

ADDRESS: 705 S Ann st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

E 73917

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73917

CERTIFICATE OF DEATH.

95-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1102 E. Paca (St.) (Ward) 21-29

2-FULL NAME Prentice Manning

(a) RESIDENCE NO. 1102 E. Paca St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male | 4 Color or Race white | 5 Single, Married, Widowed, or Divorced. (write the word) widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Manning

6 DATE OF BIRTH (month, day, and year) Sept 16, 1858

7 AGE: Years 73 | Months 1 | Days 27 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant (Address) John O. Nedit

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13th 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 1. 1930 to Nov 13th 1931.

that I last saw him alive on Nov 13th 1931.

and that death occurred, on the date stated above, at 7.35 A.m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) 3 da.

CONTRIBUTORY (Secondary) Auricular Fibrillation

(duration) 1 yr. mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death? No Date of

Was there an autopsy? None necessary

What test confirmed diagnosis? Dorn Yates M. D.

(Signed)

11/13, 1931 (Address) 523 Scott St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk. Date of Burial 11/16 1931

20 UNDERTAKER H. Wittke ADDRESS 4101 Edmondson Ave

OF DEATH in plain terms, so that it may be properly classified. Fact statement of OCCUPATIONS is very important. See instructions on back of certificates.

AdCo. 5-31 2500

E 73918

HEALTH DEPARTMENT CITY OF BALTIMORE

E 73918

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3324 Phila. ave 26-11 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estella R. Lutz

(a) Residence: No. 3324 Phila. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or race: White
5. Single, Married, Widowed, or Divorced (write the word):
5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, year): Feb 2/31
7. AGE — Years: — Months: 9 — Days: 13 — If LESS than 1 day, hrs. or min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): City

FATHER
13. NAME: Chas F. Lutz
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER
15. MAIDEN NAME: Ruth M. Henkel
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Chas F. Lutz 3324 Phila. Ave

18. BURIAL, CREMATION, OR REMOVAL — Place: Oak Lawn — Date: 11/17/31

19. UNDERTAKER (Address): Philip Hering 2016 Eutaw pl

NOV 16 1931 HAMPSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/13/31

22. I HEREBY CERTIFY, That I attended deceased from 11-13-31 to 11-15-31, 19.. I last saw him alive on 11-14-31, 19.. death is said to have occurred on the date stated above at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11-12-31
Complication	2 days
	1 day

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Fred Smith M. D.
(Address) 600 N Calhoun St

Information must be given in plain terms, so that it may be properly classified. Enter statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter statement of OCCUPATION is very important. See instructions on back of certificate.

1-30 M & T 10018—50L

E 73919

HEALTH DEPARTMENT—CITY OF BALTIMORE

1887

E 73919

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 816 WARD)

2-FULL NAME John F. Walter

(a) RESIDENCE NO. 1818 N. Montford Ave ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret (Pudroff)

6 DATE OF BIRTH (month, day, and year) 1-4-1864

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	67	10	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tractor Worker
(b) General nature of industry, business, or establishment in which employed (or employer) B & O R R Co
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Carl Walter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Fredericka ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Barbara Mueller

(Address) 1818 N. Montford

15 Filed NOV 16 1931 C. HAMPTON BOOZ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Multiple Fracture of Right Leg Accidental

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Loney's Lane

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) B F Kemp M.D., M. D. Coroner

(Address) 1305 N Patterson Pk Ave 11/16, 1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL 11/17/31 19

20 UNDERTAKER George J Ruth Inc

ADDRESS 1735 Hanford

TION is very important See instructions on

Spec.—1-10-21—M&T—1500 Blks

E 73920

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73920

CERTIFICATE OF DEATH.

159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1316 Greenmount St. 10-15 (Ward)

2-FULL NAME Joseph J Mahoney

(a) RESIDENCE NO. 1316 Greenmount St. (Usual place of abode)

Length of residence in city or town where death occurred yrs. Life ds. How long in U. S., if of foreign birth? yrs. Life ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~: Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) NOV 15 1931

7 AGE — Years: X — Months: X — Days: X — If LESS than 1 day, hrs. or min.: 12 hours

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Harry L Mahoney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wash District Columbus

12 MAIDEN NAME OF MOTHER: Mabel Stevens

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Harry Mahoney
(Address) 1316 Greenmount Av.

15 Nov 15 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) NOV 15 1931

17 I HEREBY CERTIFY, That I attended deceased from NOV 15 1931 .19 . to NOV 15 1931 .19 .

that I last saw h(M) alive on NOV 15 1931 .19 . 5. P m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Heart Stramlus

(duration) yrs. X mos. X ds. 12 hours

CONTRIBUTORY (Secondary) Premature Birth

(duration) yrs. X mos. X ds. 12 hours

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Otto F Duker M. D.

(Address) 928 E North av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 11/16/31

20 UNDERTAKER: George J Ruth Inc — ADDRESS: 1733 Hoffman

mation should be carefully supplied. AGE, thou... may be properly classified. Exact statement of OCCUPA... CAUSE OF DEATH in plain terms, so that it may ... TION is very important. See instructions on back ... back of certificates.

Spec.—1-30—M. A T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73921

CERTIFICATE OF DEATH.

E 73921

REGISTERED NO. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 653 Hanover ST. 22-30 WARD)

2-FULL NAME John Wickman

(a) RESIDENCE NO. 653 Hanover ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Widowed

5a If married, widowed, or divorced HUSBAND) of or) WIFE of Sarah F. Wickman.

6 DATE OF BIRTH (month, day, and year) May 16 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	58	5	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Virginia

PARENTS

10 NAME OF FATHER John Wickman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Virginia

12 MAIDEN NAME OF MOTHER Francis Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond Virginia

14 Informant (Address) Nathaniel Wickman 709 Hanover St.

15 Filed ..... 19 ..... Registrar C. HAMILTON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/12/31

17 I HEREBY CERTIFY, That I attended deceased from 11/8 .19 31. to 11/12 .19 31.

that I last saw h[illegible]live on 11/12 .19 31

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos 6 ds.

CONTRIBUTORY (Secondary) none

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) David Drawdy M. D.

11/15, 19 31 (Address) 1111 W Lee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cemetery

DATE OF BURIAL 11/16 1931

20 UNDERTAKER Walter B. Griggs

ADDRESS 1899 W. Henry St

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Stmc.—6-9-15—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 73922

REGISTERED NO. E 73922

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1337 Fremont, (Ward) 10th

2-FULL NAME Mary Handy

(a) RESIDENCE. NO. 1337 Fremont St., WARD.

Length of residence in city or town where death occurred: 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Negro | 5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1887

7 AGE: Years 44 | Months 6 | Days 4 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER Nan Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Anna Ludlough 715 Carrollton Ave

Filed NOV 16 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 9 1931 to Nov 13 1931.

that I last saw her alive on Nov 13 1931, 6.45 P.M.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Bronch-Pneumonia 5 ds.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) — (duration) yrs. mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles T. Woodlock M. D

(Address) 811 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn DATE OF BURIAL Nov 17 193

20 UNDERTAKER: Virginia A. Brooks ADDRESS 1467 W Cary

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 73923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 73923

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Maryland Pen 10-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Middleton Brown

(a) RESIDENCE NO. 954 Forrest ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) 080

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER William H Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Estella Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

11 Informant William H. Brown

(Address) Waldorf Charles County

15 NOV 16 1931 19 C. RAMPON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-15-31

17

I HEREBY CERTIFY, That I attended deceased from Sept 4th, 1931, to Nov 15th, 1931, that I last saw him alive on Nov 15th, 1931 and that death occurred, on the date stated above, at 1.55 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) — yrs. 2 mos. 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Usual

(Signed) John J. Ensley, M. D.

, 19 (Address) 3012 Northway Drive

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Waldorf, Md	Nov 18 1931
20 UNDERTAKER Hunt & Ryon	ADDRESS Waldorf, Md.

Important. See instructions on back of certificates.

AbCo. 5-31 250B

E 73924 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73924

V 34

CERTIFICATE OF DEATH

Registered No. 17324

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 8 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Edward Chase

(a) Residence: No. 1309 Argyle Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	29?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Singer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Catonsville Md.

FATHER

13. NAME John Henry Chase
14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER

15. MAIDEN NAME Elizabeth Adams
16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Date Nov. 16, 1931
Place Western Cem.

19. UNDERTAKER (Address) Mark R. Cole & Co. Inc.

C. HAMSON JONES, M. D.
19 Registrar.

20. FILED NOV 16 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1931 to Nov. 13, 1931

I last saw h in alive on Nov. 13, 1931 death is said to have occurred on the date stated above, at 10:35 m A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism Cerebral Artery	Nov. 8, 31

Other contributory causes of importance:

Bronchopneumonia 5 days 1931

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Hamson Jones, M. D.

(Address) Balto. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

E 73825 (100 Blks.)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73825

CERTIFICATE OF DEATH.

REGISTERED NO. 9418 107-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. Eye, Ear, and Throat Hosp. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Mc Shane

(a) RESIDENCE. NO. 718 E. 20th ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary R. McShane

6 DATE OF BIRTH (month, day, and year): Oct 8/1864

7 AGE — Years: 67 — Months: 1 — Days: 6 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Consulting Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Bartlett Hayward Co

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Laurence McShane

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Mary R. McShane 718 E 20th St

15 Filed NOV 16 1931 C. E. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 14 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1931, to Nov. 14, 1931, that I last saw him alive on Nov. 14, 1931, and that death occurred, on the date stated above, at 9.20 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Cardiac Dilatation (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Abraham Kremen, M. D.

19 (Address) Balto. Eye Ear & Throat Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Nov 18 1931

20 UNDERTAKER: Harry J. Ammerle & Son — ADDRESS: 4204 Rodgerwood Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73926

Registered No. E 73926
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Md General Hospital St. 15-18 Ward 1

CITY OF BALTIMORE: (No. ..... St. ..... Ward .....)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... dys. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... dys.

2. FULL NAME Madelaine Elliott

(a) Residence: No. 2014 Braddish Ward ..... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 27 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
13	13	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexandria Va

FATHER
13. NAME Mile Elliott
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary E. Kelly
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Nov 16 1931

19. UNDERTAKER Josiah Bowers the Sons
(Address) Lorraine

Filed NOV 16 1931 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-12-1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1931 to 11-12-1931
I last saw her alive on 11-12-1931 death in said
to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pneumonia	1 month
Arteriosclerosis with calcified pericardium	

Other contributory causes of importance:

Pneumothorax 2 wks

Name of operation Aspiration Date of operation 10-27-31

What test confirmed diagnosis? Was there an autopsy? Drainage

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert T. Chenoweth M. D.
(Address) Md. General Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Particular attention to OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2MB

73927 HEALTH DEPARTMENT CITY OF BALTIMORE E 73927

Joseph P. Crockett

231

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 76-64 Ward)

Length of residence in city or town where death occurred 27 yrs. 1 mos. 4 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph P. Crockett

(a) Residence: No. 2419 Chauncey St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 10th 1904

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
27	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tutor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Daniel Crockett

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Nelia Fitzgerald

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Wm. F. Crockett

(Address) 2552 Ausonia St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Catholic Date 11/17 1931

19. UNDERTAKER Coby & Cowan & Son

(Address) 901 N. Howard St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1931, to Nov. 14, 1931

I last saw h[illegible] alive on Nov 14 1931, death is said to have occurred on the date stated above, at 3:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	10/13/31

Other contributory causes of importance:
Pulmonary hemorrhage.

Name of operation none Date of .....

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas James Abrams M. D.

(Address) Univ. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. DATE of death is required in all cases. Do not return certificate to back of certificate. OCCUPATION is very important. See instructions on back of certificate.

C. HANLEY JONES, R. [illegible]

Spec.—1-1021—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73928

CERTIFICATE OF DEATH.

93-003

E 73928

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 212 Lake ave. (St.) 27-48 (Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. George A. Mintzer

(a) RESIDENCE NO. 212 Lake ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Since now (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Mintzer

6 DATE OF BIRTH (month, day, and year) March 7, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Phil. Pa.

PARENTS

10 NAME OF FATHER Anthony Mintzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Dr. Eugene Mintzer

(Address) 211 E. Read St.

15 Filed NOV 16 1931 E. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 16 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1931, to Nov. 16, 1931, that I last saw h[illegible] alive on Nov. 16, 1931, and that death occurred, on the date stated above, at 7 45 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Carl A. Benson, M. D.

(Address) 5111 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Phila Pa

DATE OF BURIAL 11/16 1931

20 UNDERTAKER Chas. S. Mauer Son

ADDRESS 1100 N. Royal Ave

NOV 16 1931

mation should be carefully supplied. Age should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—9-30—A. A. Co.—250 lbs

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73929

CERTIFICATE OF DEATH

12 E 73929

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital (Ward) 16-68

2 FULL NAME Mr Frank E. Waters

(a) RESIDENCE NO. 2743 Mosher St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara M. Waters

6 DATE OF BIRTH (month, day, and year) Aug 30-1870

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sheet Metal

(b) General nature of industry, business, or establishment in which employed (or employer): Worker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Frank Waters

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Mrs Clara Waters 2743 Mosher St

NOV 13 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-14-31

17

I HEREBY CERTIFY, That I attended deceased from 11-10 1931, to 11-14 1931

that I last saw him alive on 11-14 1931

and that death occurred, on the date stated above, at 11 20/a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute appendicitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of appendectomy 11/10/31

Was there an autopsy? No

What test confirmed diagnosis? Clin exam + Oper

(Signed) Robt Blevins M. D.

(Address) St. Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Nov. 17 1931

20 UNDERTAKER: Chas H. Grace & Son — ADDRESS: 18 W. Mt. Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73930

CERTIFICATE OF DEATH

E 73930

REGISTERED NO

1-PLACE OF DEATH

CITY OF BALTIMORE. (No 4307 Maine Ave. ST 15-64 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward F. Butler

(a) RESIDENCE NO 4307 Maine Ave, ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Secretary

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: St. Charles College

9 BIRTHPLACE (city or town) (State or country): Howard Co. Md.

PARENTS

10 NAME OF FATHER: Edward F. Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mahala Woodward

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ga.

14 Informant: Alfred H. Butler
(Address): Timonium Md.

15 NOV 16 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 14, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Nov 13, 1931, to Nov 14, 1931

that I last saw him alive on Nov 13, 1931

and that death occurred, on the date stated above, at 6 P M.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? Auscultation

(Signed) C. C. Smith M. D.

Nov 15 1931 (Address) 4307 Liberty Hts.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Charles Cemetery, Catonsville

DATE OF BURIAL: Nov. 17, 1931

UNDERTAKER: Chas. E. Howe

ADDRESS: Sov 118 W. Mt. Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-11 2508 673931

E 73931 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73931

CERTIFICATE OF DEATH

107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3103 E. Fayette St. 6-11 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Borleis

(a) Residence: No. 3103 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Borleis

6. DATE OF BIRTH (month, day, year) Sept. 11-1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) January

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME John Hildebrandt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME dont know

16. BIRTHPLACE (city or town) (State or country) dont know

17. INFORMANT Henry Borleis

(Address) 3103 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Nov. 17, 1931

19. UNDERTAKER George W. Zipkin

(Address) 1737 E. Eager St.

20. FILED NOV 15 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from November 12, 1931, to November, 1931

I last saw h[illegible] alive on November 1931 death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	

Other contributory causes of importance:

Senility	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No, 19—

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) W. Schreeder M. D.

(Address) 330 E. Baltimore St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

E 73932

CERTIFICATE OF DEATH

107 E 73932

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Mercimal St. Hospital Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs 19 mos ds

2. FULL NAME Harry Lee Henry Sr.

(a) Residence: No. 1314 Poplar Grove St. Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 29-1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Harry Lee Henry

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Lula Aylmer

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Harry L. Henry

(Address) 1314 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Nov 16. 1931

19. UNDERTAKER Chas. O. Mitchell & Sons

(Address) 1700 Eutaw Place

20. FILED 1931 HAMPSON JONES, M. D. Registrar.

By .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-16 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1931 to Nov 16 1931

I last saw h / m alive on Nov 16 1931 death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A fatal fall followed by 1) Bronchopneumonia 2) Septicaemia.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) Univ Mercimal Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

CV 16 12

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73933

E 73933

CERTIFICATE OF DEATH

115-001

115 533

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 East Hamburg Street

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma Lavina Matthews

(a) RESIDENCE NO. 103 East Hamburg street WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 9 mos. 3 da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 13 1923

7 AGE: Years 8 | Months 9 | Days 3 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Thomas O Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country): Taylor Island

12 MAIDEN NAME OF MOTHER: Alvertia Beckline

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs Lillie Beckline

(Address) 1036 Hamburg st

15 Filed NOV 16 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 16. 1931.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1931, to Nov. 16, 1931.

that I last saw her alive on Nov 15, 1931

and that death occurred, on the date stated above, at 12.43A m.

The CAUSE OF DEATH* was as follows:

ulcerative Tonsilitis. (Streptococcic Sore Throat)

(duration) I don't Know. mos. da.

CONTRIBUTORY (Secondary) Streptococcic sepsis

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam. + Cultures of Throat Examined by Dept of Health.

(Signed) J. Edward Norris M. D.

11.16.31. (Address) 107 East west st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

DISPOSITION—BURIAL, CREMATION OR REMOVAL: Greenmount Cem

UNDERTAKER: E Schlosman & Son

DATE OF BURIAL: Nov 18th 1931

ADDRESS, 539 Hanover st

IMPORTANT. See instructions on back of certificates.

Spec. 7-17-26—A Co.—200 Blks.

E 73934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 **E 73934**

REGISTERED NO.

1-PLACE OF DEATH Provident Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No.) St. Ward)

2-FULL NAME Charles Sparbo

(a) RESIDENCE NO. 726 S. Hanover St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
48	[redacted]			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) unknown
(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (City or town)
(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) unknown

14 Informant I. L. Brown & Sons
(Address) 128 W. Monument St.

Filed NOV 16 1931 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

11 — 15 — 31

17 I HEREBY CERTIFY, That I attended deceased from 11 — 10, 19 31, to 11 — 15, 19 31, that I last saw h. alive on 11 — 15, 19 31, and that death occurred, on the date stated above, at 10 45 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

unknown (duration) yrs. mos. ds.

18 Where was disease contracted Balto., Md.
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Laboratory

(Signed) George C. McDonald M. D.

19 (Address) 1514 Dennison Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Ch

Date of Burial 11/18 1931

20 UNDERTAKER Isaiah L Brown Sons

ADDRESS 107 W Monument St

N. B.—WRITE PLAINLY, with pen and ink. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 73935

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73935

CERTIFICATE OF DEATH.

48

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary 13-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Ann Thomas

(a) RESIDENCE NO. 2344 Eutaw Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? 72 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 13, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wales

PARENTS

10 NAME OF FATHER William Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wales

12 MAIDEN NAME OF MOTHER Mary Phillips

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wales

14 Informant Miss Mabel Kraus

(Address) 2344 Eutaw Place

15 [illegible] HAMPSON JONES, M. D.

Registrar

NOV 18 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-14-1931

17 I HEREBY CERTIFY, That I attended deceased from 11 4, 1931 to 11 14, 1931,

that I last saw h[illegible] alive on 11 14, 1931,

and that death occurred, on the date stated above, at 7:00 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the uterus
terminating abdominal carcinosis

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Lemuel H Norwood M. D.

19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	11/17 1931
20 UNDERTAKER Henry C. Myers & Son	ADDRESS 408 W. Calvert

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each question must be answered. Use ditto marks of certificates.
TION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 73936 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 73936

CERTIFICATE OF DEATH

Registered No. 16-37 54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3517 E Lombard St St.) (Ward)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George E Chaney

(a) Residence: No. 3517 E Lombard St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie R Chaney

6. DATE OF BIRTH (month, day, year) March 17 th 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	29 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car repairman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc rail road

10. Date deceased last worked at this occupation (month and year) 5 yrs ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Samuel Chaney

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME ? Rice

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Samuel Chaney
(Address) 3517 E Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Nov 17th 1931

19. UNDERTAKER Wm. Wilmot & Sons
(Address) 1 E Preston St

20. FILED Nov 16 1931 C. HAMPSON JONES, M. D., Registrar

21. DATE OF DEATH (month, day, year) 11-15-31

MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1931, to Nov 15, 1931

I last saw him alive on Nov 15, 1931 death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

Diabetes

	Date of onset

Other contributory causes of importance:

Gangrene.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo E Hampson M. D.

(Address) 1834 E Pratt St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCa. 5-31 250B

E 73937

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73937

107-E 73937

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2612 Chelsia Terrace St., 8-17 Ward)

Length of residence in city or town where death occurred 89 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M Eberwein

(a) Residence: No. 1810 N Bond St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August A Eberwein

6. DATE OF BIRTH (month, day, year) 2/15/1840

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	91	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ? Eberlie

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME dont know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Marie Rippel
(Address) 1810 N Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place N Y Carroll Date Nov 17 1931

19. UNDERTAKER John Ulrich
(Address) [illegible]

19. FILED NOV 16 1931 C. HAMPSON JONES, M. D.
19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1931 to Nov 14 1931

I last saw her alive on Nov 13 1931 death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	about Nov 8/31

Other contributory causes of importance:

Bronchs pneumonia

Name of operation none Date of

What test confirmed diagnosis? Typical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter D Riblett M. D.

(Address) 2220 Harrison Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

E 73938

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73938

CERTIFICATE OF DEATH

43-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 5-8 (Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charlie Barnes

(a) Residence: No. 512 N. Central Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice

6. DATE OF BIRTH (month, day, year): Feb. 2, ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37 ?	?	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?
10. Date deceased last worked at this occupation (month and year): ?
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Tarboro N. C.

FATHER

13. NAME: Richard
14. BIRTHPLACE (city or town) (State or country): ? N.C.

MOTHER

15. MAIDEN NAME: Louise Waters
16. BIRTHPLACE (city or town) (State or country): ? N.C.

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL. Place ..... Date NOV 16 1931 19

19. UNDERTAKER (Address): [illegible]

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1931, to Nov. 12, 1931

I last saw him alive on Nov. 12, 1931 death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	Jan 1931

Other contributory causes of importance:

Hypertension, secondary	Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos Johnson Jr M. D.
(Address) Balto. City Hosp.

it may be properly classified. Exact statement of
s on back of certificate.
state CAUSE OF DEATH in plain terms, so that it m
OCCUPATION is very important. See instructions on

UNIVERSITY OF MARYLAND NOV 16 1931

A4Co. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73939

CERTIFICATE OF DEATH

E 73939

1. PLACE OF DEATH Maryland General Hospital 158

CITY OF BALTIMORE: (No. ..... St., 16-22 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Warfield

(a) Residence: No. 1517 Biggs Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 13, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Roland Granville Warfield

14. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

MOTHER

15. MAIDEN NAME Gladys Gertrude Nobles

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Father Roland Granville Warfield
(Address) 1517 Biggs Ave

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19

19. UNDERTAKER ...
(Address)

20. FILED ... 19 ... Registrar.

JOHNS HOPKINS HOSPITAL NOV 16 1931

HARRISTOWN

NOV 15 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1931, to Nov 15, 1931

I last saw h... alive on Nov 15, 1931 death is said to have occurred on the date stated above, at 5 00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Full term)	?
Malnutrition	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify. ...

(Signed) Robert T. Chronister, M. D.

(Address) Md. General Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. A. Co.—250 Blks

E 73940

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73940

CERTIFICATE OF DEATH.

159

1 PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE. (No.) Mitchell & Caton Aves (St.) 70-70 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Girl Sheppard

(a) RESIDENCE NO. 3155 Fed (St.) WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) November 7, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	Lived 10 Minutes			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Michael

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Interment (Address) Michael Sepulveda 3155 Fed St. City

15 Filed NOV 16 1931 H. G. HARRISON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, That I attended deceased from 11/15, 1931 to 11/15, 1931

that I last saw her alive on 11/15, 1931

and that death occurred, on the date stated above, at 1.20 P. M.

The CAUSE OF DEATH* was as follows:

Prematurity (7 mos)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Placenta Praevia

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robt Beaver M. D.

19 (Address) St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

21 UNDERTAKER

ADDRESS

NOV 16 1931

UNIVERSITY OF MARYLAND

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 73941

CERTIFICATE OF DEATH

E 73941

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Genl Hosp (St.) 1 (Ward)

Length of residence in city or town where death occurred yrs mos 9 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mrs Josephine Poole

(a) Residence: No. 637 Murdock Rd St. Ward. Govanstle Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (of) WIFE (or) HUSBAND Mrs Poole

6. DATE OF BIRTH (month, day, year) 2-17-63

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	68	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Robt. Courtney

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Eleanor Moynn

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 11 17 1931

19. UNDERTAKER H. E. Bonnington Son
(Address) 1136 Eutaw Place

20. FILED NOV 18 1931 C. HAMILTON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-14 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 5 1931 to Nov 14 1931

I last saw her alive on Nov 14 1931 death is said to have occurred on the date stated above, at 9:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Inguinal Hernia, R.	11/3/31
Other contributory causes of importance:	
Mesenteric Thrombosis	11/4/31
Bronchopneumonia	11/12/31

Name of operation Herniaplasty Date of 11/5/31

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

Hilbert R. Wilkerson, M. D.
(Address) Md Genl Hosp.

NOV 18 1931

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 73942 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73942

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 308 Agusta St 20-71 WARD)

REGISTERED No. 157

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Eckman

(a) RESIDENCE No. 308 Agusta Ave St WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 14 - 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ½ hrs. or ○ min.
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt. Md.

PARENTS

10 NAME OF FATHER Philip Alvin Eckman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt. Md

12 MAIDEN NAME OF MOTHER Luna Parlee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt. Md

14 Informant Father
(Address) 308 Agusta Ave

15 [illegible] G. HAMPSON JONES, M. D. Registrar

NOV 16 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 - 1931

17

I HEREBY CERTIFY, That I attended deceased from Nov 14, 1931, to Nov 14, 1931

That I last saw h[illegible] alive on Nov 14, 1931

and that death occurred, on the date stated above, at 12 mid night

The CAUSE OF DEATH* was as follows:

Baby lived ½ hour after delivery
Hydrocephalus With small
Larmed Body - Pressure to
Brain due to hard delivery

CONTRIBUTORY (Secondary) Syfelis & high Blood Pressure in mother (duration) yrs. 3 mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? To Be Performed at St Agnes Hospt

What test confirmed diagnosis? Inspection

(Signed) Thomas S Booth. M. D.

19 (Address) 2632 Frederick Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Agnes Hospital	19
20 UNDERTAKER: autopsy & cremation By Interne Staff of St Agnes Hospt. U. S. Baby & M H	ADDRESS Balt. Md.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-28—A. & Co.—250 Blks

(Wroten) ✓

E 73943

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 73943

CERTIFICATE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 30 E Hamburg St. Ward) 23-33

2 FULL NAME Charles Edw. Waters

(a) RESIDENCE NO. 30 E Hamburg St. WARD
(Usual place of abode) (If non resident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 3 - 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	—	71	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Conductor S&W
(b) General nature of industry, business, or establishment in which employed (or employer): Washington
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS
10 NAME OF FATHER: Joseph E. Waters
11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore
12 MAIDEN NAME OF MOTHER: Linda Williams
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Delaware

14 Informant (Address): Linda Waters. 30 E Hamburg St

15 ... 19 ... Registrar

NOV 16 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14-1931

17
I HEREBY CERTIFY, That I attended deceased from Nov 7 . 1931 to Nov 14 . 1931
that I last saw him alive on Nov 14 . 1931
and that death occurred, on the date stated above, at 5 P m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Indefinite
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary) Appendicitis
(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinically

(Signed) R. E. K. Cecil M. D.
Nov 16. 1931 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery
DATE OF BURIAL: Nov 17 1931
20 UNDERTAKER: F. A. Krause Son
ADDRESS: 703 Hanover St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

73944

CERTIFICATE OF DEATH

131 E 73944

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals) (St.) (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James A. Conway

(a) Residence: No. 611 W. Balto. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Wid.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (?)

6. DATE OF BIRTH (month, day, year) 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	(?)		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

13. NAME Patrick Conway

FATHER

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Katherine (?)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records

Address

18. BURIAL, CREMATION, OR REMOVAL. Date 11-22-31

Place Loudon Park 19 31

19. UNDERTAKER Fred C. Miller Fun. Dir.

Address 2435 Eastern Ave.

20. FILED 19 31 Register

V 16 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) X 11-13 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-6- 1928 to 11-13 1931

I last saw him alive on 11-13 1931 death is said to have occurred on the date stated above, at 4,30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Renal Disease	(?)
Benign Hypertrophy of Prostate Gland	
Other contributory causes of importance: Uremia.	72hs.

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Luther E. Leas M.D.

(Address) Balto. City Hospitals

If it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—7-30—M. & T.—250 Blks

E 73945 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73945

CERTIFICATE OF DEATH.

82-09

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Harford Ave St. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas F. Louis (Alluisi)

(a) RESIDENCE NO. 1212 Harford Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret A. Louis

6 DATE OF BIRTH (month, day, and year) Feb. 8. 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Conductor. 07

(b) General nature of industry, business, or establishment in which employed (or employer) United R. R.

(c) Name of employer (Retired)

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Salvator Alluisi

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Frances Talbot

13 BIRTHPLACE OF MOTHER (city or town) Liverpool (State or country) England

14 Informant Mrs. Margaret Louis (Address) 1212 Harford Ave

15 Filed NOV 18 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15 1931

17

I HEREBY CERTIFY, That I attended deceased from Nov 5, 19 31, to Nov 15, 19 31,

that I last saw h[illegible] alive on Nov 14, 19 31,

and that death occurred, on the date stated above, at 2.30 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Hypertension)

(duration) — yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) — yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —.

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Louis F. Hamburger, M. D.

Nov 16, 19 31 (Address) 1707 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Nov. 17/31

20 UNDERTAKER Rita Wiedefeld

ADDRESS 914 Greenmount Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See Instructions on back of certificates.

V 18 1931

Spec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73946

73946

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3616 Roland Ave ST., 13-52 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T. Gosnell.

(a) RESIDENCE NO. 3616 Roland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth A. Gosnell

6 DATE OF BIRTH (month, day, and year) July 18 1867

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Superintendent

(b) General nature of industry, business, or establishment in which employed (or employer) Prudential Life Insurance

(c) Name of employer md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER John T. Gosnell

11 BIRTHPLACE OF FATHER (city or town) md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary J.

13 BIRTHPLACE OF MOTHER (city or town) md.
(State or country)

14 Informant Elizabeth A. Gosnell.
(Address) 3616 Roland Ave

15 Filed NOV 16 1931 19

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 11 1931 to Nov 16 1931

that I last saw him alive on Nov 15 1931

and that death occurred, on the date stated above, at 3:12 a m.

The CAUSE OF DEATH was as follows*:

Primary Lateral Spinal Sclerosis
and Chron. Interstitial Nephritis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Jerome Brueckner M. D.

11/17 1931 (Address) 846 W 36th St. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL Nov 18 1931

20 UNDERTAKER Edmund Olson

ADDRESS 3615 Chestnut Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—GOL.

E 73947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73947

1-PLACE OF DEATH

CITY OF BALTIMORE: No. South Balto Genl Hospital ST. (WARD) 3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tina Scharfer (SZAYRANSKI)

(a) RESIDENCE NO Ferndale Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H Scharfer

6 DATE OF BIRTH (month, day, and year) April 23rd 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Martha Scharfer

(Address) Ferndale Md

15 Filed NOV 16 1931, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck and knocked down by a moving auto.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract Skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Ferndale Md

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) I. Frayer M. D.

11 16 1931 (Address) Harford Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross A A Co — DATE OF BURIAL 11-17-1931

20 UNDERTAKER Ehlb Harle — ADDRESS 115 E West St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2500

Dr Machin 4037 Falls Rd 4411 Atwick Rd Hamp 5937 ✓ T 10 ✓ 11

E 73948

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73948

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 Old Spring Ave. Ward) 27-12

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rudolph H. Arning

(a) Residence: No. 1019 Old Spring Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Margaret Arning

6. DATE OF BIRTH (month, day, year) Oct 14th 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	01	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER'S FATHER

13. NAME Christian Arning
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Gertrude Thors
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Arning
(Address) 1019 Old Spring Ave.

18. BURIAL, CREMATION, OR REMOVAL
Parkwood Cemetery Date 11/17/1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Nov 16, 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14th, 1931

22. I HEREBY CERTIFY, That I attended deceased from November 12, 1931, to Nov. 14, 1931
I last saw h... alive on Nov. 13 1931 death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Myocarditis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. Machin, M. D.
(Address) 4037 Falls Rd.

state CAUSE OF DEATH in plain terms, so that OCCUPATION is very important. See instructions on back of certificate. Exact statement of

1-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73949

CERTIFICATE OF DEATH

E 73949

REGISTERED NO. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2017 Smallwood St. 15 (Ward) 68

2-FULL NAME Harry D Pinkler

(a) RESIDENCE NO. 2017 Smallwood St., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Pinkler

6 DATE OF BIRTH (month, day, and year) Dec 1 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50	11	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): 050
(c) Name of employer

9 BIRTHPLACE (city or town) State or country: Balto md

PARENTS

10 NAME OF FATHER Joe Pinkler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto md

12 MAIDEN NAME OF MOTHER Jessie Becker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto md

14 Informant Mary Pinkler

(Address) 2017 Smallwood

15 Filed NOV 6 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Nov 14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide Pistol wound of Brain (duration) Sudden

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular Autopsy

(Signed) H. A. Neilsen M. D. Coroner

19 (Address) North

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 11/17/1931

20 UNDERTAKER Wm Cook 1217

ADDRESS E Pratt st

AGE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 73950

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73950

CERTIFICATE OF DEATH

REGISTERED NO. 183

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Foot of Cross St. ST. 12-14 WARD)

Found floating in the water at

2-FULL NAME John E.McCray. Sr.

(a) RESIDENCE NO 410 Pittman Place. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. ---------ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Alice McCray.

6 DATE OF BIRTH (month, day, and year) May 1 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harfoed Co. Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant John F.McCray Jr.(son)

(Address) 410 Pittman Place.

15 16 1931 .192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found November 11, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Occidental fall from a wharf.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Abel Amirault, Coroner, M. D.

11/16 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery — DATE OF BURIAL 11/17/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 E Fayette St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

73951 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73951

CERTIFICATE OF DEATH

REGISTERED NO. 59

1 PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital, Belvedere & ST. WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Tyler

(a) RESIDENCE NO. 803 Eager St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred V yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of Thomas S. Tyler

6 DATE OF BIRTH (month, day, and ~~year~~) Aug 16th 1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	3	0	

7 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS
10 NAME OF FATHER Wm Sinns
11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia
12 MAIDEN NAME OF MOTHER Sarah V.
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Mary E. Brown 529 E. 27th St

15 Filed ..., 19... Registrar: C. HAMPSON JONES M.D.

V 16 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 16th 1931

17
I HEREBY CERTIFY, That I attended deceased from Nov 7, 1931, to Nov 16, 1931
that I last saw h[illegible] alive on Nov 16, 1931
and that death occurred, on the date stated above, at 12 30 P.M.

The CAUSE OF DEATH* was as follows:
Diabetic Gangrene
Arterio-sclerosis
Bronchio-Pneumonia
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ... (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of Nov 3 '31
Was there an autopsy? No
What test confirmed diagnosis? Surgical Amputation

(Signed) J. E. Goodman M. D.
11/16/1931 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cemetery
DATE OF BURIAL 11/19/1931

20 UNDERTAKER: Wm Cook
ADDRESS 1217 St Paul St

INFORMATION relating to CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A4Co. 5-H 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

Compared 1644

B. 73952

E 73952

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 East Warren St. Ward) 24-393

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emory C. Taylor

(a) Residence: No. 111 East Warren Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Laura V. Taylor

6. DATE OF BIRTH (month, day, year) June 23-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brass Moulder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Delaware

FATHER

13. NAME David Taylor
14. BIRTHPLACE (city or town) (State or country) Trenton N.J.

MOTHER

15. MAIDEN NAME Laura Dougherty
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Joseph E. Taylor
(Address) 3213 Almond Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedarhill Date 11-19 1931 Cor C

19. UNDERTAKER Wm. Manager
(Address) 217 E. Saratoga St.

NOV 16 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1931, to Nov 16, 1931

I last saw him alive on Nov 16, 1931 death is said to have occurred on the date stated above, at 8.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Oct 15/31
Exhaustion	Nov 14/31

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

Nov 16/31 (Signed) R. K. Campbell M. D.
(Address) 1647 Hanover St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250E

E 73953

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73953

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 N Bentalou St., 7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna A. Schroeder

(a) Residence: No. 827 N. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Herman C. Schroeder

6. DATE OF BIRTH (month, day, year) Feb 15 1860

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	71	8 9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Not Known
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Herman C. Schroeder
(Address) 827 N. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Oak Grove Date Nov 17 1931

19. UNDERTAKER Geo. E. Pulliam Sons
(Address) 1811 Edmondson Ave.

Nov 18 1931, 19.. Clinton James M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1931, to Nov 14, 1931
I last saw h W alive on Nov 14, 1931 death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hemorrhage	Nov 14/31

Other contributory causes of importance

Arteriosclerosis.	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Alvin B Lanman, M. D.

(Address) 718 Park Ave

NOV 18 1931

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 73954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73954

163

8-12

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. _____ WARD)

2-FULL NAME August A. Traut

(a) RESIDENCE NO 2205 E. Chase ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 6/1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	9	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Sign Painter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Conrad Traut

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Wittgref

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant George Traut
(Address) 3913 Ridgecroft Rd.

15 Filed _____, 19__ C. HAMPSON JONES, M. D.
Registrar

V 1 6 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bichloride Mercury Poisoning
Suicide (Nov 8/31)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? Yes Date of Nov 9/31

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) _____, M. D.
Coroner

(Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bolton Cemetery

DATE OF BURIAL 11/18 1931

20 UNDERTAKER Wm. C. Hilleary & Son

ADDRESS 938 W. Fayette

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should be properly classified. Exact statement of OCCUPA- CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

E should be stated EXACTLY. PHYSICIANS should state
it may be properly classified. Exact statement of OCCUPA-
on back of certificates.
mation should be carefully supplied. AGE
CAUSE OF DEATH in plain terms, so that
TION is very important. See instructions

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73955

E 73955

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Lawrence H. Williams

(a) RESIDENCE No 604 W. Saratoga ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Unknown

3a If married, widowed, or divorced: HUSBAND of (or) WIFE of — Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — Unknown
(b) General nature of industry, business, or establishment in which employed (or employer) — -----
(c) Name of employer — ----

9 BIRTHPLACE (City or town) (State or country) — Keokuk Iowa

PARENTS

10 NAME OF FATHER — Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country) — Unknown ----

12 MAIDEN NAME OF MOTHER — Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) — Unknown -----

14 Informant U.S.V. Bureau

(Address) Fort McHenry, Md.

15 NOV 16 1931 , 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 31 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

suddenly (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Left-hemiplegia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of -----

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell M. D. Coroner

11/16 1931 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — National Cemetery — DATE OF BURIAL Nov. 16 1931

20 UNDERTAKER — Henry H. Withyre — ADDRESS 4101 Edmondson Ave City

1-30—M. & T.—100 B—50L

E 73956

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73956

CERTIFICATE OF DEATH

23

18-29

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 107 S. Addison ST. (WARD)

2-FULL NAME John William Kaline

(a) RESIDENCE No 107 S. Addison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida May Kaline

6 DATE OF BIRTH (month, day, and year) May 8th. 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	6	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Tinner
(b) General nature of industry, business, or establishment in which employed (or employer): -----
(c) Name of employer: ----

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER John Kaline

11 BIRTHPLACE OF FATHER (city or town) ----- (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ----- (State or country) Maryland

14 Informant Mrs. Ida May Kaline

(Address) 107 S. Addison St.

15 [illegible] 192 [illegible] Registrar

V 16 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 15th. 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemoptysis

suddenly (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -------

Did an operation precede death? No Date of -----

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell, M. D. Coroner

11/16/1931 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: Nov. 18 1931

20 UNDERTAKER: George L. Schmal — ADDRESS: 1201 Hudson

HR

E should be stated EXACTLY. PHYSICIANS should write
mation should be carefully supplied. AGE should be
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificates.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73957

95-1002 E 73957

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 N. Castle St. 6-9 Ward)

Length of residence in city or town where death occurred ~~yrs.~~ 52 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kunigunda Jennie Unger

(a) Residence: No. 209 N. Castle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

5a. If married, ~~Wife of~~ (or) WIFE of Bernard Unger

6. DATE OF BIRTH (month, day, year) Aug. 8 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Marcellus Stigenteffer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kunigunda Schmeckenbecher

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bernard Unger (Address) 209 N. Castle St

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Nov. 17 19 31

19. UNDERTAKER E. A. Mahon (Address) 1600 E. Baltimore St

FILED NOV 17 1931 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1930, to Nov 14, 1931

I last saw her alive on Nov 14, 1930, death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Disease	Oct 14 '30

Other contributory causes of importance:

Acutes

Date of operation ..... What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. Hoffman, M. D.

(Address) 1301 N Patterson Park

Information should be entered in this space, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73958

CERTIFICATE OF DEATH

108

E 73958

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE, (No. 2002 Christian ST. 2028 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clara M. Spangenberg

(a) RESIDENCE NO. 2002 Christian ST., 20 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 19 - 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	50	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Edw Spangenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Steinberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs A. Mitchell

(Address) East Mt Royal Ave

15 Filed NOV. 17 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16, 1931

17

I HEREBY CERTIFY, That I attended deceased from Nov 11, 1931, to Nov 16, 1931.

that I last saw her alive on Nov 15, 1931

and that death occurred, on the date stated above, at 3.15 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia with acute dilatation of heart

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cardio vas. and Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter E. Tuchman, M. D.

11/16, 1931 (Address) 2002 E Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	11-19- 1931
20 UNDERTAKER	ADDRESS
Mr - Mrs Sr S Fink	2512 Wilkens Ave

OF DEATH in plain terms, so that it may be properly classified. EACH statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73959

CERTIFICATE OF DEATH

16-67 46

E 73959

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 Linnard St. Ward)

Length of residence in city or town where death occurred 52 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Kate E.Green,

(a) Residence: No. 715 Linnard St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ********

6. DATE OF BIRTH (month, day, year) February 9, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Thomas Green.
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME Anna E.Redmond,
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT R. B. LeFevre
(Address) 715 Linnard St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date NOV 18 1931

19. UNDERTAKER Leo W. Little
(Address) [illegible]

20. FILED NOV 17 1931 [illegible] JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 16 1931

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1931, to Nov 15-16, 1931
I last saw her alive on Nov 15-16 1931 death is said to have occurred on the date stated above, at 1 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	1 yr ago.

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Complete Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. R. Fevre M. D.
(Address) 5421 Edmondson Av

Information should be carefully supplied. All items must be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be understood by a layman. See instructions on back of certificate. OCCUPATION is very important.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73960

F 73960

CERTIFICATE OF DEATH

59

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3221 Shannon Drive ST. 26-48 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Amelia C. Swindell

(a) RESIDENCE NO. 3221 Shannon Drive ST.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. 9 mos. 11 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or ~~divorced~~ (or) WIFE of: Richard Swindell

6 DATE OF BIRTH (month, day, and year): Feb. 4-1858

7 AGE — Years: 73 — Months: 9 — Days: 11 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: do

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: John F. Koffenberger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Louise Widmeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mrs. Thomas Berry

(Address): 519 N. Milton Ave.

15 Filed ... 19... — ... Registrar.

NOV 17 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 15-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 17 . 1931 . to Nov. 15 . 1931 . that I last saw h alive on Nov. 15 . 1931 and that death occurred, on the date stated above, at 4.50 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary): Diabetis mellitus

(duration) 9 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis: Physical Examination

(Signed) Paul Brown, M. D.

11-5-1931 (Address) 1663 W North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: NOV 18 1931 19...

20 UNDERTAKER: Geo W Little — ADDRESS 2700 EDMONDSON AVE.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

Grease

E 73961 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73961

CERTIFICATE OF DEATH

157-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 784 Grantley St. (Ward) 16-27

2. FULL NAME Henry William Friese

(a) RESIDENCE NO. 784 Grantley St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11/16-1931

7 AGE	Years	Months	Days	If LESS than 1 day 3 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry Friese

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Helen B Hart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Henry Friese
(Address) 784 Grantley St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/16/31

17

I HEREBY CERTIFY, That I attended deceased from 11/16, 1931, to 11/16, 1931

that I last saw him alive on 11/16, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Asphyxia Livida

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy Cyanosis

(Signed) Chas A Effing M. D.

11/16 1931 (Address) 2145 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL NOV 17 1931

20 UNDERTAKER Robert S Sittle

ADDRESS 2700 EDMONDSON AVE.

NOV 17 1931

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Dec—12-23-21—E.R.F.S.—400 Eks.

E 73962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 73962

1-PLACE OF DEATH

City of BALTIMORE: (No. 1420 N. Mount St. 15-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith J. Biddle

(a) Residence No. 1420 N. Mount St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 9 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 25 1897

7-AGE. 34 yrs. 9 mos. 20 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer). Public School

(c) Name of employer Washington D.C.

9-BIRTHPLACE (city or town) (State or Country). Baltimore Maryland.

PARENTS

10-NAME OF FATHER. Grant E. Biddle

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Baltimore Maryland.

12-MAIDEN NAME OF MOTHER. Annie L. Jackson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore Maryland.

14- (Informant) Grant E. Biddle

(Address) 1420 N. Mount

15- 192 Registrar.

NOV 17 1931

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) November 14/31

17- I HEREBY CERTIFY, That I attended deceased from Aug 7th 1931 to ~~Aug~~ Nov 14 1931 that I last saw her alive on November 13th 1931 and that death occurred, on the date stated above, at 2.45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) One yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Turnell Fargo M. D.

19 (Address) 2937 N. Calvert St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	11/17/ 1931
20-UNDERTAKER.	ADDRESS
Wm. Geo. H. Holland	1601 Druid Hill

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73963

CERTIFICATE OF DEATH.

159 V

E 73963

REGISTERED NO

1. PLACE OF DEATH Johns Hopkins Hospital ST. 26-2 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No

2. FULL NAME Baby Rott

(a) RESIDENCE NO 3435 E. Lombard ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 15, 31

7 AGE Years Months Days If LESS than 1 day, 4 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Bernard Rott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Dorothy Fox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Johns Hopkins Hospital

15 Filed NOV 17 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 15, 31

17

I HEREBY CERTIFY. That I attended deceased from 11/15, 1931, to 11/15, 1931

that I last saw him alive on 11/15, 1931

and that death occurred, on the date stated above, at 6.25 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. S. Snyder M. D.

. 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel cem.

DATE OF BURIAL Nov 17 1931

20 UNDERTAKER George W. Zirkle

ADDRESS 1737 E. Eager St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73964 93-03 E 73964

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 18-24 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Baker

(a) Residence: No. 1134 W. Lombard St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Oct. 2, 1854

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 11/17/31 19

19. UNDERTAKER Gr. M. Bru & Son

(Address) 2323 Edmondson ave

(Filed) ..... 19 ..... Registrar.

NOV 7 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1931 to Nov. 14, 1931

I last saw him alive on Nov. 14, 1931 death is said to have occurred on the date stated above, at 10:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis. Chr. Senility	Unknown

Other contributory causes of importance:

Arteriosclerosis, general	Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. Ghrist M. D.

(Address) Balto. City Hosp.

information should be carefully supplied. Any blank left will be returned. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AACo. 5-11 2508

E 73965

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73965

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 27-54 Ward)

Length of residence in city or town where death occurred 5 yrs. Fife mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME May Green

(a) Residence: No. 4311 Hickory ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob Green

6. DATE OF BIRTH (month, day, year) Not known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Andrew Henson
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Margaret ?
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Husband
(Address) 4311 Hickory ave

18. BURIAL, CREMATION, OR REMOVAL
Place Zion Date 11/17 1931

19. UNDERTAKER Samuel T. Hemsley
(Address) 378 W. Biddle St.

NOV 17 1931 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-28-31, 19..., to 11-14-31, 19...

I last saw h[illegible] alive on 11-13-3 19... death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast with Metastasis	~~1929~~ 1929
Other contributory causes of importance:	
Hemiplegia (right)	9-28-31
Bronchopneumonia	11-11-31

Name of operation None Date of —

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lucius E. Little M. D.
(Address) Baltimore City Hospitals

information should be carefully supplied. Avoid use of terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Blks

E 73966 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E 73966

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1740 Mulliken St. (St.) 6-9 (WARD)

2 FULL NAME Mary Elizabeth Wheatley

(a) RESIDENCE NO. 1740 Mulliken St (St.) (WARD)
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Daniel Wheatley

6 DATE OF BIRTH (month, day, and year): Aug 17-1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer: ---

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Wm. Dare

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Reed

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Thomas C. Wheatley 1740 Mulliken St

NOV 17 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 15-1931

17

I HEREBY CERTIFY, That I attended deceased from Nov 14, 1931, to Nov 15, 1931

that I last saw her alive on Nov 15 1931

and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) [illegible] M. D.

11-16-31 (Address) 50 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cemetery — DATE OF BURIAL: Nov 19 1931

UNDERTAKER: Chas. H. Johnson — ADDRESS: 1111 N. Carlton St.

Information should be carefully supplied. AGE should be stated EXACTLY in every case. Name of OCCUPATION should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 2500

E 73967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73967

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals 13 (If not in hospital, give Ward)

CITY OF BALTIMORE: (No. 1 St. ..... Ward)

Length of residence in city or town where death occurred 1 yrs ... mos ... ds How long in U.S. if of foreign birth? ... yrs ... mos ... ds

2. FULL NAME Jennie Handy

(a) Residence: No. 933 Woodyear St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jefferson Handy

6. DATE OF BIRTH (month, day, year) 2nd month

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) St. Mary's County Md.

FATHER

13. NAME Thomas Harper

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Susan Curtis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Thelma Handy
(Address) 933 Woodyear St.

18. BURIAL, CREMATION, OR REMOVAL St. Mary's Co. Date Nov 21 1931

19. UNDERTAKER Sami M. Chase Son
(Address) 638 N. Gilmor

20. FILED ... 1931 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-14-31. 19

22. I HEREBY CERTIFY, That I attended deceased from 10-22-31. 19 to 11-14-31. 19

I last saw h[illegible] alive on 11-14-31 19 death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Renal disease	2 y
Other contributory causes of importance: Uremia	11-9-31
Chronic Nephritis	6-15-31

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lucius E Lee M.D.

(Address) Baltimore City Hosps.

Information should be carefully supplied. Age should be accurately stated. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

E 73968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-09

E 73968

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 215 Upnor Rd. St. 27-48 (Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Lydia Ann Chaundy

(a) Residence: No. 215 Upnor Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Charles F Chaundy

6. DATE OF BIRTH (month, day, year): Dec. 19, 1854

7. AGE — Years: 76 | Months: 10 | Days: 28 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country): Dumont Pa.

13. NAME: Edward Windimmyer

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Lydia Buckfield

16. BIRTHPLACE (city or town) (State or country): Huntingdon Pa.

17. INFORMANT (Address): Mrs W. J. McKissick 215 Upnor Rd.

18. BURIAL, CREMATION, or REMOVAL — Place: Phila. Pa. Date: Nov 18 1931

19. UNDERTAKER (Address): [illegible] Funeral Home [illegible] Registrar.

NOV 17 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 16. 1931

22. I HEREBY CERTIFY, That I attended deceased from Monday Nov 2. 1931 to Monday Nov 16th 1931. I last saw her alive on Monday Nov 16th 1931. death is said to have occurred on the date stated above, at 11.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a Uremic Coma	
Renal Regulation	
b Arteriosclerosis	
other contributory causes of importance	
c Acute Cardiac Dilation	Nov 12th 1931

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William J McKissick M. D.

(Address) 700 Linden Ave.

AACo. 5-31 2508

E 73969

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73969

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital 1310

CITY OF BALTIMORE: (No. 1512 N. Gilmore St.) 15 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

Length of residence in city or town where death occurred 34 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Mary J Williams

(a) Residence: No. 1314 N. Carey St., Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary E. Green
(Address) 1314 N Carey

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Nov 18 193

19. UNDERTAKER Wm H Chase & Son
(Address) 631 N Gilmore

FILED NOV 17 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1931 to Nov. 15 1931

I last saw her alive on Nov 14 1931 death is said to have occurred on the date stated above, at 1227 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 30-31

Other contributory causes of importance:
Hypertension
Cardiorenal complications

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Macco Williams M. D.

(Address) 1830 Madison Ave.

information should be carefully supplied. Age should be stated EXACTLY. Name of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

E 73970

CERTIFICATE OF DEATH

REGISTERED NO. E 73970

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 113 Witherspoon Rd ST. 27-48 (WARD)

2 FULL NAME Edward Simmons

(a) RESIDENCE NO. 113 Witherspoon Rd ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ---- yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? ---- yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice R. Morton

6 DATE OF BIRTH (month, day, and year) Oct-27-1852

7 AGE	Years	Months	Days	If LESS than 1 day, ---- hrs. or ---- min.
	79	0	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mural Painter

(b) General nature of industry, business, or establishment in which employed (or employer): Artist

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Concord Mass.

PARENTS

10 NAME OF FATHER: George F. Simmons

11 BIRTHPLACE OF FATHER (city or town) (State or country): Concord Mass.

12 MAIDEN NAME OF MOTHER: Lucy C. Ripley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Concord Mass.

14 Informant: Geo. F. Simmons (son)
(Address) 113 Witherspoon Rd.

15 Filed ---- 193- ---- Registrar

NOV 1 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov-17-1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 14 1931 to Nov. 17 1931

that I last saw him alive on Nov. 16 1931

and that death occurred, on the date stated above, at 4-45a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ---- yrs. ---- mos. 2 ds.

CONTRIBUTORY (Secondary): Senile Arteris-Sclerosis

(duration) 2 yrs. ---- mos. ---- ds.

18 Where was disease contracted if not at place of death? ----

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) H. Tilson Porter M. D.

193- (Address) 4922 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cremation - Fort Lincoln Cemetery	Nov 17 31
20 UNDERTAKER	ADDRESS
Stewart & Simmons	Balto.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- TION is very important. See instructions on back of certificates.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73971

CERTIFICATE OF DEATH

23 E 73971

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 S Wallard St. 3-W Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. Emmett Camper

(a) Residence: No. 307 S Wallard St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month day year) Sept 14 1913

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	18	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Russell Camper

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER

15. MAIDEN NAME Ida May Montgomery

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Gladys Camper (sister)
(Address) 307 S Wallard St

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt Calvary Date Nov. 17, 1931

19. UNDERTAKER Wm. H. H. Elliott
(Address) 1725 Eastland ave.

C. HAMPSON JONES, M. D.
Registrar

NOV 17 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) Nov 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1931 to Nov 14, 1931

I last saw him alive on Nov 14 1931 8 P.M. death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (tuberculous)	Sept 1931

Other contributory causes of importance:

Pleurisy & Effusion	Sept 1931

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. J. Young

(Address) 1424 E Monument St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 73972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

E 73972

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1143 Washington Blvd ST. 21-29 WARD)

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dennis F. Manion

(a) RESIDENCE NO. 1143 Washington Blvd. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 7 mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Johanna Manion

6 DATE OF BIRTH (month, day, and year) March 16th 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cable Splicer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer C. & P. Telephone Co

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Michael Manion

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Mullen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Johanna Manion
(Address) 1143 Washington Blvd

15 Filed NOV 17 1931 C. HARRISON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/15/1931

17

I HEREBY CERTIFY, That I attended deceased from July 27, 1931, to Nov 14, 1931, that I last saw h[illegible]ve on Nov 14, 1931, and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis Hypertension

Chronic Valvular Heart Disease Mitral Stenosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) A. Hellen Hemmeter, M. D.

11/16 1931 (Address) 7000 Hallam Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	11/18/1931
20 UNDERTAKER	ADDRESS
John J. Cowan & Son	901 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements of doctors' certificates. TION is very important. See instructions on back of certificates.

Spar.—9-30—A. & Co.—250 Blks.

E 73973

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73973

CERTIFICATE OF DEATH.

97

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 4112 Potter ST. 20-21 WARD)

2 FULL NAME Annie E Patterson

(a) RESIDENCE NO. 4112 Potter ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Patterson

6 DATE OF BIRTH (month, day, and year) July 22 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Roland

PARENTS

10 NAME OF FATHER James Gibbin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Celia Fox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) James Patterson Potter Ave

15 Filed NOV 17 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15/31.

17

I HEREBY CERTIFY, That I attended deceased from Oct 15 , 19 31 , to Nov 15 , 19 31

that I last saw her alive on Oct 15 , 19 31

and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) W. A Twell M. D.

11/16, 19 31, (Address) Irvington

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Nov 18 19 31
20 UNDERTAKER	ADDRESS
George A. Harley	Conts Bayle

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 250n

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73974

9 E 73974

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Lyndenham Hospital St. 27-56 Ward)
Length of residence in city or town where death occurred 0 yrs. 11 mos. 11 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Mc Kenna

(a) Residence: No. 2857 Oakley Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) dec 6, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Daniel A. McKenna
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME Catherine Moran
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Daniel McKenna
(Address) 2857 Oakley av.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 11/17 1931

19. UNDERTAKER Verna Lemmon for Wright
(Address) 7611 Park Heights

FILED Nov 17 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from October 25, 1931, to Nov. 17, 1931
I last saw him alive on Nov 17, 1931 death is said to have occurred on the date stated above, at 7 48 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	10/18/31
Other contributory causes of importance:	
Diarrhea and Enteritis	11/4/31

Name of operation none Date of
What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. Peter Alexander M. D.
(Address) Lyndenham Hospital

NOV 17 1931

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form—12-23-21—E.B.R.S.—400 Blks.

E 73975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 73975

1-PLACE OF DEATH

City of BALTIMORE: (No. 2132 Hollins St. 20-6 Ward) Registered No. 47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C. Roker

(a) Residence No. 2132 Hollins St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard Roker

6-DATE OF BIRTH (month, day and year) July 21 1882

7-AGE. 49 yrs. 3 mos. 27 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. John E. King

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER. Mary C Ball

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore Md

14-

(Informant) Bernard Roker

(Address) 2132 Hollins St

NOV 17 1931

C. HARRISON JONES, M. D.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 15 1931

17- I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931 to Nov 15, 1931, that I last saw her alive on Nov 15, 1931, and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Mediastinal Sarcoma

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Xray

(Signed) L. A. Labby, M. D.

, 19 (Address) 3517 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral

DATE OF BURIAL. 11-18-1931

20-UNDERTAKER. H. C. Brauning Son

ADDRESS 1136 Poplar Grove St

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS in plain terms, so that it may be properly classified. See instructions on back of certificates.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH

Registered No. E 73976

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 73976

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 69 St. 24-33 Ward.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Wolf

(a) Residence: No. 107 E. Clement St., 24th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1862

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
69			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL. Date Nov 19 1931
Place Mt. Olivet Cem. Frederick Co. Md.

19. UNDERTAKER A. Howard Evans (Address) 35 E. Eutaw St.

NOV 17 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1930 to Nov 17, 1931

I last saw her alive on Nov 16 1931 death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis. — Date of onset Sept 3, 1930

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Henry F. Buettner M. D.

(Address) 1319 Light St

INFORMATION should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCCUPATION — FATHER — MOTHER

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73977

CERTIFICATE OF DEATH

93-E 73977

REGISTERED No

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 4410 Forrest View Ave St Ra[illegible] 36-42 WARD)

2 FULL NAME Caroline Lange

(a) RESIDENCE No. 4410 Forrest View Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of William F. Lange

6 DATE OF BIRTH (month, day, and year) Nov. 29, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eliz. Loos

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frank J. Leather (Address) 4410 Forrest View Ave

15 [illegible] 19 [illegible] Registrar

NOV 17 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/16/31

17

I HEREBY CERTIFY, That I attended deceased from Nov , 19 , to 11/14 , 19 31

that I last saw h alive on 11/16 , 19 31

and that death occurred, on the date stated above, at 8:15 P. M.

The CAUSE OF DEATH* was as follows:

Myocarditis (Infect.).

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm Gelting M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Nov. 19 1931

20 UNDERTAKER: Frederick Leuenhorst

ADDRESS: 7401 Belair Rd.

The information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73978

CERTIFICATE OF DEATH

E 73978

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital St. 4-30 Ward)

2-FULL NAME Anna Mary K Lausmeier

(a) RESIDENCE NO. Kingsville, Md St., Ward

(Usual place of above) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

3a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Geo. F. Lausmeier

6 DATE OF BIRTH (month, day, and year): Sept 5 1856

7 AGE	Years	Months	Days	IF LESS than 1 day hrs or min.
	75	2	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Harford Co
(State or country) Md

PARENTS

10 NAME OF FATHER Frederick Berkley

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Bood

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant (Address) Mrs G. F. Lausmeier Kingsville, Md

15 Filed NOV 17 1931 C. HAMPSON JONES, Registrar
By R.R.H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Intestinal obstruction
due to gall-stones

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of [redacted]

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Eugene Fellers, M. D.

11/17, 1931 (Address) 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Pauls Lutheran Cem Md — DATE OF BURIAL: 11/19 1931

20 UNDERTAKER: Fred. Lossehn & Son — ADDRESS: 1401 Belair Rd

NOV 17 1931

NOTICE—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73979

E 73979

CERTIFICATE OF DEATH

REGISTERED NO. 210-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 24-35 South Balto Gen Hosp ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ora B Short

(a) RESIDENCE NO 1030 E Fort ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred >0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry J Short

6 DATE OF BIRTH (month, day, and year) 2-1-80 mag (aac)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	51	9	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W Va

PARENTS

10 NAME OF FATHER ? Sinclair

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va

12 MAIDEN NAME OF MOTHER Emma Bonner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W Va

14 Informant Mrs Short (Address) 1030 E Fort Ave.

15 Filed 1931 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & Knocked down by a Motor Auto

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Annapolis Road

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Chas

(Signed) L Strauss M. D.

11/17 1931 (Address) Coroner Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL 11/18 1931

20 UNDERTAKER Marguette & Sons

ADDRESS 1422 Light.

THOMPSON JONES & C Registrar

1931

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY question should be stated EXACTLY. PHYSICIANS should state information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION may be very important. See instructions on back of certificates.

1-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73980

CERTIFICATE OF DEATH

164-001 ✓ E 73980

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1102 William St. ST. 24-33 WARD)

2-FULL NAME Charles H.Grantland.

(a) RESIDENCE NO 230 E.Cross St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ------ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of XXXXXXXXX Bessie Grantland.

6 DATE OF BIRTH (month, day, and year) February 25,1886.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	8	20 21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Caulker.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wilmington,Del.

PARENTS

10 NAME OF FATHER William E. Grantland.

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey.

12 MAIDEN NAME OF MOTHER Rose Kerschner.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania.

14 Informant Bessie Grantland.(wife)

(Address) 230 E.Cross St.

15 Filed NOV 17 1931 16 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 15,1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating gas poisoning.
Suicide.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) H. M. Reinhardt Coroner, M. D.

11/18 1931 (Address) 1017 E.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	11/18 1931
20 UNDERTAKER Margaret F. Hagan	ADDRESS 1422 Light St

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be stated EXACTLY. PHYSICIANS should be mation should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPA- CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of certificates.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73981

CERTIFICATE OF DEATH

E 73981

Registered No. .....
(If death occurrrd in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 14-20 St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 13 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME G. Chapman Martin

(a) Residence: No. Bel Air Belair, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 27-1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer. 56

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 20 years

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME G. Chapman Martin

14. BIRTHPLACE (city or town) (State or country) Aberdeen Md

MOTHER

15. MAIDEN NAME unknown.

16. BIRTHPLACE (city or town) (State or country) Aberdeen Md

17. INFORMANT G. C. Martin
(Address) Aberdeen Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Aberdeen Md Date Nov. 20 1931

19. UNDERTAKER Henry Harris & Son
(Address) Aberdeen Md

17 1931

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-17 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-4-1931, to 11-17-1931

I last saw him alive on 11-17 1931 death is said to have occurred on the date stated above, at 4.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular dis	7
Pulmonary emphysema	7
Tri-facial neuralgia	1 year

Other contributory causes of importance:

Post operative pulmonary atelectasis of Left Lower Lobe	48 hrs

Name of operation Section + excision of portion of Glossopharyngeal Nerve Date of 11-15-31

What test confirmed diagnosis? Signs, sympt + autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Stone Coates M. D.

(Address) University Hospital

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73982

E 73982

CERTIFICATE OF DEATH

13 V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 S. Eaton St., No. 37 Ward)

Length of residence in city or town where death occurred 70 yrs mos ds How long in U.S. If of foreign birth 70 yrs mos ds

2. FULL NAME Johanna Krueger

(a) Residence: No. 617 S. Eaton St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: the late August Krueger

6. DATE OF BIRTH (month, day, year) May 23rd 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Frank Bucher
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Eva Heintz
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rose Bertha Krueger
(Address) 512 S. Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Dulaney Valley Date Nov. 15 1931

19. UNDERTAKER Kelly & Fuller Co.
(Address) 405 N. Howard St.

Filed NOV 18 1931 C. HAMPSON JONES, M. D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1931, to Nov. 16, 1931

I last saw her alive on Nov 15, 1931 death is said to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1927
Hypocardia	1927
Nephritis Chr.	1927
Hypostatic pneumonia	Nov. 12-31

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arnold J. Kuhnau, M. D.

(Address) 3507 Fait Ave

N. B.—MEDICAL CERTIFICATE: To be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful to see that information should be carefully supplied. Exact statement of it may be properly classified, so that it may be properly classified. See instructions on back of certificate. See instructions on back of certificate. OCCUPATION is very important.

Stec—12-23-21—E.B.P.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73983

CERTIFICATE OF DEATH.

E 73983

Registered No. 1123

1-PLACE OF DEATH

City of BALTIMORE: (No.) 915 N Calhoun St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter T Harris Jr

(a) Residence No. 915 N Calhoun St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Widowed

If married, widowed, or divorced, HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): 1893

7-AGE: 38 yrs. mos. ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country): Balto Md

PARENTS

10-NAME OF FATHER: Walter Harris Sr

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md

12-MAIDEN NAME OF MOTHER: Louisa Strauge

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto Md

14- (Informant) Agnes Lathrop

(Address) 915 N Calhoun

15- Registrar.

NOV 13 1931

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Nov. 15/31.

17- I HEREBY CERTIFY, That I attended deceased from July 3rd, 1931 to Nov 16th, 1931

that I last saw him alive on Nov. 13th, 1931

and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

1 Anemia and Gastric Ulcer

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Pneumonia (Bronchial)

(Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death? 535 Lambert St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Burwell Lango M D

, 19 (Address) 2937 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 11/18/31

UNDERTAKER: Samuel P Kennedy & Beadle

ADDRESS 578

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS LEGALLY. PHYSICIANS should state CAUSE OF DEATH. AGE should be stated EXACTLY. should be carefully supplied. in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 2M8

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73984

CERTIFICATE OF DEATH

94-001

E 73984

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 Park Ave St., 11th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. If not in city, how long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Peter Lynch

(a) Residence: No. 811 Park Ave St., 11th Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Gaierty

6. DATE OF BIRTH (month, day, year) Sept 22 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	76	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ornamental & Structural Iron

10. Date deceased last worked at this occupation (month and year) Dec 1930

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Philip Lynch

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann O'Connor

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Philip Lynch

(Address) 2062 Eutaw Pl

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Nov 19. 1931

19. UNDERTAKER Henry W. Jenkins & Son

(Address) McCulloh & Eutaw

20. FILED Nov 18 1931 HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1931 to Nov 16 1931

I last saw him alive on Oct 26 1931 death is said to have occurred on the date stated above, at 6.45 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Nov 16 31
Other contributory causes of importance: Urinary Calculus -	1926?

Name of operation Date of

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry D McCarty, M. D.

(Address) 37 W. Preston St

S. B.—WHITE PAPER. Must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 73985 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 93-083 E 73985

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 N Chester St., 6-9 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Shear

(a) Residence: No. 702 N. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Benjamin Shear

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hyman Shear

(Address) 704 Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Pikesville Md. Date Nov. 17. 1931

19. UNDERTAKER Sol Levinson & Bro

(Address) 1124 E Balto St

C. HAMPSON JONES, M. D.
Registrar.

20. FILED NOV 18 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18-1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1931, to Nov 15, 1931

I last saw him alive on Nov 15 1931, death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic myocarditis

Other contributory causes of importance Acute dilatation of heart

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo Hamstein, M. D.

(Address) 733 Walnut St

N. B.—WRITE PLAINLY. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 lks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 73986 — 73986

115-801

REGISTERED NO.

1-PLACE OF DEATH Baltimore E.E.& T Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: NO. WARD

2-FULL NAME Mr. Harry D. Delcher

(a) RESIDENCE. NO. 606 North Bend Rd. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ********

6 DATE OF BIRTH (month, day, and year) March 31.1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore Md.

PARENTS
10 NAME OF FATHER John Delcher,
11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.
12 MAIDEN NAME OF MOTHER Lucretia F.Bodensick,
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address): W. Arthur Delcher 606 North Bend Road

15 Filed ... 19 ... Registered ...

NOV 18 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) NOV 17 1931

17 I HEREBY CERTIFY, That I attended deceased from November 6, 1931, to November 17, 1931, that I last saw h[illegible] alive on November 17, 1931, and that death occurred, on the date stated above, at 9.45 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Intoxication (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of Nov. 17/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) per H. Bowles, M. D.

19 (Address) Balto. E. E. & T. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet

DATE OF BURIAL NOV 20 1931

20 UNDERTAKER Geo. W. Little

ADDRESS 2704 Edmondson Ave.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73987

CERTIFICATE OF DEATH

93-001

E 73987

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Monroe & Edmondson Ave (ST.) (WARD)

2-FULL NAME John Henry Hazlet

(a) RESIDENCE NO. 3018 E. Pratt. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 3 - 1882

7 AGE — Years: 49 — Months: 3 — Days: 12 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Store
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John G. Hazlet

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Martha A. Shuff

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Carroll Co.

14 Informant: F. Schey

(Address): 323 Equitable Bldg

15 Filed NOV 16 1931 GEO. HAMILTON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocardial Failure
Sudden

(duration)

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Monroe & Edmondson Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) [illegible] Coroner, M. D.

(Address) Nov 16

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Nov. 16. 1931

20 UNDERTAKER: Henry Sander & Sons, Inc. — ADDRESS: Baltimore St & Broadway.

THIS IS A PERMANENT RECORD. Every item should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 250R

E 73988 **HEALTH DEPARTMENT CITY OF BALTIMORE** 23 E 73988

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) 12-51

CITY OF BALTIMORE: (No. ..... St. ..... Ward.)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Jennings

(a) Residence: No. 404 E. 22½ st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Anna Jennings

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year): Spring 1931

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Richmond Virginia

MOTHER FATHER

13. NAME: Willis Jennings

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME: Margaret -Unknown

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL. Place Green Mt., Date Nov. 19, 1931

19. UNDERTAKER: Mrs. R.H. Elliott (Address) 1122 E. Baltimore St.

C. HAMPSON JONES M. D.

FILED NOV 18 1931 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1931 to Nov. 16, 1931

I last saw him alive on Nov. 16 1931 death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	2 mos. 6 days
Other contributory causes of importance:	
Spontaneous pneumothorax	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lawrence H. Sears, M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH LEAD PENCIL. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 ✓ E 73989

CERTIFICATE OF DEATH

1—PLACE OF DEATH 6865 H (REGISTERED NO.)

CITY OF BALTIMORE: (No. 1712 N. Calvert ST. 12-19 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Richard Norris King

(a) RESIDENCE NO. 1712 N. Calvert ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose E. L. King

6 DATE OF BIRTH (month, day, and year) Dec. 13/1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	3 16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Frt Agent
(b) General nature of industry, business, or establishment in which employed (or employer) Penn. R.R.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS
10 NAME OF FATHER Wm H. King
11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore
12 MAIDEN NAME OF MOTHER Adaline E. Sterem
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Rose E. L. King
(Address) 1712 N. Calvert St

Filed NOV 18 1931 C. FAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-16-31

17 I HEREBY CERTIFY, That I attended deceased from Oct. 3 1931 to Nov. 16 1931 that I last saw him alive on Nov. 16 1931 and that death occurred, on the date stated above, at 8:30 P. M.

The CAUSE OF DEATH* was as follows: Epithelioma of Stomach

CONTRIBUTORY (Secondary) Epithelioma of face (duration) 2 yrs. mos. ds.

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1712 N. Calvert St.

Did an operation precede death? Yes Date of 1929

Was there an autopsy? No

What test confirmed diagnosis? X-Ray + Laboratory

(Signed) Jack R. Morgan M. D.

11/16 1931 (Address) 6 E. Read St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem DATE OF BURIAL Nov. 19 1931

UNDERTAKER Chas. E. Franck ADDRESS 801 Madison Ave

Spec.—8-16-29—L. F. S.—100 Blks.

mation should be carefully supplied. AGE should be
OF DEATH in plain terms, so that it may be proper
important. See instructions on back of certificates.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 7.3990

125 E 73990

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 27-48 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Carrie R. Long

(a) Residence: No. 810 Cedarcroft Rd. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced (or) WIFE of Norman Long

6. DATE OF BIRTH (month, day, year) March 22, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Box Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John H. Heyel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Unger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cemty Date Nov 18, 1931

19. UNDERTAKER John A. Morgan
(Address) 3000 E. Balto St.

..... 19 Filed ..... 31 JOHN S. ..... M. D.
Registrar.

NOV 18 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from November 13, 1931, to November 16, 1931

I last saw her alive on November 16, 1931 death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic Hepatitis	1 Month
Other contributory causes of importance:	
Acute Hepatitis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Simon Berger, M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH LEAD PENCIL. AGE should be stated EXACTLY. PHYSICIANS should be careful to see that all information should be carefully supplied. AGE should be carefully supplied. Exact statement of information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 73991

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73991

CERTIFICATE OF DEATH

107-001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph. Hospital ST. 4-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Kranz

(a) RESIDENCE NO. 1924 E. 29th St. Balt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ella C. Kranz

6 DATE OF BIRTH (month, day, and year) March 28 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Motorman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer United Railway Co

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Charles L. Kranz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Flo. Hodges

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Ella. C. Kranz

(Address) 1924 E. 29th St.

FILED NOV 18 1931 HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1931, to Nov 16, 1931, that I last saw him alive on Nov 15, 1931 and that death occurred, on the date stated above, at 11 45 P. m.

The CAUSE OF DEATH was as follows:

Bronchial Pneumonia.

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? V

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Baumgartner M. D.

, 19 (Address) St Joseph. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Louden Park

20 UNDERTAKER John A. Moran

DATE OF BURIAL Nov. 18, 1931

ADDRESS 3000 E. Balto St.

mation should be carefully supplied. AGE should be stated
OF DEATH in plain terms, so that it may be properly classi
important. See instructions on back of certificate.

AaCo. 5-31 150B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73992

CERTIFICATE OF DEATH

73992

Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital St. 19-27 Ward)

Length of residence in city or town where death occurred 1 yrs. 11 mos. 0 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Celeste Whittington

(a) Residence: No. 528 No. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: 1

6. DATE OF BIRTH (month, day, year): Dec. 16, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Edward Whittington

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Harriett Young

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Harriett Whittington 528 No. Mount St

18. BURIAL, CREMATION, OR REMOVAL. Place: Cantalupo Md. Date: Nov 18, 1931

19. UNDERTAKER (Address): Mrs Kate R Williams 2222 Lakewood Ave

NOV 18 1931

C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1931, to Nov. 16, 1931;

I last saw h[illegible] alive on Nov. 16, 1931 death is said to have occurred on the date stated above, at 8 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	10/18/31
Other contributory causes of importance: Convulsions	10/24/31

Name of operation: None Date of

What test confirmed diagnosis: Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Pitt Manaster M. D.

(Address) Lyndenham Hospital

N. B.—WRITE PLAINLY, with unfading ink. PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. Exact statement of information should be carefully classified. AGE should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AACo. 5-11 250R

E 73333

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73333

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... S. 17-24 ..... Ward)

Length of residence in city or town where death occurred 1yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Bertha E. Brown

(a) Residence: No. 923 Middle Court St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward M. Brown

6. DATE OF BIRTH (month, day, year) Dec 20, 1905

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
25	10	26 24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Joseph L. Butler
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Evitta Lake
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Husband 923 Middle Court

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Nov 18, 1931

19. UNDERTAKER Mrs. Kitty R. Williams
(Address) 322 E Lafayette St

20. FILED NOV 18 1931 C. HAMPSON JONES, M. D. Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. Exact statement of information should be carefully supplied. AGE should be carefully supplied. Exact statement of it may be properly classified. state CAUSE OF DEATH in plain terms, so that it m OCCUPATION is very important. See instructions on

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-14-31 19

22. I HEREBY CERTIFY, That I attended deceased from 8-26-31, 19, to 11-14-31, 19

I last saw h alive on 11-13-31, 19 death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	1929
Other contributory causes of importance: Bronchopneumonia	11-12-31

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Luther E. Little M. D.
(Address) Balto. City Hospitals

Spec—1-30—M. & T.—250 Blks.

E 73994

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73994

46

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home + Infirmary (ST.) 1-1 (WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. John Bauersfeld

(a) RESIDENCE NO. 1114 South East Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Katherine Bauersfeld

6 DATE OF BIRTH (month, day, and year) April 14-1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Genl Insurance Agent

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore; Md.

PARENTS

10 NAME OF FATHER H. W. Bauersfeld

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Henage

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Katherine Bauersfeld

(Address) 1114 E. East ave

15 Filed , 19 Registrar

NOV 18 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-16-31.

17 I HEREBY CERTIFY, That I attended deceased from 11-6 , 1931, to 11-16 , 1931,

that I last saw h[illegible] alive on 11-16- , 1931,

and that death occurred, on the date stated above, at 12:30 p. m.

The CAUSE OF DEATH* was as follows:

; Carcinoma of stomach with perforation into Colon.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Allyn B. Choate M. D.

, 19 (Address) Church Home & Infirmary.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem.

DATE OF BURIAL Nov 20 1931

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E. Eager St

N. B.—WRITE PLAINLY. WHITE CARBON PAPER. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 250B

E 73995 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 73995

CERTIFICATE OF DEATH

Saron

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3302 Catfield Ave. St., 15-64 Ward)

Length of residence in city or town where death occurred 23 yrs 3 mos ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel Lena Saron

(a) Residence: No. 3302 Catfield Ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mendel Saron

6. DATE OF BIRTH (month, day, year)	Years	Months	Days	If LESS than 1 day hrs or min
7. AGE	77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Israel —

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sarah Fish —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) L. Thurman 3302 Catfield Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Lake Lawn Date 10-8- 1931

19. UNDERTAKER (Address) Ace Lewis, Inc 1121 Eutaw Pl

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PARTS should be stated EXACTLY. PHYSICIANS should be properly classified. Exact statement of information should be carefully supplied. AGE should be given in plain terms, so that it may be stated CAUSE OF DEATH important. See instructions on back of certificate. OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-17-31, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1931, to Nov 16, 1931, death is said to have occurred on the date stated above, at 12 3/4 hrs.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral and Aortic Coms. - insufficiency -	
Other contributory causes of importance: Pulm Congestion ?	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify

(Signed) Chas H Beck, M. D.

(Address) 20 E Preston

NOV 18 1931 C. HAMPSON JONES, M. D. Registrar.

1-20—M. & T.—100 D—50L

73996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-201 ✓ E 73996

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 1018 N. Arlington St. 16 WARD 23

2-FULL NAME Charles Johnson

(a) RESIDENCE No. 1018 N. Arlington St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write which) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Fed business
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Chas. H. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Emma Howser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant J. B. Kemp Belmont Bay Sedan

15 [illegible] C. HARRISON JONES, M. D.

NOV 18 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Nov 14th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Coroner, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) Sudden hr.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Fletwike Coroner, M. D.

19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Nov 18 1931
UNDERTAKER	ADDRESS
John O. Pritchett & Son	1400 Eutaw Place

MARGIN RESERVED FOR REGISTRAR'S USE

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 10) 8

E 73997

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73997

CERTIFICATE OF DEATH.

53

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Sinai Hosp. St. 15-68 Ward)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sarah Budin.

(a) RESIDENCE No. 1639 N Bentalou ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stenographer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Samuel Budin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Annie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Samuel Budin
(Address) 1639 N. Bentalou St

15 Filed 1931 19. HARPER JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18, 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct 15, 1931, to Nov 18, 1931

that I last saw h[illegible] alive on Nov 18, 1931

and that death occurred, on the date stated above, at 6:45 P.M.

The CAUSE OF DEATH* was as follows:

Secondary Anemia
Cachexia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Sarcoma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Oct 17, 1931

Was there an autopsy? no —

What test confirmed diagnosis? section —

(Signed) Austin Kohn Cohen M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Hebrew	11-18 1931
20 UNDERTAKER	ADDRESS
Jack Levin, Inc.	1437 E Balto St

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec— A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73998

CERTIFICATE OF DEATH

59

E 73998

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Mrail Hospital St. 15-58 Ward)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sarah Traub

(a) RESIDENCE No. 3526 Cottage Ave. St. Ward
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harris Traub

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 61 — Months: — Days: — If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER Moscay —

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Rudis —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant Harris Traub
(Address) 3526 Cottage Ave.

15 Filed NOV 18 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 17, 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct 27, 1931, to Nov 17, 1931

that I last saw h— alive on Nov. 17, 1931

and that death occurred, on the date stated above, at 11:10 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus
Cerebral hemorrhage
Arteriosclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Morton L. Levin M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Wash Road — DATE OF BURIAL: 11-19-1931

20 UNDERTAKER: Jack Neuse, Inc. 1439 E. Baltimore St. — ADDRESS

N B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 1-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

253063 E 73999

CERTIFICATE OF DEATH

34 E 73999

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 17-24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertha Winfield

(a) Residence: No. 628 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 8-1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	15	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Nathaniel Winfield
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Grace Rock
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 11-18 1931

19. UNDERTAKER Thomas C. Gilson
(Address) 1303 Eastman St.

NOV 18 1931

THE JOHNS HOPKINS HOSPITAL, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-18, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1931, to Nov 17, 1931
I last saw her alive on Nov 17, 1931 death is said to have occurred on the date stated above, at 1.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Tuberculosis - pulmonary	9-30-31
2. Cachexia	

Other contributory causes of importance:

Congenital Syphilis	Unk.
Otitis Media	9-9-31

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Ann E Kuttner, M. D.
(Address) Johns Hopkins Hospital.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

E 74000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 74000

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 Division St. 14-20 Ward)

Length of residence in city or town where death occurred yrs mos da How long in U. S. If of foreign birth? yrs mos da

2. FULL NAME Lydia Wilson

(a) Residence: No. 1702 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of: William Wilson

6. DATE OF BIRTH (month, day, year): Feby 2, 1890

7. AGE — Years: 41 | Months: 9 | Days: 14 | If LESS than 1 day hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): 6/16/31
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Joseph Mason
14. BIRTHPLACE (city or town) (State or country): St. Mary's Co Md

MOTHER
15. MAIDEN NAME: Henrietta
16. BIRTHPLACE (city or town) (State or country): St. Mary's Co

17. INFORMANT (Address): William Wilson 1702 Division St

18. BURIAL, CREMATION, OR REMOVAL
Place: ~~Mt Auburn~~ (New) Date: 11-19 1931
at Petes Chapel Thomas C. Nelson

19. UNDERTAKER (Address): 1303 Presstman St.

NOV 18 1931

C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 16 1931

22. I HEREBY CERTIFY, That I attended deceased from July 22 1931 to Nov 16 1931
I last saw her alive on Nov 15 1931 death is said to have occurred on the date stated above, at 5.45 p m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Uremia
Nephritis

Other contributory causes of importance:
Cardiac Failure

Name of operation: Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. L. Howell M. D.
(Address) Co. Hospital Cor

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 71001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. E 71001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1105 Wyndhurst ST., (26-23 WARD)

2-FULL NAME Euclid Branch

(a) RESIDENCE NO. 1105 Wyndhurst ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Dec 13 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	11	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Albert Branch

11 BIRTHPLACE OF FATHER (State or country): Richmond Va

12 MAIDEN NAME OF MOTHER: Cecelia Watkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Cecelia Branch

(Address) 142 Stockton

NOV 18 1931 C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 16th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion 1 Hour

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Society of Good Samaritan

(duration) yrs. mos.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular Autopsy

(Signed) H. Leland Taylor, M. D. Coroner

(Address) Nov 16th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	11-19 1931
UNDERTAKER: Thomas E. Kelson	ADDRESS: 1303 W. Baltimore St.

MARGIN RESERVED FOR BINDING

—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74002

79-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 20-64 (Ward)

Length of residence in city or town where death occurred ... yrs. 5½ mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Counselman

(a) Residence: No. 2126 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 16, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Robert Counselman

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER

15. MAIDEN NAME Mildred White

16. BIRTHPLACE (city or town) Delaware
(State or country)

17. INFORMANT Gordon H. Counselman
(Address) 2126 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov. 19, 1931

19. UNDERTAKER Turnbaugh
(Address) 1532 Eutaw St

NOV 18 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17, 31

22. I HEREBY CERTIFY, That I attended deceased from October 8, 1931, to November 17 1931.
I last saw him alive on Nov. 17, 1931, death is said to have occurred on the date stated above, at 1 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arachnoiditis.	10/8/31
Other contributory causes of importance: Post Operative Shock.	11/12/31

Name of operation Craniotomy Date of 11/17/31
What test confirmed diagnosis? Ill. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hamilton Fairbrother, M. D.
(Address) Univ. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74003 ✓ E 74003

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 191 W Lanvale St. 16-22 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Augustus Seibel Sr

(a) Residence: No. 191 W Lanvale St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 29 64

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Henry Seibel
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Arthur Seibel
(Address) 191 W Lanvale

18. BURIAL, CREMATION, OR REMOVAL.
Place Loudon Park Date Nov 19 1931

19. UNDERTAKER Lemmon Feldner
(Address) 532 Fallsway

NOV 18 1931

M. A. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1931 to Nov 16 1931

I last saw him alive on Nov 16 1931 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anuriem Incendiendtoda. Exciting cause years	Oct 15.

Other contributory causes of importance:

Fossiz Corazitis & Lungs Myocardial Insufficiency	Nov 12/3

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ..., M. D.

(Address) 806 N Eutaw St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 7½004

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 7½004

CERTIFICATE OF DEATH

11-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 N Fulton Ave 16-32 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma E Hooper

(a) Residence: No. 817 N Fulton Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If [redacted] widowed, or [redacted] WIFE of Walter O Hooper

6. DATE OF BIRTH (month, day, year) Aug 24 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boarding House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Robert Wade

14. BIRTHPLACE (city or town) (State or country) Richmond

15. MAIDEN NAME Mary Burke

16. BIRTHPLACE (city or town) (State or country) Richmond

17. INFORMANT Mary Hooper
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Nov 19 1931

19. UNDERTAKER George Smith
(Address) 532 Hollins

20. FILED NOV 18 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1931, to Nov 16 1931

I last saw her alive on Nov 16 1931 death is said to have occurred on the date stated above, at 2.30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca Cervix	Nov 31

Other contributory causes of importance:

Acute dilatation of Stom.	Nov 14 31

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E O Jones M. D.

(Address) 532 Hollins

E—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M & T.—100 B—501.

E 74005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-002

E 74005

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2008 -E.Chase Street ST. 8-13 WARD)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah R. Isett

(a) RESIDENCE No. 2008- E.Chase Street ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William R. Isett

6 DATE OF BIRTH (month, day, and year) 7/18/1860

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	3	29	XXXX

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer at home

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Eliza Boring

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Charlotte Kraft

13 BIRTHPLACE OF MOTHER (State or country) Baltimore, Md.

14 Informant Charles Isett

(Address) 2008 - E. Chase Street

15 Date received NOV 18 1931 Registrar C. Hampton Jones, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 17/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senolie Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) _____, M. D. Coroner

11/18/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 11/19 '31

UNDERTAKER _____

ADDRESS 1735 Hanford

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

E 74006

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 ✓

E 74006

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2901-Northern Parkway St. 27-43 WARD)

2-FULL NAME John Wm. Smith

(a) RESIDENCE NO 2901-Northern Parkway ST., WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? xxxxxxxxxxxxxxx

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida B. (Anstine)

6 DATE OF BIRTH (month, day, and year) 6/20/1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	27 28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Printer 0 63
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Long Island, N.Y.

PARENTS

10 NAME OF FATHER James R. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Long Island, N.Y.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Ida B. Smith

(Address) 2901-Northern Parkway

15 Filed NOV 18 1931 H. HAMPTON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 17/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John Race, Coroner, M. D.

11.18/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery

DATE OF BURIAL 11/20/31

20 UNDERTAKER

ADDRESS 1731 Hoff

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. A. Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74007. E 74007.

CERTIFICATE OF DEATH

159

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2222 E Fayette St. 6-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Frank Slechta

(a) RESIDENCE NO. 2222 E Fayette ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 15/31

7 AGE — Years: — Months: — Days: 2 — If LESS than 1 day, — hrs. or — min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Frank Slechta

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Mildred Baldwin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Interment (Address): Frank Slechta 2222 E Fayette

15 Filed NOV 18 1931 19 C. HAROLD JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 17/31

17

I HEREBY CERTIFY, That I attended deceased from Nov 15, 1931, to Nov 17, 1931

that I last saw him alive on " " , 1931

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth of Eight months

(duration) yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary): none

(duration) yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. C. Hearn M. D.

11/14/1931 (Address) 3901 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Nov 18 1931

20 UNDERTAKER: Frank Brockdorf

ADDRESS: 1906 Eastern Ave

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A

1-30—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74008

74008

REGISTERED NO. E 74008

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1&)

1. PLACE OF DEATH

CITY OF BALTIMORE (NO.) Baltimore City Hospitals ST. (OR WARD)

2. FULL NAME (Lena Marie Slagle)

(a) RESIDENCE NO Cop 3 Mayor Mr Lincoln ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11/16/18

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Patapsco Md
(State or country)

PARENTS

10 NAME OF FATHER Herbert W. Slagle

11 BIRTHPLACE OF FATHER (city or town) Patapsco Md.
(State or country)

12 MAIDEN NAME OF MOTHER Emma M. Fisher

13 BIRTHPLACE OF MOTHER (city or town) Patapsco Md
(State or country)

14 Informant Herbert W. Slagle
(Address) 3 Walter Ave Dundalk

15 Filed NOV 18 1931 HAMILTON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said inquest (Patho) find that said deceased came to death (Inquest, autopsy or inquiry) on the day stated above.

The CAUSE OF DEATH* was as follows: Struck and crushed about chest and thigh by moving auto

(Duration) yrs. mos. ds.

Fract Skull

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Pumpkin Alley Dundalk

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) L. Faun, M. D. Coroner

11 G. 1931 (Address) Franklin Coroner

*(State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Nov 20 1931

20 UNDERTAKER Lilly-Gilmore

ADDRESS 4033 York Rd

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-31 2M8

E 74009 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74009

CERTIFICATE OF DEATH

Registered No. 93

(If death occurred in hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5316 Catalpha Road 27-44 Ward)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Franklin Murzbacher

(a) Residence: No. 5316 Catalpha Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary G. Murzbacher.

6. DATE OF BIRTH (month, day, year) Sept 30, 1860

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	71	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md Color Printing Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John Murzbacher

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Magdalena Fiskin

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary G. Murzbacher
(Address) 5316 Catalpha Road

18. BURIAL, CREMATION, OR REMOVAL. Place Baltimore Date Nov. 19. 1931.

19. UNDERTAKER Thos. J. Tyrell & Son
(Address) 2040 Fayette St.

20. FILED NOV 18 1931. H. LAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16. 1931.

22. I HEREBY CERTIFY, That I attended deceased from June 15. 1931 to Nov 16 1931 that I saw h[illegible] alive on Nov 16 1931 death is said to have occurred on the date stated above, at 2.45 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis (or hemorrhage)	

Other contributory causes of importance:
Arterio sclerosis - hypertrophy cardiac with arrhythmia fibrillation

Name of operation Date of

What test confirmed diagnosis? 0 Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Clinton Swank M. D.

(Address) 4704 Harford Road

N.B.—WHEN PLANNED, WITH FUNERAL ARRANGEMENTS, THIS CERTIFICATE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74010

CERTIFICATE OF DEATH

12/21 ✓

E 74010

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 17-25 ST. WARD

2-FULL NAME Mingie Skipper

(a) RESIDENCE NO. Sparks, Md. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 10 - 1879

7 AGE: Years 52 Months 03 Days 8

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Balto Co

PARENTS

10 NAME OF FATHER: John Eason

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto Co

12 MAIDEN NAME OF MOTHER: Dorothy Eason

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto Co

14 Informant (Address): Mary Woodland Sparks Md

15 Filed NOV 18 1931 G. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-18 1931

17

I HEREBY CERTIFY, That I attended deceased from 11-14 .19 31. to 11-18 .19 31.

that I last saw her alive on 11-18 .19 31.

and that death occurred, on the date stated above, at 7.40 A m.

The CAUSE OF DEATH* was as follows:

Appendicial Abscess

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Drainage

Did an operation precede death? Yes Date of 11-17-31

Was there an autopsy? No Operation

What test confirmed diagnosis?

(Signed) E. W. Pease, M. D.

(Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bosley Church Balto Co

DATE OF BURIAL: Nov 20 1931

20 UNDERTAKER: W. C. Brookston

ADDRESS: Sparks Md

B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250b

E 74011 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74011

53

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 46 N. Bentalou St. 70-69 Ward

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma D. Reilly

(a) Residence: No. 46 N. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rudolph P. Reilly

6. DATE OF BIRTH (month, day, year) Aug. 13 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Joseph F. Mansell

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Annie M. Cull

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Mrs. F. C. Hill
(Address) 46 N. Bentalou St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov. 19 1931

19. UNDERTAKER George M. Dukes
(Address) 1232 E. Eager St

Nov 18 1931 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 8 1931, to Nov. 16, 1931

I last saw her alive on Nov. 15, 1931, death is said to have occurred on the date stated above, at 3.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Primary Bladder	

Other contributory causes of importance:

Toxemia	

Name of operation ..... Date of No

What test confirmed diagnosis? Cystoscopy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

I, (Signed) Guy McCleary, M. D.
11/17/31 (Address) 4000 Dayton

R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

John T. Heinsohn

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 74012

CERTIFICATE OF DEATH + 167

E 74012

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. London Hotel Fayette St. 12th Ward)

2-FULL NAME John F. Heinsohn

(a) RESIDENCE NO. St. Elizabeth Hospital St. Washington, D. C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Ada O. Heinsohn

6 DATE OF BIRTH (month, day, and year) Jan 1 - 1895

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	36	10	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work U. S. Navy
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Charleston, S.C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Ada O. Heinsohn
(Address) Fairfax Hotel Wash. D.C.

15 Filed ..... 19 ..... Registrar

NOV 18 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Gun shot wound of head.
Suicide.
Due to insanity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Eugene Feller M. D.

11/18. 1931. (Address) 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington National Cemetery Arlington Va.

DATE OF BURIAL 11/19 1931

20 UNDERTAKER Albert Codd. ADDRESS 1217 4½ But St. N.E.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74013

CERTIFICATE OF DEATH

131

E 74013

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 522 Chateau ave ST., 27-58 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry James Dueck

(a) RESIDENCE NO. 522 Chateau ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: Fannie Mudueck

6 DATE OF BIRTH (month, day, and year): July 11-1855

7 AGE — Years: 76 — Months: 4 — Days: 5 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Henry J Dueck

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Catherine C Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Florence B. Smith

(Address) 522 Chateau ave.

15 [illegible] C. HARRISON JONES

Registrar

NOV 18 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 16/31

17 I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1931, to Nov 15, 1931, that I last saw him alive on Nov 15 - 1931, and that death occurred, on the date stated above, at 11 40 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Chronic Nephritis

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) D W Kenney, M. D.

, 19 (Address) 1812-N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Louden Park Cem — DATE OF BURIAL: Nov. 18 1931

20 UNDERTAKER: Josiah Syfer — ADDRESS: 1600 N. North ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.

A&Co. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

25-41-13 E 74014

34 E 74014

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 14-26 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gwendolyn Williams

(a) Residence: No. 31 N. Calhoun St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	—

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 1-1931

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
			3 hrs.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wilson Williams

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Alice Rogers

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Records — JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place JOHN HOPKINS HOSPITAL Date NOV 18 1931 19

19. UNDERTAKER [illegible]
(Address)

NOV 18 1931 [illegible] 19 C. HARRISON JONES Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1931, to Nov 16, 1931

I last saw her alive on Nov 16, 1931 death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Nov. 1
Other contributory causes of importance:	
Congenital Syphilis	Nov 1

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Dan C. Kotz, M. D.

(Address) Johns Hopkins Hospital

INFORMATION PERTAINING TO THIS CERTIFICATE IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

15743 Red E 74015

CERTIFICATE OF DEATH

3 4 E 74015

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL 8-13 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Jefferies

(a) Residence: No. 1605 Eutaw Place, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	—

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 5, 1931

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME James Jefferies
14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER
15. MAIDEN NAME Lillie Davis
16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place JOHN HOPKINS HOSPITAL Date NOV 18 1931, 19

19. UNDERTAKER
(Address)

NOV 18 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1931, to Nov. 16, 1931

I last saw him alive on Nov. 16, 1931, death is said to have occurred on the date stated above, at 4:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Nov. 6

Other contributory causes of importance:

Syphilis	Nov. 6

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dr. C. Kittner, M. D.
(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30--M. & T.—100 B—50L

74016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 74016

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Gen Hosp WARD 12-51

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Calvin Campbell

(a) RESIDENCE NO. 2436 Maryland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. · How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 8 76

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55	1		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Gardner
(b) General nature of industry, business, or establishment in which employed (or employer) 680
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Campbell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Mary Duff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Mrs Ann Crawford

(Address) 2436 Md Ave

15 Filed [illegible], 19[illegible] [illegible] JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 17 th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Emphysema

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted? Home (if not at place of death?)

Did an operation precede death? No Date of Nov 17

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leech, M. D. Coroner

19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mrs Cemy Groves,	Nov 20 1931
20 UNDERTAKER John O Mitchell & Son	ADDRESS 1901 Eutaw Pl

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74017 ✓ E 74017

CERTIFICATE OF DEATH

REGISTERED NO. 157

E 74017

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Virginia Cook

(a) RESIDENCE NO 1423-N.Wolfe Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of -------

6 DATE OF BIRTH (month, day, and year) 9/10/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	-	2	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Lorena (Fouces)

13 BIRTHPLACE OF MOTHER (State or country) Baltimore, Md.

14 Informant Mrs. Lorena Cook
(Address) 1423-N.Wolfe Street

15 Filed ..... 192 ..... Registrar

NOV 18 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 17/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Hydrocephelous

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) [illegible], M. D.
Coroner

11/18/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL 11/19/31

20 UNDERTAKER [illegible]

ADDRESS 1735 Harf

A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be sure CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—16-10-29—A Co.—100 Blks.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74018

CERTIFICATE OF DEATH

709 E 74018

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital St., 16-20 Ward)

2-FULL NAME Samuel Reese

(a) RESIDENCE NO. 3402 Edmondson Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian C. Reese

6 DATE OF BIRTH (month, day, and year) Jan 26 - 1855

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	76	9	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Proof-reader
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Sun Papers

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER Beverly Reese

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER Laura Griggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ala

14 Informant: Mrs. S. Reese
(Address) 3402 Edmondson Ave

15 Filed ____ 19__ ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck by Street Car
Accidental death

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? Balto St. Hopkins Pl.

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Kelly, M. D.

11/18. 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Nov 20 1931
20 UNDERTAKER	ADDRESS
John O. Mitchell & Sons	700 Eutaw

E 74019 STATE OF MARYLAND—CERTIFICATE OF DEATH ✓

108 E 74019

1. PLACE OF DEATH (Gaynell Clough)

County

Village or City Baltimore Md

Registration Dist. No. 11-24

No. St., Ward

(If death occurred in a hospital or institution, give NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Gay McClough.

(a) Residence: No. 39 W Preston St St., Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colrd	Divorced.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest Farrell

6. DATE OF BIRTH (month, day, and year) Jan 1. 1894.

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
37	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Clerk. 604

9. Industry or business in which work was done, as STEEL MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel - Md -

FATHER

13. NAME Thomas Clough

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna L. Lester.

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT (Address) Mrs. Anna L. Lester Laurel -

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Md Date Nov 21st 1931

19. UNDERTAKER (Address) Lloyd Kaiser Laurel Md.

NOV 18 1931

19a. HARRISON JONES, M. D. Registrar

R. O. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 18 (Day) 1931 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1931 to Nov 18 1931

I last saw her alive on Nov 18 1931, death is said to have occurred on the date stated above, at 3.45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	Nov 17. 31

Other Contributory Causes of importance

Name of operation Date of

What test confirmed diagnosis? Physical exam Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Harry D. McCarty M. D.

(Address) 2100 Preston St.

If death occurred in Baltimore City, report to Room 324, 111 N. Charles Street, Baltimore. Requesting U. S. No. 1.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74020

E 74020

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) WYNDHURST & LAURENS St. 27-53 Ward

2-FULL NAME MARY DIXON

(a) RESIDENCE NO. WYNDHURST & LAURENS St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (Write the word): Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: David H. Dixon

6 DATE OF BIRTH (month, day, and year): July 31, 1854

7 AGE: Years 77 Months 3 Days 17

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Edward Davis

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Helen Poe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Robert H. Dixon Wyndhurst & Lauren Sts

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 18-1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 30, 1931, to Nov 18, 1931, that I last saw her alive on Nov 17, 1931, and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

(a) Apoplexy

Mutual Aid Association

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas. F. Blanton, M. D.

(Address) 3013 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gunpowder Md

Date of Burial: 11/19 1931

20 UNDERTAKER: W. M. Cook

ADDRESS: 1217 E Fayette St

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A&Co. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74021

CERTIFICATE OF DEATH

92-0 E 74021

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2940 W. North Ave. St., 45-67 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... da. How long in U.S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George B. Schluckbier (Moore)

(a) Residence: No. 2940 W. North Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Louisa C.

6. DATE OF BIRTH (month, day, year) Sept 19 1856

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	75	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wheelwright
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Geo. B. Schluckbier
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna M. Elgin
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Geo. B. Schluckbier 2940 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Druid Ridge Date 11/17 1931

19. UNDERTAKER (Address) M. Elgin Cook 1217 St. Paul St

20. FILED 11-17-31 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17 1931

22. I HEREBY CERTIFY, That I attended deceased from June ... 1931 to Nov 14 1931
that saw him alive on Nov 14 1931 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. M. Rabe M. D.
(Address) 3005 W. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 74022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94-001 E 74022

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 East Monument St. 7-9 WARD)

2-FULL NAME Raphael Esposita

(a) RESIDENCE NO. 2003 E. Monument St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs 3 mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 17-1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	3	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Fruit Business

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Anthony Esposita

11 BIRTHPLACE OF FATHER (city or town) Naples (State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Lauro

13 BIRTHPLACE OF MOTHER (city or town) Naples (State or country) Italy

14 Informant Mrs. Concetta Birch (Address) 2003 E. Monument St

15 [illegible] Registrar

NOV 19 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 17. 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 7 , 1929 , to Nov. 17 , 1931 ,

that I last saw him alive on Nov. 17 , 1931 ,

and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 3 yrs. — mos — ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs and Symptoms

(Signed) C. W. Hoffman M. D.

, 19 (Address) 8 East Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Nov 20th 1931

20 UNDERTAKER Leo D. Cook

ADDRESS 1743 Pattapsco Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A4Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74023

CERTIFICATE OF DEATH

13 VE 74023

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4015 Walnut Ave St. 27 Ward 42

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Washington Burton

(a) Residence: No. 4015 Walnut Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Burton

6. DATE OF BIRTH (month, day, year) March 19 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Retired
10. Date deceased last worked at this occupation (month and year) 20
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Balto Co Md.

FATHER

13. NAME Cedric Burton
14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Laura J Evans
16. BIRTHPLACE (city or town) (State or country) Balto City Md.

17. INFORMANT Lenora Dotson
(Address) 4014 Walnut Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov. 19 1931

19. UNDERTAKER Sutherland Lane
(Address) 4214 Broadway

20. FILED NOV 19 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17. 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1931, to Nov 17, 1931

I last saw h— alive on Nov 17 1931, death is said to have occurred on the date stated above, at 2-15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 20th 1931
Chronic Glomerulo Nephritis	4 yrs.
Hypertension	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elliott H Bowser, M. D.

(Address) Pimlico Ave & Belvin Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74024 13 E 74024

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 901 S. Howard ST. (or) WARD) 23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Carter

(a) RESIDENCE NO. 901 S. Howard ST., 23 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
~~or WIFE of~~

6 DATE OF BIRTH (month, day, and year) Jan 30, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Henry Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Frank Carter
(Address) 901 S Howard St

15 Filed NOV 13 1931 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/16/31

17 I HEREBY CERTIFY, That I attended deceased from 11/13/31, to 11/16/31, that I last saw him alive on 11/16/31, and that death occurred, on the date stated above, at 11.50 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis, Aortic Dilatation, Pulmonary Hypostasis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Acute Pneumonia, Bronchitis (duration) yrs. 4 mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & History

(Signed) W. P. Thacker M. D.

, 19 (Address) 709 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Ct	Nov 14 1931
20 UNDERTAKER	ADDRESS
Sarah L Brown Sons	1018 W Monument

DEC 15 1931

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Bks.

Time of burial extended to Nov 27/31

E 74025 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74025

J. Frederick Stansfield
93-0031 Balt. Co.

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1442 N. Eden St. ST., 9-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jennie Sappenstein

(a) RESIDENCE NO. 1442 N. Eden St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Joseph Lebatsky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Gertie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Samuel Sappenstein

(Address) 1442 n Eden st

15 Filed NOV 19 1931 HARRY J. GRIFFIS Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 16, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931 to November 16, 1931

that I last saw her alive on Nov 14, 1931

and that death occurred, on the date stated above, at 4.50 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Samuel Brolle, M. D.

11/17 1931 (Address) 1331 E North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Southern Ave	Nov. 20 1931
20 UNDERTAKER	ADDRESS 1127 E Baltimore St
Sol Levinson & Bro	

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 74026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36-37 + 186-001

E 74026

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST., WARD)

2-FULL NAME James F. Baily.

(a) RESIDENCE No North Lintchum ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. 7 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Baily.

6 DATE OF BIRTH (month, day, and year) Oct. 10 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	2	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER John F. Baily

11 BIRTHPLACE OF FATHER (city or town) (State or country) Eastern Shore Va.

12 MAIDEN NAME OF MOTHER Mary Dixon.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Morland Co. Va.

14 Informant John F. Baily. (Son)

(Address) Heath Ave. North Lintchum.

15 Filed NOV 19 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Uraemia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Accidental Fracture leg.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? North Linthicum

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J J Pokrop M.D. Coroner

11/18, 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	Nov 20 1931
UNDERTAKER	ADDRESS
John F. Demmy	715 Lis[illegible] St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74027

CERTIFICATE OF DEATH

13 ME 74027

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 314-E-25th 12-50 WARD)

2 FULL NAME William Henry Stein

(a) RESIDENCE NO 314-E-25th ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 10 mos. 29 ds. How long in U. S., if of foreign birth? 72 yrs. 10 mos. 29 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Lee Stein

6 DATE OF BIRTH (month, day, and year) Dec 29 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Statesman Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Eastern Ry. School

(c) Name of employer Pensioned City of Balto

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Fonstain Stein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mathilde Buter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Emma Lee Stein (wife)

(Address) 314-E-25th St

15 [illegible] NOV 19 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug 20, 1931, to Nov 16, 1931

that I last saw him alive on Nov 16, 1931

and that death occurred, on the date stated above, at 11:55 P m.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation.
Valvular Disease of Heart.

(duration) yrs. 3 mos. — ds.

CONTRIBUTORY (secondary) Chronic Interstitial Nephritis (duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Typical signs

(Signed) Sidney R. Smith M. D.

11/18 1931 (Address) 450 E Fort Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Nov-19-1931
20 UNDERTAKER	ADDRESS
Edward Morris	Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 74028

CERTIFICATE OF DEATH

235 74028

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3702 Fait Ave St. 16-37 Ward)

Length of residence in city or town where death occurred 20 yrs. mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME H Edwin Rapp

(a) Residence: No. 3702 Fait Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Rapp

6. DATE OF BIRTH (month, day, year) ~~Aug 24 1886~~

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	46	2	22 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 661

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Rapp

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Sarah E Bell

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Lena Rapp
(Address) 3702 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Cem Date Nov 21 19 31

19. UNDERTAKER John Ullrich
(Address) 2008 Orleans St

NOV 19 1931 H[illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/17/31 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12/15/29 . 19 . to, 11/17 . 19 31

I last saw h[illegible] alive on 11/16/ . 19 31 death is said to have occurred on the date stated above, at 4:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1918

Other contributory causes of importance:

Tuberculosis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) H. Bascom Burrell, M. D.

(Address) 633 S. Conkling

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 74029

1-20-M. & T. [illegible] 50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 74029

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 434 Aisquith ST. 5-8 WARD)

2-FULL NAME Anna Johnson

(a) RESIDENCE NO 434 Aisquith ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	black	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Johnson

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co., Md.

PARENTS

10 NAME OF FATHER Jim Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Maud Palmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Nellie Johnson
(Address) 434 Aisquith Sr

15 Filed NOV 19 1931 192 PHILIP B. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

Nov. 17/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
N't Calvary Cem	11-19 1931
UNDERTAKER	ADDRESS
Byron Knight	1218 N. Eden Berry St

N. B. WHITE PEARL, WHITE CHALK, [illegible] mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

Spec.—7-17-26—A Co.—200 Blks.

74030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 ✓

E 74030

REGISTERED NO.

1-PLACE OF DEATH Provident Hospital

City of BALTIMORE: (No. 14-30 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cora Randolph

(a) RESIDENCE NO. 623 N Eutaw St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Randolph

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min..
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) St Mary's Co

(State or country) Md

PARENTS

10 NAME OF FATHER Joseph Dorsey

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Eliza Jones

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Sarah Dorsey

(Address) 120 Argyle Ave

NOV 13 1931 RAMSAY JONES M. [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 16, 1931

17 I HEREBY CERTIFY, That I attended deceased from October 13 31 to November 16 31

that I last saw h sr alive on Nov 16 19 31

and that death occurred, on the date stated above, at 12:30 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted Not determined

if not at place of death?

Did an operation precede death? No Date of 10/27/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Operative

(Signed) H. Bernard Hyams M. D.

. 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt. Auburn Cemetery	Nov 14, 1931
20 UNDERTAKER Jno Kate R. Williams	ADDRESS 322 N Gilmor St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks

E 74031 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74031

CERTIFICATE OF DEATH.

50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 W. Mulberry St. 17-76 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Lulal Jones

(a) RESIDENCE NO. 716 W. Mulberry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col —	Widow

5a If married, widowed, or divorced HUSBAND) of or) WIFE of Paul Jones

6 DATE OF BIRTH (month, day, and year) Nov - 3-1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	—	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Granville Co N.C.

PARENTS

10 NAME OF FATHER George Lee —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia —

12 MAIDEN NAME OF MOTHER Sarah —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Annie Allen 716 W Mulberry

Filed NOV 13 1931 H. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov -- 17-1931

17 I HEREBY CERTIFY, That I attended deceased from June 6 1931 to Nov-17 1931.

that I last saw h[illegible] alive on Nov-13 1931.

and that death occurred, on the date stated above, at 12 45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast —

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical —

(Signed) D W Truman M. D.

11/17/1931 (Address) 1111 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Nov 20, 1931
20 UNDERTAKER Mrs. Katie P. Williams	ADDRESS 322 N. Schroeder St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A4Co. 5-11-2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74032

CERTIFICATE OF DEATH

93003 E 74032

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3040 W. Harrison St.) (Ward) 25-6

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME William David McHowan

(a) Residence: No. 3040 W. Harrison Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rose E. McHowan

6. DATE OF BIRTH (month, day, year) Apr 29, 1862

7. AGE	Years	Months	Days	If LESS than 1 day: hrs or min.
	69	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr. Dist. Office

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Gyrt.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Ohio, Ill.

13. NAME Wm. Conn McHowan

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Sarah Witherow

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs. Rose E. McHowan

(Address) 3040 W. Harrison Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Greenmount Cem. Date Nov. 19 1931

19. UNDERTAKER [illegible] Sons

(Address) Roseke Ave.

NOV 19 1931 [illegible] M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17. 1931

22. I HEREBY CERTIFY, That I attended deceased from June, 1931, to Nov 17, 1931

I last saw him alive on Nov 17, 1931, death is said to have occurred on the date stated above, at 10:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease	
Coma	1 day

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No, 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] Boyle, M. D.

(Address) 719 N Broadway

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—0-30—A. & Co.—200 Blks

E 74033 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74033

CERTIFICATE OF DEATH

107-007

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 Edmondson Ave. 18th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John P Brogan

(a) RESIDENCE NO. 1115 Edmondson Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 29 1853

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
77	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Logger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City Va

PARENTS

10 NAME OF FATHER: John P Brogan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Louisa Hawks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): John P Brogan 1115 Edmondson Ave

15 Filed NOV 19 1931 C. FAIRBROTHER, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 18, 1931

17

I HEREBY CERTIFY, That I attended deceased from Nov 17, 1931 to Nov 18, 1931

that I last saw h alive on Nov 16, 1931

and that death occurred, on the date stated above, at 6.40 A m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

Primary (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. S. Howell M. D.

, 19 (Address) 601 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bethany Va

DATE OF BURIAL: Nov 20 1931

UNDERTAKER: Thomas E Wright

ADDRESS: 701 N Carrollton Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates

Spec.—2-29-28—L. F. S.—800 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74034

CERTIFICATE OF DEATH

13 E 74034

1—PLACE OF DEATH

REGISTERED NO. 13-54

CITY OF BALTIMORE: (No. 3538 Madison ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Felix Duncan

(a) RESIDENCE NO. 3538 Madison ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie R. Duncan

6 DATE OF BIRTH (month, day, and year) Mar. 15, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	66	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of indostry, business, or establishment in which employed (or employer) xxxx

(c) Name of employer xxxxx

9 BIRTHPLACE (city or town) (State or country) South Boston Va.

PARENTS

10 NAME OF FATHER Matthew Duncan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Phoebe Ross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Annie R. Duncan

(Address) 3538 Madison Avenue

15 [illegible]

NOV 19 1931 [illegible] JONES M D Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 19, 1931

17 I HEREBY CERTIFY, That I attended deceased from October 19, 1931, to Nov. 18, 1931, that I last saw h im alive on Nov. 18, 1931 and that death occurred, on the date stated above, at 3:25 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis (Chronic)

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency & Dropsy

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. L. White, M. D.

, 19 (Address) 1021 Madison Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Jerusalem Cemetery	Nov 20 1931
20 UNDERTAKER	ADDRESS
Archibald G. Gable	1544 McCulloh St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—501.

E 74035

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74035

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 4 30 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Frank Mason

(a) RESIDENCE NO. Lamar Md St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Mason

6 DATE OF BIRTH (month, day, and year) Aug 6 73

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Lumber Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER Frank Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Mary Muffett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant Mrs Agnes Mason

(Address) Lamar Md

15 Filed NOV 19 1931, 192 C. HAMPSON JAMES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Struck and Knocked down by a motor automobile

(Duration) yrs. Instt mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Main Blvd Mr Lamar

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Coroners Inquest

(Signed) C. Hampson James, M. D.

11-19-1931 (Address) Hyattsville Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bowie Md	Nov 21 1931
20 UNDERTAKER: Lloyd Kaiser	ADDRESS: Lanham Md

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—1-30—M. & T.—250 Bks.

E 74036

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74036

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Inf. St. 28-63 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bullough, George.

(a) RESIDENCE NO. 4203 Pinehurst Ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Angle Bullough

6 DATE OF BIRTH (month, day, and year) June 20 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	4	30 29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 6 6

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Huron Trust Co Ltd

9 BIRTHPLACE (city or town) (State or country) Brooklyn N. Y.

PARENTS

10 NAME OF FATHER John Bullough

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Alice Van Hess

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Sarah Angle Bullough

(Address) 4203 Pinehurst Ave

15 Filed ... C. ... M. D. Registrar

19 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-19-31.

17

I HEREBY CERTIFY, That I attended deceased from Nov 18, 1931, to Nov 19, 1931,

that I last saw him alive on Nov. 19, 1931,

and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia (Left) Bronchopneumonia.

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage (duration) 6 yrs. 0 mos. 3 ds.

18 Where was disease contracted if not at place of death? Balto Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History, physical & Col.

(Signed) Allyn B. Choate, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Congressional Cem Washd C. DATE OF BURIAL Nov 21 1931

20 UNDERTAKER Harry R Amacco Hosp 4202 Rodgers Ave ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 74037

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74037

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary (ST.) (WARD) 17-30

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Eva Henderson

(a) RESIDENCE NO. 2616 N. Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Charles B. Henderson

6 DATE OF BIRTH (month, day, and year) Nov. 26-1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Social Service

(b) General nature of Industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wm. J. Donoho

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Susan B. Nancy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. J. P. Breidenstein

(Address) 1622 N. Calvert Ave.

15 Filed ... C. HARRISON JONES, M. D. Registrar

NOV 19 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18-1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1931 to Wed. Sept 18, 1931, that I last saw her alive on Sept. 18, 1931, and that death occurred, on the date stated above, at 6:30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cecum with Generalized Abdominal Carcinomatosis

(duration) 1+ yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 5+ yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Nov. 13, 31

Was there an autopsy? No

What test confirmed diagnosis? Exploratory Laparotomy

(Signed) Richard C. Cumming, M. D.

Nov 18 1931 (Address) The Church Home and Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Govans Presbyterian Cem.	Nov. 20 1931
20 UNDERTAKER	ADDRESS
Wm. C. Black	927 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 74038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 74038

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 S. Sharp ST. 22 WARD 31)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Santina Sayles

(a) RESIDENCE NO. 1220 S. Sharp ST. 22 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Thomas Sayles

6 DATE OF BIRTH (month, day, and year) May 5 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) House wife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Essex Va.

PARENTS

10 NAME OF FATHER Robert Moody

11 BIRTHPLACE OF FATHER (city or town) (State or country) Essex Va.

12 MAIDEN NAME OF MOTHER Jennie Moody

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Essex Va.

14 Informant Caroline Sayles (Address) 1220 S. Sharp street

15 Filed NOV 19 1931 C. Harrison Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/17/1931

17 I HEREBY CERTIFY, That I attended deceased from 11/2, 1931, to 11/17, 1931.

that I last saw her alive on 11/17, 1931

and that death occurred, on the date stated above, at 1.45 A. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation. Pulmonary Hypostasis.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Nephritis (duration) yrs. mos. 17 ds.

Chronic Parenchymatous

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical + History

(Signed) W.W.S. Bishop, M. D.

, 19 (Address) 739 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cemty

DATE OF BURIAL 11/20 1931

20 UNDERTAKER Walter Co. Springs

ADDRESS 939 W. Lombard St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A4Co. 5-31 2508

E 74039

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 74039

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. L-10 St. Ward)

Length of residence in city or town where death occurred yrs mos da. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME George W. Bange

(a) Residence: No. 223 N. Madeira st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) July 24, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Window cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME George Bange

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Nov. 19 31

19. UNDERTAKER John C. Butler
(Address) Pratt & Howard

Form [illegible] Registrar

NOV 19 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1931 to Nov. 17, 1931

I last saw h in alive on Nov. 17 1931 death is said to have occurred on the date stated above, at 6.28 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lawrence G. Frank, M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spmc—6-9-19—H. P. Co.—1000 Blks.

E 74040

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74040

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore Eye Ear & Throat Hospital

CITY OF BALTIMORE: No 1214 Eutaw Place ST. 11-24 WARD

2-FULL NAME JOHN A. SCOTT

(a) RESIDENCE No COCKEYSVILLE MD ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	SINGLE

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) JULY 5, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work RETIRED FARMER

(b) General nature of industry, business, or establishment in which employed (or employer),

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Near Cockeysville Md

PARENTS

10 NAME OF FATHER Elmer Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Farm near Cockeysville Md

12 MAIDEN NAME OF MOTHER Eleanor Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Farm near Cockeysville Md

14 Informant Wm. Wm. H. Bosley Jr
(Address) Sparks Md.

15 Filed ... 19 ... Registrar

19 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 3 . 1931 . to Nov 19 . 1931 . that I last saw him alive on Nov 19 . 1931 . and that death occurred, on the date stated above, at 8:50 P. m.

The CAUSE OF DEATH* was as follows:

CACHEXIA

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) CARCINOMA of LARYNX

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [signature] M. D.

. 19 (Address) 1214 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friends Meeting

DATE OF BURIAL Nov. 21 1931

20 UNDERTAKER Wm. C. Brooks & Son

ADDRESS Sparks

mation should be carefully supplied. Age, should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spmc.—9-30—A & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74041

CERTIFICATE OF DEATH

E 74041

V 131

1 PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 4000 St. Lorraine Rd ST) 13-52 (WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Augusta Stallmeyer

(a) RESIDENCE NO. Home for Incurables ST. WARD Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 6, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook 621

(b) General nature of industry, business, or establishment in which employed (or employer) Private families

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Ernst C. Lauenstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Hallbile

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records — (Address) Home for Incurables

15 Filed NOV 27 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1929, to Nov 18, 1931

that I last saw h[illegible] alive on Nov 17, 1931

and that death occurred, on the date stated above, at 2[illegible] P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arterio hypertension — Chr. (duration) yrs. — mos. — ds.

Nephritis acute 2

18 Where was disease contracted — If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm J Mayo M. D.

11/18 19 31 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk.

DATE OF BURIAL 11/20 19 31.

20 UNDERTAKER Harry L. Fritzke ADDRESS 4101 Edmondson Ave.

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74042

CERTIFICATE OF DEATH

74042

82-001

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 26-37 St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Johnson

(a) Residence: No. no home St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Oct. 13, 1867?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64?	/	/	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Ohio

FATHER

13. NAME Thomas Cook

14. BIRTHPLACE (city or town) (State or country) ? Va.

MOTHER

15. MAIDEN NAME Elisbeth Celeste

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Johnson Cem Date 11-20 1931

19. UNDERTAKER David Carson (Address) 2[illegible] W. Fayette St.

[illegible] H. E. JONES, M. D.
Registrar.

NOV 20 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1931 to Nov. 14, 1931

I last saw her alive on Nov. 14, 1931 death is said to have occurred on the date stated above, at 9:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into cerebrum left	Unknown
Other contributory causes of importance:	
Arteriosclerosis - Hypertension	unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas G Arnold Jr. M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71043 — 72-102 E 71043

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 19 Ward) 12-54

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Snyder

(a) Residence: No. 2307 Auburn Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Snyder

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Snyder

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Snyder
(Address) 2307 Auburn Ave

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 11-20- 1931

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED 1931 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1931 to Nov 19, 1931

I last saw h.m alive on Nov 19, 1931 death is said to have occurred on the date stated above, at 12 N.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins disease	8/4/29
Rheumatic cardio vascular disease	

Other contributory causes of importance:
Cardiac insufficiency

Name of operation none Date of

What test confirmed diagnosis? Clinical biopsy & gland Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? not so, specify

(Signed) J. W. Hornbaker, M. D.

(Address) Univ. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

74044 CERTIFICATE OF DEATH X 53 E 74044

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp. St. 11-24 Ward)

Length of residence in city or town where death occurred yrs. mos 10 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Louise Healy

(a) Residence: No. Berlin, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 22, 1861

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	70	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 27
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

FATHER

13. NAME Joseph Neigle
14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Marion Eschmann
16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL.
Place Cedar Hill Date Nov 20 1931

19. UNDERTAKER Fallsway Store (Address) 1130 Fallsway

[redacted] JONES Registrar

NOV 23 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-9, 1931, to 11-19, 1931

I last saw her alive on 11-19 1931, death is said to have occurred on the date stated above, at 11:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Urinary Bladder	Nov 1930

Other contributory causes of importance:

Pulmonary Embolism or Consolidation Anemia	1 hour

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [redacted] M. D.

(Address) [redacted] General Hospital

State CAUSE OF DEATH in plain terms. No abbreviations. If OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250M

E 74045 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 74045

46V

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3221 E Biddle St., 8-12 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs 5 mos 1 da. How long in U.S. If of foreign birth? yrs mos da. 58 yrs

2. FULL NAME Alexander Hunter

(a) Residence: No. 3221 E. Biddle St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 18 1873

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	58	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinner & Sheet work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME William T. Hunter

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Frances Bryson

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs Ella M. Thome
(Address) 2221 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Nov. 21 1931

19. UNDERTAKER Feney & Heath Long Co
(Address) 15 E Eager St

20. FILED NOV 21 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/19/31, 19

22. I HEREBY CERTIFY, That I attended deceased from October 10, 1931 to November 19, 1931
I last saw him alive on Nov. 18, 1931, death is said to have occurred on the date stated above, at 12.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver & Gall Bladder	1930

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ellen E. Fingerly M. D.
(Address) 161 E. North Ave 11/20/31

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 74046

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74046

159

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 1-2 WARD)

2-FULL NAME Maria Bruscolini

(a) RESIDENCE NO 223 S. Robinson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 18/31

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of emp'yer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Daniel Bruscolini

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Sarah Mandella

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Daniel Bruscolini
(Address) 223 S. Robinson St.

15 [illegible] JONES, M. D.
(Registrar)

NOV 20 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19/31 at 2.35 P.M.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Bacon, M. D.
Coroner

11/20/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Nov 20 1931

20 UNDERTAKER Frank V. Pepetone — ADDRESS 2818 E. Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 74047

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74047

CERTIFICATE OF DEATH

159

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hoppital 3.30 P.M. ST. 1-2 WARD)

2-FULL NAME Angela Bruscolini

(a) RESIDENCE NO 223Ø S. Robinson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 18/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Daniel Bruscolini

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Sarah Mandella

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Daniel Bruscolini

(Address) 223 S. Robinson St

15 [illegible] 1931 [illegible] Registrar

NOV 20 1931

CORONER'S CERTIFICATE OF DEATH

3.35

16 DATE OF DEATH (month, day, and year) Nov 19/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. J. Mc Cann, M. D.
Coroner

11/20/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Nov 20 1931
20 UNDERTAKER Frank V. Lipitow	ADDRESS 2815 E. Baltod

AaCo. 5-31 2908

E 74048 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 74048

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 806 Woodington Rd. 16-66 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Thomas Dixon

(a) Residence: No. 806 Woodington Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Elizabeth Dixon

6. DATE OF BIRTH (month, day, year) Aug. 21, 1842

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	89	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dispatcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R Co
10. Date deceased last worked at this occupation (month and year) 1912
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

MOTHER FATHER

13. NAME Joshua Dixon
14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.
15. MAIDEN NAME Sophie Weyandenner
16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. D. M. Dixon
(Address) 8 S. Payson St

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cem. Nov 20 1931
Place Date

19. UNDERTAKER Wm. Pickney Sons
(Address) Park Ave & Penna Ave

DEC 20 1931 C. HANSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17. 1931

22. I HEREBY CERTIFY, That I attended deceased from November 13, 1931, to November 17, 1931 that I last saw him alive on November 17, 1931 and that death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Nov. 13 31
Arteriosclerosis	4 Years

Other contributory causes of importance:

Myocarditis	Nov 15 31

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. A. A. Mayer, M. D.
(Address) 2438 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 71019

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 E 71019

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 825 Edmondson Ave (Ward) 16-46

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lucy Tinsley

(a) RESIDENCE NO. 825 (Usual place of abode) Edmondson Ave ST. WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Tinsley

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Invalid

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Ira Tinsley
(Address) 819 Edmondson

NOV 20 1931 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/18/31

17

I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1931 to Nov. 18, 1931

that I last saw h alive on Nov. 18, 1931

and that death occurred, on the date stated above, at 8:30 m.

The CAUSE OF DEATH* was as follows:

Toxemia

2 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Factio-Enteritis

(duration) 2 weeks yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm H. Thompson M. D.

11/19/31 (Address) 1012 N. Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Nov 21, 1931
20 UNDERTAKER Mrs Kate R. Williams	ADDRESS 3224 Greenmount Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 74058

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74050

CERTIFICATE OF DEATH.

107-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1115 (St.) Sarah Ann St. (Ward) 16-26

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sidney Davidge Gibson

(a) RESIDENCE No. 1115 Sarah Ann St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	53	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wm. Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Florence Cotton 914 Bennett Place

15 NOV 20 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1931, to Nov. 18, 1931, that I last saw h[illegible] alive on Nov 15, 1931, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. 2 mos. 1/2 ds.

CONTRIBUTORY (Secondary) Acute nephritis

(duration) yrs. 11 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) John W. Garner, M. D.

, 19 (Address) 615 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Nov 22, 1931

20 UNDERTAKER: Wm. Tate R. Williams — ADDRESS: 322 [illegible] St

1-30—M. & T.—100 B—50L

E 74051

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74051

CERTIFICATE OF DEATH

171

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital ST. 29-56 WARD

2-FULL NAME Bert C. Abrey

(a) RESIDENCE NO. 3604 Spalding ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie M. Abrey

6 DATE OF BIRTH (month, day, and year) 3-7-82

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	8	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER George Abrey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Clara Shackelford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Nettie Abrey

(Address) 3604 Spalding

15 Filed NOV 2 1931 WM. H. WOOD Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Pneumonia Duration

Terminal Cerebral Embolism

Caused by struck head by automobile

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Stanford Mowbray M. D.

11-20-31 (Address) 632 St. Paul Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL 11/20 1931

20 UNDERTAKER J. M. Cook

ADDRESS 1219 E. Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Coroner Potter

1-20—M. & T.—100 B—50L

B 74052

E 74052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

REGISTERED NO. 74052

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2814 Montebello Ter ST.. Bryant WARD)

2-FULL NAME David Howard Caulk

(a) RESIDENCE NO 2814 Montebello Terrace WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 11 mos. 2 Town ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Elizabeth Caulk

6 DATE OF BIRTH (month, day, and year) Mar 2nd 1875

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	8	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Superintendent
(b) General nature of industry, business, or establishment in which employed (or employer) Robinson Oil Co
(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Columbus I. Caulk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Amelia White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Elizabeth Caulk

(Address) 2814 Montebello Ave

Filed NOV 20 1931 C. [illegible] JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/14/31 1 P.M. & 3 P.M.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an in quiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pistol Shot Wound Rt Temple
Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

11/20/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 11/21/1931

UNDERTAKER W. M. Cook

ADDRESS 121 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Coroner Potter

1-30—M. & T.—100 B—50L

E 74053

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74053

CERTIFICATE OF DEATH

62-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital WARD) 10-14

2-FULL NAME Mary E. Waltjen

(a) RESIDENCE NO 1215 Valley ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~ ~~(Husband of)~~ (or) WIFE of John Jacob Waltjen

6 DATE OF BIRTH (month, day, and year) Oct 8th 1855

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
76	1	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER William Kerby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Rosie Wherret

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Hugh Quigley

(Address) 918 E. Preston St

15 ..... Registrar C. HAMILTON JONES

NOV 29 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock-uremia. Probably due to Apoplexy.

Accidently fell in residence Nov 14

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. H. Quinlan, M. D. Coroner

11/20/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	11/20 1931
20 UNDERTAKER Wm Cook 1217 St Paul St	ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Coroner Potter Gravenstine

1-30—M. & T.—100 B. [illegible]

E 74054

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74054

CERTIFICATE OF DEATH

108 V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St., 10-14 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine V. Gravenstine

(a) RESIDENCE NO 1025 Wilcox ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ ~~Husband~~ of (or) WIFE of Frank Gravenstine

6 DATE OF BIRTH (month, day, and year) 4 2 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	4	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home 037
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Carrick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Frank Gravenstine

(Address) 1025 Wilcox St

Filed 11/20/1931 LAWSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH 4:30 P. M.

16 DATE OF DEATH (month, day, and year) Nov 18th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

I. Bilateral Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. S. Wallace, Coroner, M. D.

11/20/1931 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL 11/21/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 74055

74055 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 W. 27th St) (12-51 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Effie E. Boggs

(a) RESIDENCE NO. 123 W 27th St — ST. — WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 6 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76		10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nurse

(b) General nature of industry, business, or establishment in which employed (or employer): 048

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Pa

PARENTS

10 NAME OF FATHER: James Boggs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Mary H Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Estelle Neville

(Address) 123 W 27th St

15 Filed Nov 20 1931 C. Harrison Jones, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 20. 1931.

17

I HEREBY CERTIFY, That I attended deceased from June, 1931, to Nov. 18, 1931

that I last saw h W alive on Nov 18, 1931

and that death occurred, on the date stated above, at 9-30 a m.

The CAUSE OF DEATH* was as follows:

General Paresis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Emaciation Terminal

(duration) 3 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. H. Stansbury M. D.

Nov. 20 1931 (Address) 714 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Pa

DATE OF BURIAL: Nov 22 1931

20 UNDERTAKER: Jno Cook

ADDRESS: 217 N Park

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—561.

E 74056

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 74056

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp ST. 14-27 WARD)

2-FULL NAME Agnes Simms

(a) RESIDENCE NO. 1127 N Vincent ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 15 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John H Francis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Nettie Simms

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Nellie Simms
(Address) 1127 N. Vincent

15 Filed NOV 20 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. C. Hollis, M. D. (Coroner)

19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Zion	Nov 21 1931

20 UNDERTAKER Joseph A Lively ADDRESS 409 N. Mount St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

82-004 E 74057 ✓

STATE OF MARYLAND
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County E 74057.

Registration Dist. No.

Village or City Arlington (No. 4000 Edmondson Ave. 27-55 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Pitaro

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: December 7, 1850 (Month) (Day) (Year)

7 AGE: 80 yrs. 11 mos. 9 da. (If LESS than 1 day hrs. or min.)

8 OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry business, or establishment in which employed or (employer): Housewife. 037

9 BIRTHPLACE (State or country): Italy

PARENTS
10 NAME OF FATHER: Joseph Daffingo
11 BIRTHPLACE OF FATHER (State or country): Italy
12 MAIDEN NAME OF MOTHER: Cajeta Lavarone
13 BIRTHPLACE OF MOTHER (State or Country): Italy

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Samuel Pitaro
(Address) 4000 Edmondson Ave

15 Filed NOV 20 1931 C. HAMILTON JONES, M. D. Registrar

If Mrs., Initials are needed, address Given Incorrectly, 16 W. Saratoga St., Balto., (Requesting U. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 18, 1931 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Nov 14 1931 to Nov 18, 1931, that I last saw h[e] alive on Nov 17, 1931, and that death occurred on the date stated above, at 10 30 A.M. The CAUSE OF DEATH * was as follows:

Hemiplegia
(Duration) yrs. mos. 5 da.
Contributory / Secondary: Pleurisy
(Duration) yrs. mos. da.

(Signed) Charles F. Wells M. D.
Nov 19 1931 (Address) 5270 Park Heights

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death yrs. mos. da. In the State yrs. mos. da.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 11/21, 1931
20 UNDERTAKER: Frank A. Neuel — ADDRESS: Lakeville Md.

statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74058

CERTIFICATE OF DEATH

186-001

X E 74058

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

1-PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Mercy Hospital 4-7 WARD)

2-FULL NAME Edward J. McQuade

(a) RESIDENCE NO. ? ? ? ST., ... WARD Washington D.C.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Duke McQuade

6 DATE OF BIRTH (month, day, and year) About 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 61		—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Banker
(b) General nature of industry, business, or establishment in which employed (or employer): Banking
(c) Name of employer: Wife of a Bank Worker

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER Edw. McQuade

11 BIRTHPLACE OF FATHER (city or town) (State or country) Probably D.C.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Probably D.C.

14 Informant Mrs. D. McQuade (wife)

(Address) The Woodstock Hotel

15 [illegible] JONES, M. D. Registrar

NOV 20 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest of the (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed Skull & Entire Body by falling from 3rd Story & Back Yard

Accident? (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) unknown (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Macroscopical

(Signed) James M. Hudson, M. D. Coroner

11 20 31 (Address) Fire & Chase Co

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Washington D.C.	Nov 20 1931
20 UNDERTAKER Edward McMontgomery	ADDRESS Balto.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 74059

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74059

CERTIFICATE OF DEATH

119

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 317 Woodyear ST. 15-23 WARD

2-FULL NAME Dorothy Ford

(a) RESIDENCE NO 317 Woodyear ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) June 26 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Emmet Ford.

11 BIRTHPLACE OF FATHER (city or town) Va.
State or country)

12 MAIDEN NAME OF MOTHER Ellen Brown

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country)

14 Informant Ellen Ford.

(Address) 317 Woodyear.

NOV 20 1931

C. HAMILTON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) Inquest thereon and from the evidence obtained by said (autopsy or inquiry) Inquest I find that said deceased came to death as stated above.
on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nutrition Disturbance

(duration) ..... yrs. mos 2 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Hedrick Coroner, M. D.

, 19 (Address) Bonnie

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cem.

20 UNDERTAKER Thomas & Kehan

DATE OF BURIAL 11-20 1931

ADDRESS 1303 Pennsylvania Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.P.S.—400 9ks.

E 74060

HEALTH DEPARTMENT—CITY OF BALTIMORE 74060

CERTIFICATE OF DEATH.

92-001

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1808 Laurens St. 15-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Ann Morton

(a) Residence No. 1808 Laurens St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): Mar. 28, 1859

7-AGE: 72 yrs. 7 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework. 037

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9-BIRTHPLACE (city or town) (State or Country): St. Marys County Md.

PARENTS.

10-NAME OF FATHER: Francis P. Jennifer

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md.

14- (Informant): Carrie Clark.

(Address) 1808 Laurens St.

15- Filed NOV 20 1931 by HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): November 17, 1931

17- I HEREBY CERTIFY, That I attended deceased from June 22, 1931 to Nov. 16, 1931

that I last saw h[illegible] alive on Nov. 16, 1931

and that death occurred, on the date stated above, at 8-15 P. m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(Duration) yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary): None

(Duration) — yrs. — mos. — ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) John D. Quinn, M. D.

Nov. 18, 1931 (Address) 1507 W. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: St. Peters Cem. DATE OF BURIAL: 11-21-, 1931

20-UNDERTAKER: Thomas C. Nelson ADDRESS: 1303 Presstman St.

Instructions on back of certificate. Each statement of OCCUPATION is very important. See

WaCo. 5-11 2508

E 74061

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74061

48

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 15-21 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U.S. if of foreign birth? yrs. mos. da.

2. FULL NAME Viola Taft

(a) Residence: No. 1546 N. Bruce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Leroy Taylor

6. DATE OF BIRTH (month, day, year) Mar. 25, ?

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	34 ?	7	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John S. Hayes

14. BIRTHPLACE (city or town) (State or country) ? Va.

MOTHER

15. MAIDEN NAME Rose Hutchins

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Date 11-20 1931

19. UNDERTAKER Thomas C. Kelsey
Address 1303 Presstman St

20. FILED ..... [illegible] JONES

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-17 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-13 1931 to 11-17 1931

I last saw h-- alive on 11-17 1931 death is said to have occurred on the date stated above, at 5.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix	6-30-31
& Chronic Jaundice	(?)
Gastrostomy Peritonitis	Yesterday

Other contributory causes of importance:

Acute Heart Failure	11-16-31
Surgical	

Name of operation None. Date of

What test confirmed diagnosis? Clinical an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) Balto City Hospitals

OCCUPATIONS is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001 E 74062

E 74062

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 4626 Bowley's Lane ST. 56-11 WARD)

2-FULL NAME Mary Graf

(a) RESIDENCE NO. 4626 Bowley's Lane ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ky Graf

6 DATE OF BIRTH (month, day, and year): June 15, 1850

7 AGE — Years: 81 Months: 5 Days: 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): not known

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Henry Graf (Address) 4626 Bowley's Lane

15 [illegible] C. HAROLD JONES, M. D. Registrar

NOV 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 20, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1931, to Nov. 20, 1931.

that I last saw h[illegible] alive on Nov. 19, 1931,

and that death occurred, on the date stated above, at 2:45 P.M.

The CAUSE OF DEATH* was as follows: Chronic Bronchitis

several years

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Valvular Heart Disease

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. D. Carey M. D.

, 19 (Address) Carey & Southern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jerusalem Luth. Cem. — DATE OF BURIAL: Nov. 22, 1931

20 UNDERTAKER: Frederick Feuchtenberger — ADDRESS: 7401 Belair Rd

CAUSE OF DEATH in plain terms, as that it may be properly classified. Exact statement of OCCUPA-
TION is very important See instructions on back of certificate

Spec.—2-29-28—1. F. S.—500 Lfs.

E 74063

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74063

CERTIFICATE OF DEATH

REGISTERED NO. 24-34

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 E. Randall St. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Minnie V. Unduch

(a) RESIDENCE NO. 128 E. Randall St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Howard M. Unduch

7 DATE OF BIRTH (month, day, and year) Mar. 5 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	58	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norfolk Va.

PARENTS

10 NAME OF FATHER John Phillips

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

11 Informant (Address) Mr. Howard M. Unduch 128 E. Randall

NOV 20 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-19-31

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1 1931 to Nov. 19 1931

that I last saw her alive on Nov. 19 1931

and that death occurred, on the date stated above, at 7 30 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus Indefinite (duration)

Exhaustion

CONTRIBUTORY (Secondary) (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) H. L. Campbell M. D.

11/20 1931 Address 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Nov 21 19

20 UNDERTAKER Geo. Frey M. Bully

ADDRESS 130 E. Fort

1-20—M & T —100 B—50L

E 74064

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74064

CERTIFICATE OF DEATH

131

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 S. Chapel ST. 2-4 WARD)

2-FULL NAME India Cassedy

(a) RESIDENCE No 102 S Chapel ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Albert Cassedy

6 DATE OF BIRTH (month, day, and year) Jan 30 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	9	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House
(b) General nature of industry, business, or establishment in which employed (or employer) 37
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Fahey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Julia Burns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant John Fahey

(Address) 1636 E Chase St

15 Filed 20 1931 Carol HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Uraemia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Peterson M.D., M. D. Coroner

(Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ferry — DATE OF BURIAL Nov 21 1931

20 UNDERTAKER M. W. & Duppstadt — ADDRESS 37 S Am

CARE OF DEATH is very important. See instructions on back of certificate.

AaCo. 5-11 250B

E 74065 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 103

157 E 74065

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital W. Lan. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Baby Boy Shade

(a) Residence: No. 204 E. 21st St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 16, 1931

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME William Justice Shade

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Caroline Taylor Storey

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
London Park Cemetery Date 11/21/1931

19. UNDERTAKER Wm Cook
(Address) 1217 E. Paul St

20 1931 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from November 16, 1931, to November 20, 1931

I last saw him alive on November 20 1931 death is said to have occurred on the date stated above, at 12 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	4 Days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Simon Sugar, M. D.

(Address) Mercy Hospital

DIRECTIONS on back of certificate. IMPORTANT. See instructions on back of certificate.

AsCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

74066

CERTIFICATE OF DEATH

13 E 74066

1. PLACE OF DEATH Balto. Md. 25-73 Registered No.

CITY OF BALTIMORE: (No. 102 W. Ostend St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Emilie Schmidt.

(a) Residence: No. 2610 Smith Ave Lakeland (Ward) (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Male~~ Female	White	Widowed

5a. ~~Married~~, widowed, ~~or divorced~~ (of) ~~Wife~~ Frederick H. Schmidt

6. DATE OF BIRTH (month, day, year) Feb. 22, 1872

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	59	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Julius F. Ostfalk

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emelie ~~Knabe~~ Knabe

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Christian Schmidt

(Address) 1744 Homestead St

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Cem Date Nov 23, 1931

19. UNDERTAKER William Cook

(Address) 217 E Paul St

NOV 20 1931 C. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1931, to Nov. 20, 1931

I last saw her alive on Nov. 20 1931 death is said to have occurred on the date stated above, at 4.05A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	
Myocarditis	

Other contributory causes of importance:

Uraemia
acute Cardiac Dilatation

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) Vincent M. Messina M. D.

(Address) 102 W Ostend St

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74067 ✓ X 23 E 74067

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Chambers Jr

(a) Residence: No. Near Ellicott City, Rd St., Ward. Near Ellicott City Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 27, 1882

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	48	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Chambers
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Healey
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Record
(Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Cem Date Nov. 21 1931

19. UNDERTAKER Easton Joys
(Address) Ellicott City

20. FILED Nov 20 1931 C. HAMPSON JONES, M. D.
By ACH Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/19/1931

22. I HEREBY CERTIFY, That I attended deceased from 11/18/1931 to 11/19/1931

I last saw h[illegible] alive on 11/17/1931 death is said to have occurred on the date stated above, at 7.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	4
Other contributory causes of Importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C H Jonson, M. D.

(Address) Mercy Hospital

AdCo. 5-31-2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74068

CERTIFICATE OF DEATH

131 E 74068

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 15-65 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James M Hoblitzell

(a) Residence: No. 4001 Bonner Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 29, 1866

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	64	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Journalism
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office (Newspaper)
10. Date deceased last worked at this occupation (month and year) Sept. 1931
11. Total time (years) spent in this occupation ... yrs.

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME Rev. S. A. Hoblitzell
14. BIRTHPLACE (city or town) (State or country) Cumberland, Md
15. MAIDEN NAME Ella V. Folten
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Deceased Belair Md
(Address) Harman Hoblitzell

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Nov 23 1931

19. UNDERTAKER Dean & Foster
(Address) Belair Md

20. FILED ... C. HARRISON JONES, M. D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1931, to Nov. 21, 1931

I last saw him alive on Nov 20 1931 death is said to have occurred on the date stated above, at 3 05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia - Chronic Nephritis - Vascular Hypertension	9-8-31
Hypertensive Ht. Dis. c. Cardiac Enlargement and Decompensation	1930?
Arterio Sclerosis	July, 1931
	Yrs.

(Other contributory causes of Importance:)

Name of operation ... Date of ...

What test confirmed diagnosis? Bl. chemistry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury 74068

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ... J.M.
(Signed) Robert W. Garis M. D.
(Address) Union Memorial Hosp.

1-20—M. & T.—100 B—50L

E 74059

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74059

CERTIFICATE OF DEATH

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Providence Hosp ST. 17-21 WARD

2-FULL NAME John Cook

(a) RESIDENCE NO. 735 Dolphin ST. WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Cook

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Butler
(b) General nature of industry, business, or establishment in which employed (or employer) Pr
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Jessie Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Buchanan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Maggie Cook (Address) 735 Dolphin

15 FILED 2 1 1931 C. HAMPSON JONES, M. D., REGISTRAR

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Nov 19th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) Inquest and thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Appendicitis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home Date of Nov 18th

Did an operation precede death? No

Was there an autopsy? Operation

What test confirmed diagnosis? Clinical

(Signed) H. Leech Coroner, M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	11/21 1931
20 UNDERTAKER Samuel T Kemsley	ADDRESS 578 W Fidelity

CAUSE OF DEATH in the plainest terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—200 Blks.

74070 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

95-002 E 74070

1 PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE (No. Wilkens & Caton Aves.) 24-35 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Martin Carlson

(a) RESIDENCE NO. 1401 Reynold Street ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 25 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Ship. Co.

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Emelia Kainzick

(Address) 1401 Reynold St

15 Filed Nov 21 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19-31

17

I HEREBY CERTIFY, That I attended deceased from November 16, 1931, to November 19, 1931

that I last saw h[illegible] alive on November 19, 1931

and that death occurred, on the date stated above, at 12.05 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Hypertension - Asteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) George Tsiatos, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dairy Cross Cem Co

DATE OF BURIAL Nov 21 1931

20 UNDERTAKER Charles L. Brown

ADDRESS 150 E Fort Ave

TION is very important. See instructions on back of certificate.

Spec—9-30—A & Co—250 Blks.

Time of burial extended to 11/23/31 Hospital Com.

74071 HEALTH DEPARTMENT—CITY OF BALTIMORE 31 74071

CERTIFICATE OF DEATH

1 PLACE OF DEATH | Baltimore City Hospitals | REGISTERED NO.

CITY OF BALTIMORE: (No. Balto Md ST. 18-96 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mattie Jackson

(a) RESIDENCE NO. 110 N. Poppleton ST. ST. ..... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Widow

5a If married, widowed, or divorced (If HUSBAND of (or) WIFE of)

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Richmond, Va

PARENTS

10 NAME OF FATHER: John Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Louisa ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Records Balto City Hospt.

15 Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar

21 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/18/31

17

I HEREBY CERTIFY, That I attended deceased from 11-11, 1931, to 11-18-, 1931

that I last saw h[e] alive on 11-18, 1931

and that death occurred, on the date stated above, at 4.05 P. m.

The CAUSE OF DEATH* was as follows:

General Paralysis of Insane

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cystic Infection (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Pathological

(Signed) H. W. J. D. M. D.

11/19 1931 (Address) Balto City Hospt.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Zion	Nov 23 1931
20 UNDERTAKER: John H Queen	ADDRESS: 5-35 Dock

TION is very important. See instructions on back of certificates.

AdCo. 1-11 2508

74072 HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 74072

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3921 Foster St., 26 Ward)

Length of residence in city or town where death occurred 41 yrs 3 mos 14 ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Katherine Ortt

(a) Residence: No. 3921 Foster St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Ortt

6. DATE OF BIRTH (month, day, year) Aug. 6 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Frank Le Horn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Magdelena Richman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles Ortt. [redacted]
(Address) 3921 Foster Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Nov 20 1931

19. UNDERTAKER Kelly & Tabor Inc.
(Address) 405 S Paca St

Nov 21 1931 C. HAMPSON JONES, M. D. Registrar
By [redacted]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from November 14, 1931, to November 19, 1931

I last saw her alive on November 19, 1931, death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	

Other contributory causes of importance:

Chronic Interstitial Nephritis

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. C. Kelly M. D.

(Address) 330 N Eutaw St

OCCUPATION is very important. See instructions on BACK OF CERTIFICATE.

AaCo. 5-11 2501

74073 **HEALTH DEPARTMENT CITY OF BALTIMORE**

13/1 74073

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 Cairo St. St. ..... Ward 14-27

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Dorsey

(a) Residence: No. 1421 Cairo St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Abraham Dorsey

6. DATE OF BIRTH (month, day, year) Dec. 18, 1863

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
67	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Colbert Co.
(State or country) Maryland

MOTHER FATHER

13. NAME Moses Gross

14. BIRTHPLACE (city or town) Colbert Co.
(State or country) Maryland

15. MAIDEN NAME Margaret Baynert

16. BIRTHPLACE (city or town) Colbert Co.
(State or country) Maryland

17. INFORMANT Ida Jacob Annapolis
(Address) 49 Pleasant St., Md.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date [illegible] 19 31

19. UNDERTAKER [illegible]
(Address) [illegible]

OCCUPATION IS VERY important. See instructions on back of certificate.

21 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1931 to Nov. 20, 1931

I last saw her alive on Nov. 20, 1931 death is said to have occurred on the date stated above, at 4:00 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation — Date of onset About June 1931

Other contributory causes of importance:

Chronic Interstitial Nephritis.

Name of operation ..... Date of No

What test confirmed diagnosis? Physical exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter J. Jackson, M. D.

(Address) 1631 W. Franklin St

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

74074½ 10-001 E 74074

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp ward) H-25

2-FULL NAME Wallace Powers

(a) RESIDENCE NO 21 Jasper St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widower (Common Law)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel Powers

6 DATE OF BIRTH (month, day, and year) About 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant Mabel Powers

(Address) Cambridge Md.

15 Filed 21 1931 Geo. HAMPSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/13 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & Knocked down by a motor auto

(Duration) Instt Certain

CONTRIBUTORY (Secondary) Trauma (Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Frederick & Northern

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) Doraine Coroner, M. D.

11 20 1931 (Address) Druid Grayrie Crown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — DATE OF BURIAL 11/21/1931

20 UNDERTAKER: Mrs Geo. H. Holland — ADDRESS 163 Druid Hill Ave

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 74075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173 E 74075

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq. Hosp. ST. 16-22 WARD

2-FULL NAME Roland Freeman

(a) RESIDENCE NO. 1231 N. Gilmor ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Feb 3 1909

7 AGE — Years: 22 — Months: — — Days: 13 — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): had been working for Self
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Phila Pa

PARENTS

10 NAME OF FATHER: Phil Freeman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Lisa Roane

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Lisa Freeman
(Address): 1231 N Gilmor

15 Filed 21 1931 16 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Nov 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the date stated above. The CAUSE OF DEATH was as follows:*

Gunshot Police officer
General Pentitiary

CONTRIBUTORY (Secondary) (duration) yrs. mos. 2 ds.

Pistol wound of Abdomen

18 Where was disease contracted if not at place of death? Pentitiary Date of Nov 15

Did an operation precede death? yes Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) H. Linthicum Cairnes, M. D. Coroner

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 11-21 1931

20 UNDERTAKER: Thomas C. Nelson

ADDRESS: 1303 Pennsylvania

TION is very important See instructions on back of certificates.

I-20—M. & T.—100 B—501.

E 74076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74076

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 N. Arlington Ave. St.) 18 - 76 (WARD)

2-FULL NAME Eddie Edward Harrison

(a) RESIDENCE NO. 203 N. Arlington Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 2 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 24, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	8	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Boot black
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dinwiddie Co. Va.

PARENTS

10 NAME OF FATHER Richard Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Josephine White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Tizzie Reams
(Address) 203 N. Arlington Ave.

15 Filed 2 1 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopay or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopay or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
suddenly
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Guy N. Thomas M. D.
Coroner

11/18, 1931 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Nov 21, 1931
20 UNDERTAKER	ADDRESS 3227 Edmondson Ave
Mrs Katie R. Williams	

CAUSE OF DEATH in plain words, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

E 74077

HEALTH DEPARTMENT—CITY OF BALTIMORE

160-002 E 74077

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1409 W. Fayette ST., 19-27 WARD

2-FULL NAME Baby Girl Wilson

(a) RESIDENCE NO. 1409 W. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2½ hrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 8 - 31

7 AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) 1409 W. Fayette St. Baltimore

PARENTS

10 NAME OF FATHER John Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Deale Md. Md.

12 MAIDEN NAME OF MOTHER Agnes Fleischman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Secretary Maryland

14 Informant

(Address)

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8. 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 8 .19 31. to Nov 8 .19 31.

that I last saw h— alive on Nov 8 .19 31.

and that death occurred, on the date stated above, at 6 40 P m.

The CAUSE OF DEATH* was as follows:

Spontaneous Abortion (26 Weeks)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Evidence Physical

(Signed) Louis H. Roy Jones M. D.

11/17. 1931 (Address) 1211 Hoods

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL NOV 21 1931

20 UNDERTAKER C. HAMPSON JONES, M. D.

ADDRESS

Spec.—1-30—M. & T.—250 Bks

E 74078

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 74078

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 E. Lanvale St. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Huegelmyer.

(a) RESIDENCE No. 2011 E. Lanvale St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced (or) WIFE of HUSBAND of John Huegelmyer.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	About 75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Wm. Gunnell

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Mary Schneider

(Address) 2011 E. Lanvale St

15 Filed NOV 1931, 19

C. HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1931, to Nov 19, 1931,

that I last saw h[illegible] alive on Nov 19, 1931,

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jacob Fisher, M. D.

11/20, 1931 (Address) 1834 Nash. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem.

DATE OF BURIAL Nov 23, 1931

ADDRESS 3615 Edmondson Ave

20 UNDERTAKER Chenowith & Son

Spec.—1-30—M. & T.—250 Bks

E 74079

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74079

CERTIFICATE OF DEATH.

93 004

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2931 Bunard St ST. 12-51 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Delehan.

(a) RESIDENCE NO. 2931 Bunard St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	marrid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Delehan

6 DATE OF BIRTH (month, day, and year) May 4, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labour.

(b) General nature of industry, business, or establishment in which employed (or employer) O.H.O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Charles Delehan

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Bessie Delehan. (Address) 2931 Bunard St

Filed 21 1931 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 9 1931 to Nov 20 1931.

that I last saw h( )alive on Nov 13 1931.

and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Carditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) J. N. Nelson M. D.

, 19 (Address) 848 W 36 St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Hampden

DATE OF BURIAL Nov 23 19 31

20 UNDERTAKER Thos. Waldon

ADDRESS 915 Pleasant

AdCo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131 X 74080

Registered No. 74080

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Willis

(a) Residence: No. LeMoyne - Penn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa -

MOTHER FATHER

13. NAME Abner Willis

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME E. Fitzpatrick

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Friends -

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date Mar 21 1931

New Cemetery Lane Pa

19. UNDERTAKER A. S. Marshall

(Address) 3539 Falls Road.

21 1931 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 21 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar. 14 1931, to Mar. 21 1931.

I last saw him alive on Mar. 21 1931, death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

Hypertension, hyperplastic hypocondritis.

Date of onset ?

Other contributory causes of Importance:

acute decompensation 1-2 weeks duration

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ~~No~~ If so, specify

(Signed) Reginald F. Hills, M. D.

(Address) Johns Hopkins Hospital

AdCo. 5-11 250B

74081

HEALTH DEPARTMENT—CITY OF BALTIMORE

74081

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 W. Fayette St. 4-26 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Proper

(a) Residence: No. 312 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	54	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) New York

MOTHER FATHER

13. NAME Gerson Proper
14. BIRTHPLACE (city or town) (State or country) Hungarian
15. MAIDEN NAME Hannah —
16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Mrs H. Roberts
(Address) 312 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Petrea-Friedhof Date 11/22 1931

19. UNDERTAKER H. L. Levinson & Bro
(Address) 1127 E. Balto St.

20. FILED 12 1931 C. RAMSDELL JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from January 5th, 1929, to Nov. 21st, 1931.
I last saw h[e] alive on Nov 21st 1931. death is said to have occurred on the date stated above, at 2.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 yrs. ago
Diabetes Mellitus	4 " "
Arterio-Sclerosis	6 " "
Other contributory causes of importance: Coronary Thrombosis	2 days
Pneumonia Terminal	

Name of operation None Date of —
What test confirmed diagnosis? clinical findings. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Michael J. Hennessy, M. D.
(Address) 2360 Eutaw Place

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74082

23 E 74082

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 S Dallas ST., 3-4 WARD)

2-FULL NAME Thomas Chase

(a) RESIDENCE NO 403 S. Dallas ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Irene Chase

6 DATE OF BIRTH (month, day, and year) June 30, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	42	10	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St Marys Co Maryland

PARENTS

10 NAME OF FATHER Joseph Chase

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Marys Co Md

12 MAIDEN NAME OF MOTHER Mary Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Marys Co Md

14 Informant Harriett Briscoe

(Address) 306 H. Alley

15 Filed DEC 22 1931, 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H P Herzog M D, Coroner, M. D.

(Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary Cemetery	11/23 1931
20 UNDERTAKER	ADDRESS
Wm C & Chas H. Bailey	1421 Jefferson

TION is very important. See instructions on back of certificates.

AACo. 5-31 250B

74083

HEALTH DEPARTMENT—CITY OF BALTIMORE

74083

CERTIFICATE OF DEATH

Registered No. 53 VE 74083

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 101 Ridgewood Road St. RP (Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie L Sellman

(a) Residence: No. 101 Ridgewood Road RP St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widow

3a. If ~~married~~, widowed, or divorced (or) WIFE of late James L Sellman

6. DATE OF BIRTH (month, day, year) Oct 1st 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winchester Va

FATHER

13. NAME Wm C Kiger

14. BIRTHPLACE (city or town) (State or country) Winchester Va

MOTHER

15. MAIDEN NAME Patsy Kemoon

16. BIRTHPLACE (city or town) (State or country) Winchester Va

17. INFORMANT J C Sellman (Address) 101 Ridgewood Road RP

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Nov 23 1931

19. UNDERTAKER Henry H Jenkins & Co (Address) 1 East Lexington St

C. HAMILTON JONES, M. D.
Registrar.

DEC 22 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21st 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. —, 1923 to Nov 21, 1931

I last saw h[illegible] alive on Nov. 20 1931, death is said to have occurred on the date stated above, at 12 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Kidney	1930

Other contributory causes of importance:

Infected kidney abscess

Name of operation Nephrectomy Date of Nov 7-31

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Strean M. D.

(Address) 22 Park 9234

AaCo. 5-31 2598

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74084

CERTIFICATE OF DEATH

1861 E 74084

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2427 Lakeview ave St. ..... Ward) 3-59

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fannie H Lebow

(a) Residence: No. 2427 Lakeview ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Abraham W.

6. DATE OF BIRTH (month, day, year) 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME David Davidson
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rose
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs B Lebow
(Address) 2427 Lakeview Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Arlington Hebrew Rd Date 11/23/1931

19. UNDERTAKER Hof Levinson & Bro
(Address) 1127 E Baltimore St

22 1931 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 —, 1931, to 11/20, 1931

I last saw h— alive on 11/20, 1931 death is said to have occurred on the date stated above, at 4.20 p. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset 11/17/31

(Other) (Cont)

(Other) contributory causes of importance:

Coronary thrombosis
Cerebral hemorrhage

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 11/17, 1931

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury Fell —

Nature of injury Fractured femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) [illegible] M. D.

(Address) [illegible]

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74085 ✓ E 74085

CERTIFICATE OF DEATH

E 74085

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 PLACE OF DEATH

City of Baltimore: (No. University Hospital St. 4-30 Ward) 20

2 FULL NAME John Sass

(a) RESIDENCE NO. Hanover Md. St., Ward Was Res. City

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Sass

6 DATE OF BIRTH (month, day, and year) Unk.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	39		20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Black Smith
(b) General nature of industry, business, or establishment, in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Joseph Sass

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland

12 MAIDEN NAME OF MOTHER Unk.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland

14 Informant Mary Sass
(Address) Hanover Md.

15 Filed NOV 22 1931 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquiry
(Inquest, autopsy or inquiry)
find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Struck by W. B. & A. Train.
Accidental death

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Williams St. G. C. Co
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Eugene Willard M. D.
11/21 1931 (Address) 2189 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Nov. 23 1931
20 UNDERTAKER	ADDRESS
F. W. Ozazewski	1930 Eastern Ave

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

74036

CERTIFICATE OF DEATH

108 E 74036

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. Womans Hospital ST. 11-24 WARD)

2 FULL NAME Pauline Matthews Levering.

(a) RESIDENCE NO. 1313 Park ave: ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis R. Levering.

6 DATE OF BIRTH (month, day, and year) July 2d 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ✓ hrs. or ✓ min.
	72	2	26.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

PARENTS

10 NAME OF FATHER S. S. Levering.

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Victoria L. Wright

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland.

14 Interment (Address) Louis R. Levering. Loraine Md.

NOV 22 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 20, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 18, 1931, to Nov. 20, 1931, that I last saw h er alive on Nov 20, 1931, and that death occurred, on the date stated above, at 1 32 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia, left.

(duration) ✓ yrs. ✓ mos. 3 ds.

CONTRIBUTORY (Secondary) Cardio vascular renal disease (duration) yrs. unknown mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no ?

What test confirmed diagnosis? Clinical examination

(Signed) Rudolph L. Schork M. D.

19 (Address) Womans Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cemetery	11/23, 1931
20 UNDERTAKER	ADDRESS
Henry W. Meads & Son	802 N. Calvert

Spec—9-30—A. & Co.—250 Blks.

74087

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74087

CERTIFICATE OF DEATH

93-003
REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2737 St. Paul ST. 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Johnston

(a) RESIDENCE No. 2737 St. Paul ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Ferguson

6 DATE OF BIRTH (month, day, and year) ------

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	---	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER Thomas Johnston

11 BIRTHPLACE OF FATHER (city or town) (State or country) ----- Ireland

12 MAIDEN NAME OF MOTHER Jane Hicks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ------ Ireland

14 Informant (Address) Mrs. Margaret Johnston 2737 St. Paul Street

Filed NOV 22 1931 C. HAMPSON JONES, M. D. Registrar

By ---

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20/31

17

I HEREBY CERTIFY, That I attended deceased from June 17, 1931, to Nov. 20, 1931, that I last saw him alive on Nov. 20, 1931, and that death occurred, on the date stated above, at 3.15 P m.

The CAUSE OF DEATH* was as follows:

Edema Bronchitis Myocarditis

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W S Emery M.D. M. D.

11/24 1931 (Address) 6 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL 11/23 1931

ADDRESS

20 UNDERTAKER Henry U. Meads and Son 1605 N. Calvert

Spec.—9-30—A. & Co.—250 Blks

74038 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 E 74038

1 PLACE OF DEATH Dreiers Hosp

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 14-20 WARD)

2 FULL NAME Solomon Mendels

(a) RESIDENCE NO Marlborough Apts. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 16 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	5	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Attorney
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS
10 NAME OF FATHER Mendel Mendels
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Henrietta Appel
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. A. Mendels
(Address) Marlborough Apts.

15 Filed 12-2 1931 C. HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21/31

17
I HEREBY CERTIFY, That I attended deceased from Sept 14, 1931 to Nov 21, 1931
that I last saw him alive on Nov. 21, 1931
and that death occurred, on the date stated above, at 3:15 P m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis
Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) Several yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Obs.
(Signed) Milton Brush M. D.
, 19 (Address) Drei. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Hebrew Cem.	12/2/1931
20 UNDERTAKER David Sondheim & Son	ADDRESS 1918 Eutaw Place

Spec.—1-30—M. & T.—250 Bks.

E 74089

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74089

CERTIFICATE OF DEATH.

157-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-59 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Askin
Sinai Hospital-

(a) RESIDENCE NO. ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 (Single) Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 11, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John A. Askin M.D.

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Henrietta Mosbach

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Henrietta Askin (mother)
(Address) 2106 Park ave.

Filed 2-2-1931 H. J. JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 | 21 | 31

17 I HEREBY CERTIFY, That I attended deceased from 11 | 11, 19 31, to 11 | 21, 19 31,

that I last saw her alive on 11 | 21, 19 31,

and that death occurred, on the date stated above, at 3.35 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Heart Disease

(duration) ... yrs. ... mos 11 ds.

CONTRIBUTORY (Secondary) .....
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? None

What test confirmed diagnosis? clinical

(Signed) Askin Robert Askin, M. D.

, 19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Hebrew Cem.	11/22/31
20 UNDERTAKER	ADDRESS
Harid Sonnenborn	1901 Eastern Ave

1-30—M. & T.—100 B—50L

74090

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74090

82-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 Henneman Ave ST. 8-13 WARD)

2-FULL NAME Daniel Banks

(a) RESIDENCE NO 1913 Henneman Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Abraham Banks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Virginia Dunnick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Virginia Banks

(Address) 927 Rutland Ave

Filed 12-2-1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Cerebral Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Epilepsy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Joseph Carter, M. D.
Coroner

Nov 21/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem.

DATE OF BURIAL 11-22 1931

20 UNDERTAKER Byron Wright

ADDRESS 218 McElderry St.

1-30—M. & T.—100 B—50L

74091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 74091

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital, WARD) 24-33

2-FULL NAME Joseph Graham.

(a) RESIDENCE NO 1110 Battery Ave. ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 10 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of Emma T. Graham.

6 DATE OF BIRTH (month, day, and year) January 1, 1855.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	10	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Mill wright.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Emma T. Graham. (wife)

(Address) 1110 Battery Ave.

15 Filed ..... 19.. H. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 19, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1110 Battery Ave. Nov. 19, 1931

Did an operation precede death? No. Date of

Was there an autopsy? Yes at Hospital.

What test confirmed diagnosis? Inquiry & autopsy.

(Signed) [illegible], Coroner, M. D.

11/21, 1931 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 11/23/1931

UNDERTAKER Wm Cook

ADDRESS 1217 St Paul st

FROM BACK OF certificates. See instructions on back

A&Co. S-11 2508

74092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 74092

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 1-3 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 50 yrs. ... mos. ... ds.

2. FULL NAME Englehart Krug

(a) Residence: No. 2708 Boston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) July 1, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Germany

MOTHER FATHER

13. NAME Hans ?

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Marie ?

16. BIRTHPLACE (city or town) (State or country) ? Germany

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Balto Cem Date Nov 23d 1931

19. UNDERTAKER John Ullrich
(Address) 2000 Aliceanna 11-23

FILED NOV 22 1931 H. LAMPERT JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1931 to Nov. 21, 1931

I last saw h. in. alive on Nov. 21, 1931 death is said to have occurred on the date stated above, at 12:40 m. A.M.

The principal cause of death and related causes of importance were as follows:

Emphysema right pleural cavity — Date of onset unknown

Mod. Tuberculosis — unknown

Other contributory causes of importance:

Myocarditis chronic — unknown

Name of operation None Date of ...

What test confirmed diagnosis? Clinically Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elmer Hightower M. D.

(Address) Boerneman City Hospitals

AaCo. 5-31 250B

E 74093 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74093

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2037 Mura St. 8-13 Ward)

Length of residence in city or town where death occurred 63 yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos ds.

2. FULL NAME Ida M Caldwell

(a) Residence: No. 2037 Mura St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Wm F. Caldwell

6. DATE OF BIRTH (month, day, year): Nov 6 1868

7. AGE: Years 63 | Months — | Days 15 | If LESS than 1 day, hrs or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER
13. NAME: Carl L Dawford
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Ann Eliza
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Wm F Caldwell husb
(Address) 2037 Mura St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Family Lot Date: Nov 24 1931

19. UNDERTAKER: John J. Wendt
(Address) 2008 Eutaw

20. FILED: NOV 22 1931 C. HAMPSON JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1931, to Nov 21, 1931

I last saw her alive on Nov 20 1931, death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Days about

Other contributory causes of importance:

Acute Cardiac Degeneration	Nov 1931

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M.D.
(Address) 1122 Eutaw

Spec.—1-30—M. & T.—250 Blks

Deviller E. Melcher

HEALTH DEPARTMENT—CITY OF BALTIMORE

74094

CERTIFICATE OF DEATH.

108 E. 74094

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 205 N Fremont St. (Ward) 4-26

2-FULL NAME Emily F Melcher

(a) RESIDENCE NO. 205 N Fremont St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Lona Melcher

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ___ min.
40				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coal Trimmer

(b) General nature of industry, business, or establishment in which employed (or employer) 073

(c) Name of employer B. & O. R.R. Co.

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Alfred Melcher

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Annie Smith (Address) 672 Sarah Anne Street

15 11 22 1931 19 C. HAMPSON JONES, M Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 12 1931 to Nov 19 1931

that I last saw him alive on Nov 18 1931 at 3:20 p m.

and that death occurred, on the date stated above, at 3:20 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cemetery

DATE OF BURIAL 11/22 1931

UNDERTAKER Walter B Spriggs

ADDRESS 1394 Hanley St.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74095

CERTIFICATE OF DEATH

107-001

E 74095

REGISTERED NO. 9447

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Roland Forlifer (Roland F. Forlifer,

(a) RESIDENCE NO. 3623 Kimble Road St. Balt. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W white	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 22, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	-	30 29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Roland F. Forlifer

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Victoria M. Puellis

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mr. Roland F. Forlifer
(Address) 3623 Kimble Road

15 Filed 11 27 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 18, 1931, to Nov 21, 1931, that I last saw him alive on Nov 21, 1931 and that death occurred, on the date stated above, at 6-10 A m.

The CAUSE OF DEATH* was as follows:

Streptococcus Septicemia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Nephritis & Uremia, Otitis Media, Bronchial Pneumonia (duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. Baumgardner, M. D.

11/21/1931 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Nov. 23 1931

20 UNDERTAKER Joseph Cook

ADDRESS 1003 West Baltimore St.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74096 — 210-001 — E 74096

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (NO.) Johns Hopkins Hosp ST. B-5 (WARD)

2-FULL NAME Mallie Blumberg

(a) RESIDENCE NO 1121 Granby ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 36 yrs. 6 mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F — 4 COLOR OR RACE W — 5 Single, Married, Widowed, or Divorced (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David Blumberg

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Hawk
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Jacob Glick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. Blumberg

(Address) 131 S. Lloyd St

15 [illegible] HAMPSON JONES, M. D. Registrar

DEC 22 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck and knocked down by a moving auto

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Fract Skull

(duration) ... yrs. 2 mos. ... ds.

18 Where was disease contracted if not at place of death? Edw't Lombard

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

11/22 1931 (Signed) P. J. Fraser, M. D. Coroner

(Address) Traffic Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Holom Herring Run — DATE OF BURIAL 11/22 1931

20 UNDERTAKER S. J. Cornish Bro. — ADDRESS 1127 E Balto St

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74097

CERTIFICATE OF DEATH

11 9E 74097

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 16-68 Ward)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 15 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Ann Larkin

(a) Residence: No. 808 Whitmore Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Child

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 7 - 193

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME William I. Larkin
14. BIRTHPLACE (city or town) (State or country) Richmond Va.
15. MAIDEN NAME Elizabeth Ann Guilden
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs William I. Larkin
(Address) 808 Whitmore Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Greenmount Date Nov 23 19 31

19. UNDERTAKER Harry A. Arnaout & Sons
(Address) 1204 Richmond Ave.

20. FILED NOV 22 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 22 19 31

22. I HEREBY CERTIFY, That I attended deceased from October 19, 1931 to November 22, 1931

I last saw h.E.Y. alive on November 22 1931 death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma Diabetes	
	4
	15
	1931

Other contributory causes of importance:
Otitis Media
Leukemia

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph F. Arenga M. D.
(Address) University Hospital

AaCo. C-II 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74098

CERTIFICATE OF DEATH

108 E 74098

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., ... Ward)

Length of residence in city or town where death occurred yrs ... mos ... ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mrs. Irene Benny

(a) Residence: No. 1638 E. 32 St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Calvin P. Benny

6. DATE OF BIRTH (month, day, year) May 22-895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	36	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME John Brennan
14. BIRTHPLACE (city or town) (State or country) Baltimore
15. MAIDEN NAME Mary Stengel
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date NOV 23 1931

19. UNDERTAKER Hughes & Hannaberry
(Address) 1 E Preston St

NOV 22 1931 ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 19 1931

22. I HEREBY CERTIFY, That I attended deceased from November 17, 1931, to November 19, 1931

I last saw h alive on November 20, 1931 death is said to have occurred on the date stated above, at 1.40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6 Days.

(Other contributory causes of importance)

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Simon Siegel, M. D.

(Address) Mercy Hospital

AdCo. 5-31 250B

Gaaji

HEALTH DEPARTMENT CITY OF BALTIMORE

E 74099

CERTIFICATE OF DEATH

107-001 E 74099

Registered No.
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-43 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Gaaji

(a) Residence: No. 6101 Glenoak Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 6, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	0	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

MOTHER FATHER

13. NAME Walter Foo Lan Kong
14. BIRTHPLACE (city or town) Md
(State or country)
15. MAIDEN NAME Hazel Thompson
16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Mother
(Address) 10 N. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Nov 11/23 1931

19. UNDERTAKER Wm. Fiskowski
(Address) 415 Eastern Ave

NOV 22 1931 THAMPSON JONES, M
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1931, to Nov. 22, 1931

I last saw h.. alive on Nov 22 1931 death is said to have occurred on the date stated above, at 12.35 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	19 days
Other contributory causes of importance: Pneumococcic Meningitis	4 days

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

25. (Signed) J. M. Bunch M. D.
(Address)

74100

HEALTH DEPARTMENT--CITY OF BALTIMORE

95 003 74100

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No) 1441 (Street) Patapsco (Ward) 23-33

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Cathrine Dudley

(a) RESIDENCE. NO. 1441 Patapsco ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): widow

6a If married, widowed, or divorced (or) WIFE of Orlando Dudley

6 DATE OF BIRTH (month, day, and year) Dec 27, 1859

7 AGE: Years 71 Months 10 Days 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Joseph Boesser

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Anna Catherine ——

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Dudley

(Address) 1441 Patapsco.

Filed 12-2-1931, 19 [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 19 1931

17 I HEREBY CERTIFY, That I attended deceased from September 27, 1931, to November 19, 1931, that I last saw her alive on November 19, 1931, and that death occurred, on the date stated above, at 8 10 P. m.

The CAUSE OF DEATH* was as follows:

Cardio Respiratory Paralysis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis Myocardial degeneration (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of ——

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) John W. V. Clift M. D.

11-19, 1931 (Address) 3532 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery — DATE OF BURIAL: 11/23 1931

20 UNDERTAKER: Margaret F Lynn — ADDRESS: 1402 East

Spec.—2-29-28—1. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74101

CERTIFICATE OF DEATH

95.002

E 74101

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital (St.) (Ward) 17

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Anna K Makley

(a) RESIDENCE NO. 501 Stoneleigh Ct. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: George L Makley

6 DATE OF BIRTH (month, day, and year): Oct 1870

7 AGE — Years: 61 — Months: 1 — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Own Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Thomas H Livingston

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Anna K Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Geo L Makley Jr

(Address) Stoneleigh Md

15 Filed: 2 2 1931 — H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 22. 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 10. 1931. to Nov 22. 1931.

that I last saw her alive on Nov 22. 1931

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

15 min. (duration) yrs. mos. ds.

CON-TRIBUTORY (Secondary) Arterio-Sclerotic-Cardio-Vascular disease & failure (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? C

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H M Byrnes M. D.

. 19 (Address) St. Joseph Hosp. Balt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 11/25 31

20 UNDERTAKER: J M Cook — ADDRESS: 1217 Eutaw St

Spec.—9-30—A. & Co.—250 Blks

Committed

74102 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74102

CERTIFICATE OF DEATH. File No. 72-001

1 PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. 16-68 Ward) Carey & Harkland

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Miss Julia Committ.

(a) RESIDENCE NO. West Baltimore General Hospital ST. WARD Brunswick Md.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ———

6 DATE OF BIRTH (month, day, and year) 9/22/1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student nurse 048

(b) General nature of Industry, business, or establishment in which employed (or employer): ———

(c) Name of employer: West Baltimore General Hospital Brunswick Md.

9 BIRTHPLACE (city or town) (State or country): Brunswick Md.

PARENTS

10 NAME OF FATHER: Richard.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Co.

12 MAIDEN NAME OF MOTHER: Julia Lucas.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick Co.

14 Informant (Address): Mother. Brunswick Md.

Filed 12 1931 19 H. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-23-31

17 I HEREBY CERTIFY, That I attended deceased from 11-17-31, 19, to 11-23-31, 19, that I last saw h[illegible] alive on 11-23-31, 19, and that death occurred, on the date stated above, at 12[illegible]25 A m.

The CAUSE OF DEATH* was as follows:

Acute myelogenous leukemia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Pneumonia collapse

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? W B G H

Did an operation precede death? Yes Date of 11-17-31

Was there an autopsy? No. Sputum

What test confirmed diagnosis? Blood picture

(Signed) John H Lemmon M. D.

19 (Address) W B G H.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Brunswick Md. Nov 25 1931

DATE OF BURIAL 19

20 UNDERTAKER: H. N. Ehlen

ADDRESS 1344 N. Howard

Spec.—1-10-21—MAT—1500 Blks.

E74103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

83 E 74103

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3604 Yolanda Road ST. 9-47 WARD)

2-FULL NAME Harold Bennett Joseph

(a) RESIDENCE NO. 3604 Yolanda Road ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Gwendolyn F. Joseph

6 DATE OF BIRTH (month, day, and year) July 8, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lewes, Delaware

PARENTS

10 NAME OF FATHER John W. Joseph

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER Abbie Bennett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware

14 Informant Mrs. Gwendolyn F. Joseph

(Address) 3604 Yolanda Rd.

15 Filed 2 5 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22 1931.

17 I HEREBY CERTIFY, That I attended deceased from October 1, 1921 to Nov. 22, 1931, that I last saw him alive on Nov. 22, 1931, and that death occurred, on the date stated above, at 1.50 A.m.

The CAUSE OF DEATH* was as follows:

Paresis

(duration) 21 yrs. 1 mos 21 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unable to State.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

11-22, 1931 (Address) 6014 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Denver, Pa — DATE OF BURIAL Nov 23 1931

20 UNDERTAKER Wm. Hickner & Sons — ADDRESS Nor[illegible] Pa

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74104

CERTIFICATE OF DEATH

66-05 5 v

E 74104

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2214 Roslyn Ave. St. 15-61 Ward)
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Elizabeth Smith.
(a) Residence: No. 2214 Roslyn Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed or divorced HUSBAND of (or) WIFE of: D. Porter Smith
6. DATE OF BIRTH (month day year): May 23, 1865
7. AGE: Years 66 | Months 5 | Days 28 | If LESS than 1 day hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): D. River Md

FATHER
13. NAME: Stephen Lee Smith
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Sarah E. Herbert
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs D Porter Smith
(Address) 2214 Roslyn Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Date: Nov 23 31

19. UNDERTAKER: Wm Tyler Owens
(Address) North Ave.

NOV 23 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year): Nov 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1930 to Nov 19 20 1931
I last saw her alive on Nov 20 1931 death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Nov 19
Hea hg	

Other contributory causes of importance:

Arterio-sclerosis	1926
Hypothyroidism	1920

Name of operation: none Date of
What test confirmed diagnosis? physical Was an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Hallie Smith M. D.
(Address) 2220 Harmon Rd

AaCo. 5-31 250B

E 74105

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74105

131 N

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3618 Guyon Ave) (Ward) 28-63

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in City or town where death occurred ... yrs ... mos ... ds How long in U.S. If of foreign birth? ... yrs ... mos ... ds

2. FULL NAME Edwin Riley House

(a) Residence: No. 3618 Guyon Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Susan M. House

6. DATE OF BIRTH (month, day, year) Sept 2 1865

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	66	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Mfr
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manufacturer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburgh Pa

FATHER

13. NAME Edwin J House
14. BIRTHPLACE (city or town) (State or country) Balto md.

MOTHER

15. MAIDEN NAME Emma Nichols
16. BIRTHPLACE (city or town) (State or country) Balto md.

17. INFORMANT Mrs Susan House
(Address) 3618 Guyon Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mt Date 11/23/ 1931

19. UNDERTAKER H. Friedman Sons
(Address)

NOV 23 1931 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1931, to Nov 22, 1931
I last saw him alive on Nov 21, 1931 death is said to have occurred on the date stated above, at 11.50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	11/21/31

Other contributory causes of importance:
Chronic Nephritis
Arterio Sclerosis
Hypertension.

Name of operation None Date of
What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Norbert Gutt. M. D.
(Address) 4307 Ridgewood Ave.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74106

74106

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4305 Wickford Rd (Ward) 27-49

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida M. Burrows.

(a) Residence: No. 4305 Wickford Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Burrows

6. DATE OF BIRTH (month, day, year) May 12, 1855

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	76	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cuba.

MOTHER FATHER

13. NAME Gustavus Smith

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Josephine de la Tour

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT (Address) Mrs. J. Morfit Mullen 4305 Wickford Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Nov 1931

19. UNDERTAKER (Address) H. M. Meltzer Sons North & Pennsylvania Ave

20. FILED 19 H. L. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from ——— 19 15 to Nov. 20 19 31

I last saw h e alive on Nov 20 31 1:30 p death is said to have occurred on the date stated above, at 3 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with gradually increasing Myocarditis and Coronary artery disease	

Other contributory causes of importance:

Attack of Coronary Thrombosis at Wickford Fatal fatal attack Nov 20, '31

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Frank R. Smith, M. D.

(Address) 927 N. Calvert St.

Spec.—9-30—A. & Co.—250 Bks.

E 74107 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74107

CERTIFICATE OF DEATH. 36

REGISTERED NO

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 4617 Elsrode Ave. ST 27-44 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME G. Hulbert Sack

(a) RESIDENCE NO 4617 Elsrode Ave. ST. 27 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred // yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E. Sack

6 DATE OF BIRTH (month, day, and year) Sept. 9, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lumber Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

PARENTS

10 NAME OF FATHER Chas. C. G. Sack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co. Md.

12 MAIDEN NAME OF MOTHER Mary E. Kohler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) A. A. Co. Md.

14 Informant (Address) Mrs. Anna E. Sack 4617 Elsrode Ave.

15 Filed NOV 23 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 14th, 1931, to Nov. 21, 1931.

That I last saw him alive on Nov. 20, 1931.

and that death occurred, on the date stated above, at 3:45A m.

The CAUSE OF DEATH* was as follows:

Streptococcus Septicaemia (non haemolytic, probably viridans)

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Blood culture.

(Signed) A. L. Wilkinson M. D.

11, 21, 31 (Address) A. L. Wilkinson 5713 Bel Air Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL Nov. 23, 1931

20 UNDERTAKER Frederick Kassabaum — ADDRESS 7401 Belair Rd.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

54-002

E 74108 | CERTIFICATE OF DEATH | E 74108

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital Catonsville ST. (Name of) Rd

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Louisa Stone

(a) RESIDENCE NO. 5304 Brabant Road ST. Ten Hills WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 8 mos. 15 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: late Wm. D. Stone

7 DATE OF BIRTH (month, day, and year): March 4, 1887

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	8	15	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

10 BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: Wm. V. Lemmon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Caroline E. Millenbrand

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Mrs. Thomas W. Brittain

(Address) 5304 Brabant Rd Executor of Estate

NOV 23 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-19-31

17 I HEREBY CERTIFY, That I attended deceased from 11/10/ 1931 to 11/19 1931, that I last saw h.. alive on 11/19 1931 and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Uterine Myoma

Myocarditis

Secondary Causes

(duration) 9 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Embolism.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 11/10/31

Was there an autopsy? no.

What test confirmed diagnosis? Operation

(Signed) M B Hundley, M. D.

11/19, 1931. (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 11/23 1931

20 UNDERTAKER: Harry W. Nitzke

ADDRESS: 4101 Edmondson Ave.

A&Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74109

CERTIFICATE OF DEATH

59 E 74109

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 Hanover St. St. 27-31 Ward)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME North M. Shane

(a) Residence: No. 409 Hanover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Shane.

6. DATE OF BIRTH (month, day, year) March 1. 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaning & Pressing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

13. NAME Edward M. Shane.

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Henrietta Grey.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs. Margaret Shane.

(Address) 409 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park. Date Nov. 23 1931

19. UNDERTAKER John F. Denny.

(Address) 215 Light St.

FILED NOV 23 1931 HOMER C. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1931 to Nov 19, 1931

I last saw h in alive on Nov 19, 1931 death is said to have occurred on the date stated above, at 2.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis Mellitus	Indefinite
Chronic Myocarditis	

Other contributory causes of importance:

Gangrene of foot
Pulmonary Edema

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Harry S Cassman, M. D.

(Address) 2681 Madison Ave

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74110

CERTIFICATE OF DEATH

108 ✓ E 74110

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2414 Francis ST. 13-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Leroy Jackson

(a) RESIDENCE NO. 2414 Francis ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Oct 5- 1906

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	1	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER John Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Bessie Nash

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Informant Bessie Gair

(Address) 2414 Francis St.

Filed 12-3 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 15 1931 to Nov. 21 1931, that I last saw him alive on Nov. 20 1931 and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Pericarditis

(duration) yrs mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Macco Williams, M. D.

11-22 1931 (Address) 1830 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	11-23 1931
20 UNDERTAKER Chas G. Cooper	ADDRESS 514 N. Eutaw St.

A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74111

E 74111

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. City Hospital St. 6-11 Ward)

2-FULL NAME Mary E. Baldwin

(a) RESIDENCE NO. 3000 E. Fayette St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
F.	W.	Married

3a If married, widowed, or divorced (or) WIFE of John J. Baldwin

6 DATE OF BIRTH (month, day, and year) Nov. 14-46

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	83		1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City Wilhelmina Schmidt

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town) (State or country): Ger

12 MAIDEN NAME OF MOTHER Wilhelmina

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germ

14 Informant (Address) Mrs. Wm. G. Hildebrand 3000 E. Fayette St

15 Filed Nov 23 1931 E. H. IMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture R Femur. Accidental

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 3000 E Fayette

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. P. Vergis M.D. M. D.

Nov. 22, 1931 (Address) 1305 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.).

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine	Nov 23 1931
20 UNDERTAKER Philip Henrig	ADDRESS Odenton

IMPORTANT.—SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

AaCo. 5-11 2508

74112 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74112

CERTIFICATE OF DEATH

V 35

Registered No. 30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hosp St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary King

(a) Residence: No. 624 W Barre St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
34.				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. C. C. Md

FATHER

13. NAME Albert Pinnson
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ellis Brice
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Edward Johnson
(Address) 624 W Barre St

18. BURIAL, CREMATION, OR REMOVAL
Place Earlen Heights Date Nov 25, 1931
A. C. C.

19. UNDERTAKER Isaiah L Brown Sons
(Address) 1024 W Monument St

FILED 23 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1931, to Nov. 22, 1931.

I last saw her alive on Nov. 22, 1931 death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal obstruction	Nov 21-31

Other contributory causes of importance:
Cancer rectum (sigmoid). Chronic endocarditis. Fatal postoperative

Surgical operation? Yes Date of operation Nov 22-31
Name of operation Intestinal Surgery
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) [illegible] M. D.
(Address) [illegible]

1-20—M & T.—100 B—50L

E 74113

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74113

CERTIFICATE OF DEATH

210-00

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 15-21 WARD)

2-FULL NAME Dora Blumenfeld

(a) RESIDENCE NO 1542 N Appleton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. New long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ernst Blumenfeld

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	1		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Housewife

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Harry Hallman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Esther —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Harry Hallman

(Address) 5th Augusta 2d

15 Filed NOV 23 1937 H. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-22 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry), thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Uremia due to chronic nephritis with contributing cause Carcinoma of Rectum

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Mass Gen'l - Ward 3

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) H. H. Hamm M. D. Coroner

11-23, 1931 (Address) Baltic Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

UNDERTAKER Jacob Weiss & Son

DATE OF BURIAL 11-23-1931

ADDRESS 1439½ Bank

1-30—M & T.—100 B—50L

E 74114

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74114

CERTIFICATE OF DEATH

210-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital ST. 15-21 WARD

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest Blumenfeld

(a) RESIDENCE NO 1542 N Appleton ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lina Blumenfeld

6 DATE OF BIRTH (month, day, and year) Nov 1 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31		21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): 066
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Herman Blumenthal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Beatrice —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant H Millman

(Address) 511 Dessauth St

2 3 1931 C. HAMPSON JONES, M. D.

(Date Filed) (Local Registrar)

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-22 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Chute he was driving Cadillac with ..... collision with city bus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract Skull

(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death? Nash Elec Mot'r Co

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clin

(Signed) J. J. Traum, M. D. Coroner

11/23 1931 (Address) Hospital Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lyons Mt Carmel

DATE OF BURIAL 11-23- 19 3

20 UNDERTAKER Sol Levin Inc

ADDRESS 1131 E. Balt

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74115

E 74115.

CERTIFICATE OF DEATH. X 107-001

REGISTERED No.

1 PLACE OF DEATH Woman's Hospital (WARD) 14-20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2 FULL NAME Baby Munkeland. (William Ulwick)

(a) RESIDENCE No. Glencoe, Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 18 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 5, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wm. Ulwick Munkeland.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Robina H. Cromwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

11 Informant Wm. U. Munkeland.
(Address) Glencoe, Md.

15 Filed . 19

NOV 23 1931 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 5 , 1931 , to Nov. 23 , 1931

that I last saw h[illegible] alive on Nov 23 , 1931

and that death occurred, on the date stated above, at 5:20 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Prematurity (7 mos.)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Marion B. Johnson M. D.

(Address) Woman's Hospital . 19

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral Cem

DATE OF BURIAL Nov 23 1931

20 UNDERTAKER Levy Jenkins & Co

ADDRESS Eutaw & Lexington Sts

AaCo. 5-31 2508

74116

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74116

CERTIFICATE OF DEATH

94-10

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 Longwood Road, 10-76 ..... (Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Arthur Limerick

(a) Residence: No. 102 Longwood Road ..., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE~~) Carrie Bodkin Limerick

6. DATE OF BIRTH (month, day, year) July 19 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brass or Brass Founder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry

10. Date deceased last worked at this occupation (month and year) Nov 21 1931

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

MOTHER FATHER

13. NAME Thomas K Limerick

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Maria Laetitia Hunter

16. BIRTHPLACE (city or town) (State or country) Philadelphia Penna

17. INFORMANT Mrs Carrie B Limerick
(Address) 102 Longwood Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Nov 23 1931

19. UNDERTAKER Dennis Sons & Co
(Address) McCulloh & Eutaw Sts

NOV 23 1931

HAMPSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/21/31

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23 1931 to 11/21 1931

I last saw h[illegible] alive on 11/20 1931 death is said to have occurred on the date stated above, at 5.50 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Sudden death in 3-5 minutes	

Other contributory causes of importance:
Arterio Sclerosis
Chronic Nephritis

Name of operation ..... Date .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..... 19.....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry F. Ewald M. D.

(Address) 1 Cathedral St Balto Md

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 74117 — 108 — E 74117

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 S. Milton ave ST.) 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antoni Szymanski

(a) RESIDENCE NO. 813 S. Milton ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: widowed

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Pioneer Foundry

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Leo Szymanski

(Address) 813 S. Milton Ave

15 Filed NOV 23 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 21 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 16 1931 to Nov 21 1931

that I last saw him alive on Nov 21 1931

and that death occurred, on the date stated above, at 7.45 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Carcinoma of Colon

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	Nov 24 31
20 UNDERTAKER	ADDRESS
Theodore J. Fallowfield INC	1000 Kenyon

Spec.—9-30—A. & Co.—250 Blks

74118 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

59 VE 74118

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital (WARD) 39-69

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mrs. Margaret Steinwedel

(a) RESIDENCE NO. 2549 Ashton St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 64 yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	married

5a. If married, widowed, or divorced
(or) WIFE of Charles L. Steinwedel

6. DATE OF BIRTH (month, day, and year) Apr 1st 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	-	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10. NAME OF FATHER Peter Neuhaus

11. BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12. MAIDEN NAME OF MOTHER Margaret Rost

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14. Informant (Address) Mrs. Louis Steinwedel 2549 Ashton St

15. NOV 23 1931 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 11-19-31

17. I HEREBY CERTIFY, That I attended deceased from 11/+ 1931 to 11/19 1931

that I last saw her alive on 11/19 1931

and that death occurred, on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH was as follows:

(1) Chr. Glomerular Nephritis

(2) Cerebral Arteriosclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death? 2549 Ashton St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Clinical

(Signed) Hjalmar B. Anderson M. D.

11-19-31 (Address) St Agnes Hospital

*State the Disease Causing Death, or If deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: 11/23/1931

(UNDERTAKER) F. D. Wiesheit

ADDRESS: 1300 Eutaw Place

AACo. 5-H 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74119

CERTIFICATE OF DEATH

82-E 74119

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 26-37 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Phelan

(a) Residence: No. City Hosp St., Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 4/4/1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME of Father Thelan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME of Mother Mary M. McEvoy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 11/24 1931

19. UNDERTAKER Wm. J. Baker & Sons
(Address) 131 N. Eutaw St.

FILED 11/23 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/20, 1931

22. I HEREBY CERTIFY, That I attended deceased from 11/20/31 19 , to 11/20 19 31

I last saw him alive on 11/20 19 31 death is said to have occurred on the date stated above, at 4:15 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Hypertension Cardiac	11/13/31

Other contributory causes of importance:

Arteriosclerosis Hypertension Cardiac

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. J. Brodbeck M. D.

(Address) City Hosp

Spec.—2-29-28—L. F. S.—500 Blks.

E 74120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 ✓

E 74120

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2422 Calverton Rd ST. Harlem WARD)

2—FULL NAME Mrs Gertrude Close.

(a) RESIDENCE NO. 2422 Calverton Rd Mrs Hrs. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

6 If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of James G. Close.

DATE OF BIRTH (month, day, and year) Aug 6 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	3	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Severn Anne Arundel Co. Maryland.

10 NAME OF FATHER Noah Augusta Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Anne Arundel Co. Md.

12 MAIDEN NAME OF MOTHER Julia Ann Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Anne Arundel Co. Maryland

Informant Mrs Walter Lowman

(Address) 2140 Smallwood St

DEC 23 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21. 31

17 I HEREBY CERTIFY, That I attended deceased from Nov. 7 . 1931 . to Nov 21 . 1931.

that I last saw her alive on Nov 21 . 1931

and that death occurred, on the date stated above, at 9.45 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Left Breast

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of Sept 19. 31

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory Tests Univ Hosp.

(Signed) George C. Shannon, M. D.

Nov 22, 1931 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Friendship Cemetery	11/24/1931
20 UNDERTAKER	ADDRESS
W. Maurice Fenton	2238 W. North Ave

1-30—M. & T.—100 B—50L

E 74121

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74121

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST. ..... WARD .....

2-FULL NAME

(a) RESIDENCE NO ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant
(Address)

15 Filed ..... 193.. HAMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Lucid Interval

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ..... M. D.
Coroner

(Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ..... DATE OF BURIAL .....

20 UNDERTAKER ..... ADDRESS .....

1-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74122

CERTIFICATE OF DEATH

E 74122
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1304 Myrtle ST. 17-23 WARD

2-FULL NAME Sarah F Hammond

(a) RESIDENCE NO. 1304 Myrtle ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Frederic Hammond

6 DATE OF BIRTH (month, day, and year): 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Howard Co Md

PARENTS

10 NAME OF FATHER: Wm Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co Md

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Co Md

14 Informant: Catherine Dalrymple
(Address): 1307 Myrtle

15 Filed Nov 25, 1931 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage 5

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) Coroner, M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnston — DATE OF BURIAL: Nov 25 1931

UNDERTAKER: Joseph A Lively — ADDRESS: 409 N Monroe St

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74123 ✓

E 74123

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals + 26

CITY OF BALTIMORE: (No. 26-37 St., ... Ward)

Length of residence in city or town where death occurred 5 yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roosevelt Kirby

(a) Residence: No. Wampler Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Not known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	—	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Middle River Md.

13. NAME Steven Kirby

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Agnes ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Sadie Kirby
(Address) Caroline & Eden St. (Between)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cemetery Date 11/23 1931

19. UNDERTAKER Walter B. Long & Son
(Address) 134 W. Hamburg St.

Nov 23 1931 H. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-19-31. 19

22. I HEREBY CERTIFY, That I attended deceased from 8-8-31. 19 to 11-19-31. 19

I last saw h im alive on 11-18-31. 19 death is said to have occurred on the date stated above, at 4:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lumbo-sacral Spine	(?) 6-8-31.

Other contributory causes of importance:

Tuberculosis Meningitis	10 da

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Luther E. Leitch M. D.

(Address) Baltimore City Hospitals

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74124

254 E 74124

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 3-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Pinkney

(a) Residence: No. 315 S Irving St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME James Pinkney

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Ella Hebron

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS HOSPITAL Date NOV 3 1931

19. UNDERTAKER
(Address)

20. FILED NOV 3 1931 ROBERT H. JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1931 to Nov 17, 1931

I last saw h[illegible] alive on Nov 17, 1931 death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	10/14/31
Lobular pneumonia	10/17/31

Other contributory causes of importance:

Name of operation Exploratory Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Allen Brunton, M. D.
(Address) Johns Hopkins Hospital

A&Co. 5-31 250B

254893 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E 74125

E 74125 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL S. 12-49 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adele Gosde

(a) Residence: No. 330 S. Broadway St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Black. | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct. 2. 1931

8. AGE — Years | Months: 1 | Days: 11 | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.—

13. NAME Julia Pollard

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Julia Poole

16. BIRTHPLACE (city or town) (State or country) Md.—

17. INFORMANT Friend—

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. NOV 23 1931

Place Date 19

19. UNDERTAKER

(Address)

20. FILED 1931 H. HANSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1931, to Nov. 18, 1931

I last saw h[illegible] alive on Nov. 18, 1931, death is said to have occurred on the date stated above, at 12 50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	hours

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. E. Goodpasture, M. D.

(Address) J. H. Hosp.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74126

CERTIFICATE OF DEATH

134 E 74126

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 Eutaw St. 10-14 Ward)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U.S. If of foreign birth? 52 yrs. mos. ds.

2. FULL NAME John Monaghan

(a) Residence: No. 827 Eutaw St., 14 Ward, Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah Monaghan

6. DATE OF BIRTH (month, day, year) Aug 13, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
72	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Track Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME John Monaghan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Boland

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Wife Mrs Sarah Monaghan

(Address) 827 Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL. Place Cathedral Cem. Date Nov. 25, 1931

19. UNDERTAKER Edwin W. Taylor

(Address) 224 [illegible]

FILED Nov 23 1931, 19 C. HARRISON JONES Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22nd 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1931, to Nov 22, 1931

I last saw him alive on Nov 21, 1931, death is said to have occurred on the date stated above, at 6:30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of R Kidney + Stones of same Chronic Gastritis + Prostatatis	

Other contributory causes of importance: Anaemia

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James M Fenlon, M. D.

(Address) 1006 Cathedral St

4-28-31

1-20—M. & T.—100 B—50L.

E 74127

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74127

CERTIFICATE OF DEATH

93-204

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 S. Spring St ST., Hopkins (WARD) 5-4

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Pronounced dead at

2-FULL NAME Wm. J. Burns

(a) RESIDENCE NO. 111 S. Spring St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	about 65			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Eastern. Police Dept.

(Address)

15 Filed ..... 192 ..... Registrar

THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Myocardial Insufficiency

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) unknown

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) R. H. Barnes, M. D. Coroner

11/20/31 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL NOV 23 1931

20 UNDERTAKER Geier Heath.

ADDRESS

C. HAMPSON JONES, M.D.

I-30—M. & T.—100 B—50L

74128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74128

REGISTERED NO. 95-022

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 840 Coke Alley ST. 10-14 WARD)

2-FULL NAME Thomas E. Hawkins

(a) RESIDENCE NO 840 Coke Alley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant N.E.Dist. Police Dept

(Address)

1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14/31[19]

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Cardio-vascular Disease

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. C. Watkins, M. D.
Coroner

11/20/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

C. HAMPSON JONES, M.D.
UNIVERSITY OF MARYLAND
Deputy Coroner
Health
NOV 23 1931

Spec.—9-30—A. & Co.—250 Bks.

E 74129 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74129

CERTIFICATE OF DEATH. 119

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 Harlem ST. 46-76 WARD)

2 FULL NAME Dolores R. Thomas

(a) RESIDENCE NO. 823 Harlem ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7/4/31

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		4	7.	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Richard Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carolina

12 MAIDEN NAME OF MOTHER Mabel Triplett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Father 823 Harlem Ave

15 Filed 2 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/21/31

17
I HEREBY CERTIFY, That I attended deceased from 11/14/26 to 11/21/31
That I last saw her alive on 11/21/31
and that death occurred, on the date stated above, at 7 A. M.

The CAUSE OF DEATH* was as follows:
Intussusception Ileo-Colic
Duration & Simple
Disorder
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Impaction & Sub
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Thomas M. D.
(Address) 823 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Peter's Cemetery	11/24 1931
20 UNDERTAKER	ADDRESS
Mrs. Chas. J. Bailey	1421 Jefferson

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74130 ✓ 95 E 74130

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No.) Fayette Eastern ST. 25-32 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Ely Acosta Original Report ind.

(a) RESIDENCE NO. Muskogee Oklahoma ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Red Indian

5 Single, Married, Widowed, or Divorced (write the word): ~~Widowed~~

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Widowed

6 DATE OF BIRTH (month, day, and year)

7 AGE: 77 (Years / Months / Days)

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Oklahoma

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 Informant (Address): Daughter Place

Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11 - 21 - 1931

17 I HEREBY CERTIFY, That I attended deceased from 11-17 .1931. to 11-21 .1931.

that I last saw him alive on 11-21 .1931

and that death occurred, on the date stated above, at 11 AM m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio Vascular disease with cardiac failure.

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary): none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? [redacted] Autopsy

What test confirmed diagnosis?

(Signed) Wm B. Schleby, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: NOV 23 1931

20 UNDERTAKER

ADDRESS

AaCo. 5-31 250B

74131 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74131

CERTIFICATE OF DEATH

123

Registered No. 15-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen. Hospital (Street) (Ward)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mae Mitchell

(a) Residence: No. 2726 Reisterstown Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced (or) WIFE of Mr. Mitchell

6. DATE OF BIRTH (month, day, year) Sept. 22, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

13. NAME Wm. Harris

14. BIRTHPLACE (city or town) (State or country) N. J.

15. MAIDEN NAME Melvina King

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL 11/24/31
Place Green Mt. Cem. Date 19

19. UNDERTAKER Jos. C. Cole & Son
(Address) 1319 E. Fort Ave

DATE 23-1931 19 Registrar.

via. Atlantic City N.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22-31

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1931 to Nov. 22, 1931

I last saw her alive on Nov. 22, 1931 death is said to have occurred on the date stated above, at 3.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforating Ulcer of Stomach & Peritonitis	11/22/31
	do
Other contributory causes of importance:	
Toxaemia	11/16/31
Bronchio Pneumonia	11/22/31

Name of operation Sigmoidostomy Date of 11/17/31

What test confirmed diagnosis? Biopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Albert R. Walkerman M. D.
(Address) Md. Gen. Hosp.

1-30—M. & T.—100 B—50L

84815

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74132

CERTIFICATE OF DEATH

108

E 74132

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1708 Hughes ST. 16-22 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jas L. Joseph

(a) RESIDENCE NO. 1708 Hughes ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 25-1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm Joseph

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Gladys Fraser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wm Joseph

(Address) 1708 Hughes

15 Filed ..... 192 ..... Registrar

3 1931 O. RAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Nov 24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) Inquest thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Hobart Berman, M. D.
Coroner

(Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL 11/24 1931

20 UNDERTAKER Thomas E. Kelly — ADDRESS Pressman 1305 Sc

1-30—M. & T.—100 B—501.

E 74133

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74133

CERTIFICATE OF DEATH

92-00

REGISTERED NO. 16-23

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1028 N. Stockton St. (WARD)

2-FULL NAME Minnie Holley

(a) RESIDENCE NO. 1028 N. Stockton St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leroy Holley

6 DATE OF BIRTH (month, day, and year) Apr 4 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	7	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Jas Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Prince Georges Co Md

12 MAIDEN NAME OF MOTHER: Elizabeth Tyler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Prince Georges Co Md

14 Informant: Leroy Holley

(Address) 1028 N. Stockton St

15 [illegible] 3 1931 Geo HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Coroner) find that said deceased came to death by the means stated above.

on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) [illegible], Coroner, M. D.

(Address) Bowie

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters

DATE OF BURIAL: 11/24 1931

20 UNDERTAKER: Thomas E Kelson

ADDRESS: 1303 Greenmount Ave

1-30—M & T—100 B—50L

E 74134

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74134

CERTIFICATE OF DEATH

REGISTERED NO. 106

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 18-7 (WARD)

2-FULL NAME Joseph F. Burris

(a) RESIDENCE NO. 752 W. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 10-1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	3	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None yrs
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER George Burris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Laura Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Mrs. Geo. Burris

(Address) 752 W. Lexington St.

15 3 1931, 192 C. AMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Feller M. D. Coroner

11/23, 1931 (Address) 2739 Elsterne Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 12/24/1931

20 UNDERTAKER Geo. A. Kirby Sons & Co

ADDRESS

1-30—M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74135

CERTIFICATE OF DEATH

82-001 ✓ E 74135

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, NO. Lanvale & Druid Hill ST. 16-23 WARD

2-FULL NAME Cassandra Jackson

(a) RESIDENCE NO 940 Hanlem Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fmal

4 COLOR OR RACE Cool

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 6-1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Caroline Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant [illegible] Baltimore Md

(Address)

15 Date received 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) March 23rd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Sudden

(duration) hrs. min. or

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Lanvale & Druid Hill

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. Regular Physician, M. D.

Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. D. Adams — DATE OF BURIAL Mar 25 1931

20 UNDERTAKER Samuel H. Chase & Son — ADDRESS 638 W. Lebanon

A4Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

74136

93E 74136

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Mercy St. 2nd Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Kawarska

(a) Residence: No. 1608 S. Bethel St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): widowed

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of John

7. DATE OF BIRTH (month, day, year) 1868

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	63	—	—	—

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cloak maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records Baltimore City Hospitals

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Holy Rosary Date 12-2-31, 1931

19. UNDERTAKER John A. Huber

(Address) 1400 E. Baltimore St.

Registrar.

DEC 2 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-21, 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-10, 1931 to 11-21, 1931

I last saw h alive on 11-21, 1931 death is said to have occurred on the date stated above, at 7.07 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis chronic	
arteriosclerosis	

Other contributory causes of importance:

Chronic Bronchitis

Name of operation — Date of —

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

12-1-31 (Signed) Elmer Hightower, M. D.

(Address) Balto City Hospitals

AACo. 5-11-1928

HEALTH DEPARTMENT CITY OF BALTIMORE

74137

CERTIFICATE OF DEATH

73 E 74137

Registered No.

1. PLACE OF DEATH Maryland Gen. Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3-E St., Ward)

Length of residence in city or town where death occurred 8 yrs. 8 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anthony Salerza

(a) Residence: No. 1429 Bank Street, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Child

DATE OF BIRTH (month, day, year) Dec 17, 1923

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia
13. NAME Rafael Salerza
14. BIRTHPLACE (city or town) (State or country) Italy
15. MAIDEN NAME Theresa Lanza
16. BIRTHPLACE (city or town) (State or country) Italy
17. INFORMANT Hospital Record (Address)
18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date November 1931.
19. UNDERTAKER Wendell Hyatt (Address) 2600 Eastern Ave.
20. FILED 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22, 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-18-, 1931 to 11-22, 1931

I last saw h in alive on 11-22, 1931 death is said to have occurred on the date stated above, at 3:10 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1 year ?
Other contributory causes of importance:	
Pulmonary Hemorrhage	2 days ?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Francis X. Cheverton M. D.

(Address) Md. General Hospital

AaCo. 5-31 250B

Return 1331 E. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

74138

CERTIFICATE OF DEATH

59 E 74138

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1738 Mc Kean Ave Ward) 15-21

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophia A. Lloyd

(a) Residence: No. 1738 Mc Kean Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If ~~married~~ widowed, ~~or divorced~~ (or) WIFE of John T. Lloyd

7. DATE OF BIRTH (month, day, and year) Jan 26th 1863

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	68	9	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Thomas

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Raymond H. Lloyd 1738 Mc Kean Ave

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery Date 11/25/1931

19. UNDERTAKER (Address) Wm Craft 1217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22nd 1931

22. I HEREBY CERTIFY, That I attended deceased from 11/x/ 1931, to 11/xx/ 1931

I last saw her alive on 11/xx/ 1931 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	1921
Arteriosclerosis	1921
Hypertension	1928
Cerebral Hemorrhage	11/18/31

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) D. S. Blum M. D.

(Address) 1331 E. North Ave

AdCo. 5-31 2500

74139 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-E 74139

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 19-36 Ward .....

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Lewis

(a) Residence: No. 214 N. Carey St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elnore

7. DATE OF BIRTH (month, day, year) ? 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	78?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

13. NAME Alfred

14. BIRTHPLACE (city or town) (State or country) ? Va.

15. MAIDEN NAME Lucy Gills

16. BIRTHPLACE (city or town) (State or country) ? Va.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Lodge Va Date 11/25/1931

19. UNDERTAKER H. M. Cook
(Address) 1217 E Pratt St

NOV 25 1931 19 ... Registrar. A. H. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1931 to Nov. 22, 1931

I last saw him alive on Nov. 22, 1931 death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypocentesis, etc	2 months

Other contributory causes of importance:

Cirrhosis	Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos Garland Jr M. D.

(Address) City Hosp

Spec.—9 30—A. & Co.—250 Bks.

74140

HEALTH DEPARTMENT—CITY OF BALTIMORE

94 E 74140

CERTIFICATE OF DEATH

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2817 Goodwood Rd WARD 27-44

2 FULL NAME Felicula Reymann

(a) RESIDENCE NO. 2817 Goodwood Rd ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs mos ds How long in U. S., if of foreign birth? 48 yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur A. Reymann

6 DATE OF BIRTH (month, day, and year) June 21 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Muckenfuss Germany

10 NAME OF FATHER Karl Stoller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Gerken

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Arthur Reymann 2817 Goodwood Rd

Filed ..... 19 C. HAMILTON JONES, M. D. Registrar
By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-21-31

17 I HEREBY CERTIFY, That I attended deceased from 11/13 .1931 to 11/21 .1931

that I last saw h— alive on 11/21 .1931

and that death occurred, on the date stated above, at 1.0 m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) K. W. Holley M. D.

19 (Address) 5703 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	11-24 1931
20 UNDERTAKER	ADDRESS
Leonard J. Rueck	5303 Harford Rd

gec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74141 ✓-802 124 E 74141

CERTIFICATE OF DEATH.

E 74141

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 Pectory Lane ST. 13-52 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nancy Ellen Bloom

(a) RESIDENCE NO. 1003 Pectory Lane ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of or) WIFE of Isaac F. Bloom

DATE OF BIRTH (month, day, and year) Aug 28, 1856

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	2	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) md

10 NAME OF FATHER Wm Publ.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Sarah Hunt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

Informant Clay Bloom

(Address) 1003 Pectory Lane.

Filed Nov 24 1931 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/22 31

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1927, to 11/22, 1931,

that I last saw h4 alive on 11/21, 1931,

and that death occurred, on the date stated above, at 5:30 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) Arteriosclerosis of Arterial Disease

(duration) 3 yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical History

(Signed) Harry F Corddy, M. D.

11/22 1931 (Address) Hopkins Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge.

DATE OF BURIAL Nov 25 1931

20 UNDERTAKER Chenowith Son

ADDRESS 3615 Chestnut Ave

Stat. 2-29-28—L. F. S.—500 Blks.

E 74142

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74142

CERTIFICATE OF DEATH

131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 636 Smith ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Emmaline Dursley

(a) RESIDENCE NO. 636 Smith ST.. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced, (write the word): widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Daniel Dursley 847

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: nothing

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Co.

10 NAME OF FATHER: Harry Dunnelly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co.

12 MAIDEN NAME OF MOTHER: Caroline Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co

Informant: Frank Dursley

(Address): 1433 Myrtle Ave

DEC 23 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-23-31

17

I HEREBY CERTIFY, That I attended deceased from Nov 9-31, 19 . to Nov 23-31, 19 .

that I last saw h[illegible] alive on Nov 22-31, 19

and that death occurred, on the date stated above, at 12.05 a.m.

The CAUSE OF DEATH* was as follows: Chronic Brights disease

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): senility (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F H Gardner, M. D.

, 19 (Address) 1524 N Mill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters	Nov 25 19 31
20 UNDERTAKER: Dennis E Mahoney	ADDRESS: 700 Kenyon Ave.

1-30—M & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4143

93-001

E 74143

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital ST. 17-24 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Greene

(a) RESIDENCE NO. 722 Penna Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Greene

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
36	36			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Truck Driver
(b) General nature of industry, business, or establishment in which employed (or employer): 073
(c) Name of employer: Unknown Richmond Va

9 BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: Greene

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Eva Greene

(Address) 635 Fremont Ave

DEC 24 1931 H. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B P Dorsey M.D., M. D. Coroner

11/23, 19 31 (Address) 3055 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 11 - 24 1931

20 UNDERTAKER: Barnett Earlston

ADDRESS 94 Gay Ave

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

74144 L 74144

74144 159 ✓

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto Inf
CITY OF BALTIMORE: (No. 1630 N. Mount St. 15-21 Ward)
Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Infant of Anna Smith
(a) Residence: No. 1630 N. Mount. Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Infant

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Nov 20/31

AGE	Months	Days	If LESS than 1 day hrs. or min.
2 days	Nov	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md
13. NAME ~~Unnamed~~ Theodore Ball
14. BIRTHPLACE (city or town) (State or country) Balto Md
15. MAIDEN NAME Anna Smith
16. BIRTHPLACE (city or town) (State or country) Phila Pa
17. INFORMANT (Address) Anna Smith 1630 N. Mount
18. BURIAL, CREMATION, OR REMOVAL
Place ... Date NOV 2 1931
19. UNDERTAKER
(Address)
NOV 24 1931 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22 1931
22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1931, to Nov 22 1931
I last saw her alive on Nov 22 1931, death is said to have occurred on the date stated above, at 12 AM (12:30)
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity Birth 8 mo	

Other contributory causes of importance:

None

Name of operation ... Date of
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) Dr. R Boyd Kirk M. D.
(Address)

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74145

E 74145

CERTIFICATE OF DEATH

46V

Registered No. 71455

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5631 Reisterstown Rd. Ward) 24

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha M. Wedge

(a) Residence: No. 5631 Reisterstown Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Russell M. Wedge

DATE OF BIRTH (month, day, year) Dec 12th 1886

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
44	11	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Robert Reifner

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Russell Wedge
(Address) 5631 Reisterstown Rd

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Nov 25th 1931

UNDERTAKER John Cook
(Address) 1217 E Fayette St

Filed NOV 27 1931 H. Halpert (JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22nd 1931

22. I HEREBY CERTIFY, That I attended deceased from April 16 1931 to Nov 22 1931

I last saw h/e alive on Nov 22 1931 death is said to have occurred on the date stated above, at 7.53 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Lute	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Gilbert M. D.

(Address) 675 St Paul Place

AaCo. 5-11 2MB

E 74146 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 74146

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2116 E. Federal St. 8-16 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa R. Waltemeyer

(a) Residence: No. 2116 E. Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND of~~ (or) WIFE of: Warren C. Waltemeyer

DATE OF BIRTH (month, day, year) Jan 24th 1840

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto
(State or country) Md

13. NAME Samuel Martin

14. BIRTHPLACE (city or town) Balto
(State or country) Md

15. MAIDEN NAME Susanna Hirsch

16. BIRTHPLACE (city or town) Balto
(State or country) Md

17. INFORMANT Edna E. Constance
(Address) 2116 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 11/24/1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ~~Health Officer~~ Registrar.
DEC 1 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21st 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1931 to Nov 21st 1931

I last saw her alive on Nov 20 1931 death is said to have occurred on the date stated above, at 5.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac dilatation	11/6/31
Other contributory causes of importance: Senile Nephritis	1 yr

Name of operation — Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. F. Hartman, M. D.

(Address) 1 E. Randall St

1-20—M. & T.—100 B—50L

E 74147.

74147.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1927 E. Fayette ST. 6-9 WARD)

2-FULL NAME Chas. F. Uttenreither

(a) RESIDENCE NO. 1927 E. Fayette ST., ... WARD .....
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND OF ~~WIFE OF~~ Annie V. Uttenreither

6 DATE OF BIRTH (month, day, and year) June 8th 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	5	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltol Md

10 NAME OF FATHER Peter Uttenreither

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Eyrhardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Annie V. Uttenreither
(Address) 1927 E. Fayette St

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23rd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Myocardial Insufficiency

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Acute Alcoholism ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. J. Kane M. D.
Coroner

11/23/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Country	11/25/1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

[illegible] C. HAMILTON JONES Registrar

1-30—M & T—100 B—501.

74148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210.001 E 74148

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balto G. Hosp ST. 23-31 (WARD)

2-FULL NAME Geo C Weaver

(a) RESIDENCE NO. 118 Birkhead ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Son Record

6 DATE OF BIRTH (month, day, and year) Feb 3-858

7 AGE	Years	Months	Days	If LESS than 1 day, . . hrs. or . . min.
	73	9	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ballo Md

PARENTS

10 NAME OF FATHER Geo Weaver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary M Beck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn

14 Informant Cara Snyder (Sister)
(Address) 206 E. Fort Ave.

15 Filed ..... G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-21 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

THE CAUSE OF DEATH* was as follows: Struck and knocked down by a moving auto

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Heart Failure
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? South Light St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) J. Traser, M. D.
Coroner

(Address) Traser Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodbridge Cemetery	Nov 25 31
UNDERTAKER Maryland V. Lynn	ADDRESS 419 N Light St

1-30—M & T—100 B—50L.

E 74149

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74149

CERTIFICATE OF DEATH

154

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospital ST. 46-11 WARD)

2-FULL NAME Julia Schreiver

(a) RESIDENCE NO 307 Lowery Lane ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred? 72 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 72 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow

6 DATE OF BIRTH (month, day, and year) Aug 19 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: John Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah Drone

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

Informant: Louis Schreiver

(Address) 307 Lowery Lane

NOV 24 1931 C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Osteo-Myelitis of Sacrum

(duration) ... yrs. 3 mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 307 Lowery Lane

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. P. Jones M.D. Coroner, M. D.

11/23, 1931 (Address) 1305 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 25 1931

20 UNDERTAKER: J. Wesley Watson

ADDRESS: 152 Eutaw

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74150

CERTIFICATE OF DEATH

29-001

E 74150

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 14-54 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Jackson

(a) RESIDENCE NO. 554 Gold St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) D.O.C. 16.1929

7 AGE — Years: — Months: 11 Days: 6

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant.
(b) General nature of industry, business, or establishment in which employed (or employer) [redacted]
(c) Name of employer [redacted]

9 BIRTHPLACE (city or town) [redacted]
(State or country) Balto: Md

PARENTS

10 NAME OF FATHER Cephas Jackson

11 BIRTHPLACE OF FATHER (City or town) [redacted]
(State or country) Va

12 MAIDEN NAME OF MOTHER Edith Holt

13 BIRTHPLACE OF MOTHER (city or town) [redacted]
(State or country) Va

14 Informant [redacted]
(Address) 554 Gold St.

15 [redacted]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/22 1931

17 I HEREBY CERTIFY, That I attended deceased from 9-27 1931 to 11-22 1931,
that I last saw h.C.R. alive on 11-22 1931,
and that death occurred, on the date stated above, at 6:00 P m.

The CAUSE OF DEATH* was as follows:
Pneumonia
Complications
Confined from 2 months
Immediate Permit autopsy (duration) yrs. 1 mos. 10 da.?

CONTRIBUTORY (Secondary) [redacted]
(duration) yrs. 2 mos. da.

18 Where was disease contracted
If not at place of death? 554 Gold St.
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis? Clinical

(Signed) Geo. E. McKinney M. D.
11-23 1931 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — Date of Burial 11/24 1931

UNDERTAKER Thomas E. Kelson — ADDRESS 1303 Presstman St

11/24 1931 C. HAMILTON JONES, M. D. Registrar

A4Co. 5-11 2508

E 74151

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74151

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 17-53 St., Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U.S. If of foreign birth? 58 yrs. mos. ds.

2. FULL NAME Sister M. Claudia O'Shea

(a) Residence: No. Mt. St. Agnes St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 065

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

13. NAME Not obtainable

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt. St. Agnes Cem. Date 11/25 1931

19. UNDERTAKER Henry B. Means & Son
(Address) 1 W. Mt. St.

NOV 24 1931 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1931 to November 23, 1931

I last saw h[illegible] alive on November 23, 1931 death is said to have occurred on the date stated above, at 3 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Dementia	3 Days.

Other contributory causes of importance:

Generalized Arteriosclerosis?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Thos Boyce, M. D.

(Address) Mercy Hospital

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74152

CERTIFICATE OF DEATH.

131 E 74152

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3742 Chestnut Ave ST., 13 WARD)

2-FULL NAME Wm. Andrew Mulcahy

(a) RESIDENCE NO. 3742 Chestnut Ave ST. 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, ~~Write the~~ word): married

5a If married, widowed, or divorced

HUSBAND of ~~WIFE of~~ Clara Elizabeth Mulcahy

6 DATE OF BIRTH (month, day, and year) Oct 13 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Circ Peoples Court

(c) Name of employer: Baltimore City

9 BIRTHPLACE (city or town) (State or country): Montevideo W Va,

10 NAME OF FATHER: Wm Virginius Mulcahy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ellen Driscoll

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Newtown Pa

14 Informant: Francis Mulcahy (Address) 3742 Chestnut Ave

15 Filed 11/24 1931 .. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22. 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 17 1931 to Nov. 22 1931.

that I last saw h[illegible] alive on Nov. 22 1931.

and that death occurred, on the date stated above, at 11.50 P. m.

The CAUSE OF DEATH* was as follows: Uremia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic decompensation

Chronic Nep. (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ---

Was there an autopsy? none

What test confirmed diagnosis? clinic

(Signed) Vernon J Kelly M. D.

(Address) 608 Somerset Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: 11/25 1931

UNDERTAKER: Hardy & Meads

ADDRESS: 505 N. Calvert

AaCo. 5-31 250B

74153 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74153

73V

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 E. Lanvale St.) (8-17 Ward)

Length of residence in city or town where death occurred 31 yrs 3 mos 20 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Raymond J. Moore

(a) Residence: No. 1507 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug 3 1900

8. AGE: Years 31 | Months 3 | Days 20 | If LESS than 1 day hrs or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chaffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cuba Md.

13. NAME Eustacius J. Moore

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Katherine E. Stevens

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Katherine E. Miller

(Address) 1507 E. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore County Date Nov 26 1931

19. UNDERTAKER Henry Steele Sons Inc.

(Address) 1301 E. Lanvale St

NOV 24 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1931, to Nov. 23, 1931

I last saw h— alive on Nov 22, 1931, death is said to have occurred on the date stated above, at 8.54 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	10/19/31

Other contributory causes of importance:

Chronic myocarditis
toxaemia

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George A. Bowden M. D.

(Address) 1507 E. Northan.

Spec.—1-10-21—MAT—1500 Blks.

E 74154

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74154

CERTIFICATE OF DEATH.

118 V

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3911 Groveland ave S 5-63 WARD)

2-FULL NAME Conrad Hamp

(a) RESIDENCE NO. 3911 Groveland ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 7 1856

7 AGE: Years 75 Months 4 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Manufacturer of

(b) General nature of industry, business, or establishment in which employed (or employer): Mouldings

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Jacob Hamp

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Louisa Bailleth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs Julia Edwards 3911 Groveland Ave

Filed 12 1931 . 19 . HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-22 1931

17 I HEREBY CERTIFY, That I attended deceased from 11-14 . 19 31 . to 11-22 . 19 31 .

that I last saw him alive on 11-22 . 19 31 .

and that death occurred, on the date stated above, at 6.45 A m.

The CAUSE OF DEATH* was as follows:

From Cardiac arrhythmia complicated by intestinal indigestion

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal indigestion

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No Cancer

What test confirmed diagnosis?

(Signed) Henry Reardon M. D.

19 31 (Address) 3902 Groveland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: Nov 24 1931

20 UNDERTAKER: George J Smith — ADDRESS: 153 Hollins

Spec.—9-30—A. & Co.—250 Blks

Dr Zimmerman 2830 Harford Road

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74155

CERTIFICATE OF DEATH

157-2031

REGISTERED NO. E 74155

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2706 Mathew St 9-11 (WARD)

2 FULL NAME Norman Heapurst

(a) RESIDENCE NO. 2706 Mathew St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. Coming in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 23rd 1931

7 AGE — Years — Months — Days — If LESS than 1 day 5 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

10 NAME OF FATHER: Edmund Heapurst

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md

12 MAIDEN NAME OF MOTHER: Hattie Brent

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md

Informant: Norman Heapurst

(Address) 2706 Mathew St

Filed 24 1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 24th 31

17 I HEREBY CERTIFY, That I attended deceased from Nov 23. 1931. to Nov 24. 1931

that I last saw h[illegible] alive on Nov 24. 1931

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Ideart (Congenital)

Child lived 5 hr.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Neg.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edw. L. Zimmerman M. D.

11/24/31 (Address) 2830 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 11/27/31

UNDERTAKER: Wilbur Burton

ADDRESS: 2236 W. Saratoga Ave

Spec.—1-30—M. & T.—250 Blks

E 74156 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74156

CERTIFICATE OF DEATH.

REGISTERED NO. 108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Coyne

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) 12/5/1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74	73	11	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Hillsdale Md.

10 NAME OF FATHER Michael Doyle

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Alice Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant (Address) Little Sisters of the Poor Preston + Valley St.

Filed 24 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22nd 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 20 1931 to Nov 22 1931

that I last saw her alive on Nov 22 1931

and that death occurred, on the date stated above, at 10 A. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

CONTRIBUTORY (Secondary) (duration) Acute Dilatation Heart yrs. 3 mos. da.

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Emil C Gehrmann M. D.

11/23, 1931 (Address) 114 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL 11/25/31

UNDERTAKER 1620 Richard H Meyer

ADDRESS Ashburton

Spec.—2-29-28—L. F. S.—500 Blks.

Schneermann

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74157

CERTIFICATE OF DEATH

E 74157.

1—PLACE OF DEATH: City of Baltimore (No. 816 Maryland Ave. ST., 8 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louis Schneermann

(a) RESIDENCE NO. 2105 E Lafayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth B. Schneermann

DATE OF BIRTH (month, day, and year) Sept 3-1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Store-Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Elizabeth B. Schneermann

(Address) 2105 E. Lafayette Ave

Prepared 12-7 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-23-31

17 I HEREBY CERTIFY, That I attended deceased from 11-22-31, 19, to 11-23-31, 19, that I last saw h— alive on 11-23-31, 19, and that death occurred, on the date stated above, at 5:50 P m.

The CAUSE OF DEATH* was as follows: Ruptured Appendicitis Acute Peritonitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pneumonia - Lobular

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 11-22-31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Wm Hendrix, M. D.

, 19 (Address) 2222 Joseph Hayes Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Nov 27 19 31

20 UNDERTAKER	ADDRESS
Chas H. Mans & Son	1130 W Baltimore St

Spec. 2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74158

CERTIFICATE OF DEATH

131 E 74158

REGISTERED NO.

1—PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver ST. 9-44 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frederick Vollbracht

(a) RESIDENCE NO. 2781 Alameda Blvd ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Wh	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Vollbracht

6 DATE OF BIRTH (month, day, and year) Born Nov 4 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	0	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Frederick Vollbracht

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Seibel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mary Vollbracht

(Address) 2781 Alameda

THOMPSON JONES M. D.

Registrar

NOV 24 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 24, 1931, to Nov 24, 1931, that I last saw h[im] alive on Nov 24, 1931 and that death occurred, on the date stated above, at 12:15 A m.

The CAUSE OF DEATH* was as follows:

Hypertrophy Prostate

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Embolism (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 10-30-31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm Hendrix M. D.

. 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Nov 26 1931
20 UNDERTAKER E Schlomann & Son	ADDRESS 1039 Hanover

Spec.—7-17-26—A Co.—200 Bks.

Rosaria Barranco

HEALTH DEPARTMENT—CITY OF BALTIMORE

97 E 74159

E 74159

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE; (No. 1439 Battery Ave St. 24-33 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME S.H.S. ~~Rosario~~ Barranco

(a) RESIDENCE NO. 1439 Battery Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of: ~~HUSBAND of~~ Joseph Barranco S.H.S.

6 DATE OF BIRTH (month, day, and year): ~~about 1870~~ Unknown.

7 AGE: Years 76 ~~59~~ Months 10 Days 17

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Italy

(State or country)

PARENTS

10 NAME OF FATHER: Giovanni Russo S.H.S. Barranco

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Italy

12 MAIDEN NAME OF MOTHER: ~~Rosa Russo~~ Francisca Provenza S.H.S.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Italy

14 Informant: Samuel S. Barranco

(Address) 1432 Battery Ave

15 Filed NOV 24 1931 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 18, 1931, to Nov 23, 1931, that I last saw h[illegible] alive on Nov 23, 1931, and that death occurred, on the date stated above, at 1.15 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis with Hypertension

(duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary): Aorta cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Samuel S. Stivelli M. D.

11-23 1931 (Address) 456 E Fort Ave.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial: Nov. 25 1931

20 UNDERTAKER: J. Fen McCully — ADDRESS: 130 E. Fort.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74160

CERTIFICATE OF DEATH.

41 E 74160

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1018 N. Gay St. 7-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Schlaffer

(a) RESIDENCE NO. 1018 N. Gay St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

If married, widowed, or divorced (or) WIFE of John B. Schlaffer

DATE OF BIRTH (month, day, and year) July 2/1858

AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	73	4	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Baltimore City

10 NAME OF FATHER Franz Gretzer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER C. Stuckler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

Informant (Address) John B. Schlaffer 1018 N. Gay St.

Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23 1931

17 I HEREBY CERTIFY, That I attended deceased from April 15 1930, to Nov. 23 1931, that I last saw her alive on Nov 19 1931, and that death occurred, on the date stated above, at 8.30 A m.

The CAUSE OF DEATH* was as follows:

Sarcoma of nasal passages with extensions

(duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory tests

(Signed) I W Keown, M. D.

Nov 24, 1931 (Address) 1938 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial 11/26 1931

20 UNDERTAKER Frank A. Fink ADDRESS 915 N. Gay St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

74161

E 74161

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 831 Pierce ST. 18-Ward)

2—FULL NAME Mabel J. Tinsdale

(a) RESIDENCE NO. 831 Pierce ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 COLOR OR RACE: W | 5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr. 12-1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	7	9	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

8 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Thos. J. Tinsdale

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Fannie Dye

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Fannie Dye

(Address) 831 Pierce St.

DEC 24 1931 HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 21/31

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1931, to Nov 21, 1931, that I last saw h[illegible] alive on Nov 21, 1931 and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia 6 ds.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) B. K. Hatcher M. D.

12-3, 1931 (Address) 720 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Nov. 24, 1931
20 UNDERTAKER	ADDRESS 2227 Schroeder St.
Chas. R. Williams	

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

74162

CERTIFICATE OF DEATH

93-603

E 74162

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

St. 11-2 (Ward)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Jenkins

(a) Residence: No. 331 W. Preston St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard

7. DATE OF BIRTH (month, day, year) Nov. 28, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	11	23	

8. Trade, profession, or particular kind of work done, as spinner, conveyor, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Va.

13. NAME Albert Williams

14. BIRTHPLACE (city or town) (State or country) ? Pa.

15. MAIDEN NAME Margaret Carter

16. BIRTHPLACE (city or town) (State or country) ? Pa.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Date Nov. 24, 1931

19. UNDERTAKER McKaig R. Williams (Address)

20. FILED 24 1931 HARRISON JONES, M. D. (Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10 1931 to Nov. 21, 1931

I last saw him alive on Nov. 21 1931 death is said to have occurred on the date stated above, at 5:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	2 years
	days

Other contributory causes of importance: Arteriosclerosis, Coronary Thrombosis — Unknown, several years ago

Name of operation — Date of —

What test confirmed diagnosis? Clin. Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury ., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

22. 31 (Signed) Elmer Highberger Jr., M. D.

(Address) Balto. City Hosp.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74163

CERTIFICATE OF DEATH

18 E 74163

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH,
CITY OF BALTIMORE: (No. Sydenham Hospital St. 5-1 Ward)

Length of residence in city or town where death occurred 10 yrs. 7 mos. 23 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Isabel Rogers

(a) Residence: No. 709 S. Highland Av. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of /

7. DATE OF BIRTH (month, day, year) June 30, 1921

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	4	23	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John C. Rogers

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

15. MAIDEN NAME Anna Long

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) John C. Rogers 709 S. Highland Av.

18. BURIAL, CREMATION, OR REMOVAL. Place Oakland Cem. Date Nov 25, 19 31

19. UNDERTAKER George M. Pickler (Address) 737 E Eager St

... HUMPHREY JONES ... Registrar.

NOV 24 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1931, to Nov. 23, 1931

I last saw h... alive on Nov. 23, 1931 death is said to have occurred on the date stated above, at 6 55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis (Meningococcus)	11/17/31

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Peter Mercucki M. D.

(Address) Sydenham Hospital

Spec.-7-17-26—A Co.—200 Blks.

164

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001 E 74164

CERTIFICATE OF DEATH

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp. St. 1913 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Jennings

(a) RESIDENCE NO. 1020 N Bond St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced. (write the word)

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct. 6 1920

7 AGE: Years 11 Months 10 Days 9 — IF LESS than 1 day ___ hrs. or ___ min.: 16

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ?

(b) General nature of industry, business, or establishment in which employed (or employer): ?

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto.

(State or country): Md

PARENTS

10 NAME OF FATHER: Kate Jennings

11 BIRTHPLACE OF FATHER (City or town): Balto. Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Ester Jennings

13 BIRTHPLACE OF MOTHER (city or town): Balto. Md.

(State or country)

14 Informant (Address): Kate Jennings 1020 N. Bond St

15 Filed 24 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-22 1931

17 I HEREBY CERTIFY, That I attended deceased from 11-16, 1931, to 11-22, 1931,

that I last saw her alive on 11-22, 1931,

and that death occurred, on the date stated above, at 1.10 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Pneumonia (Bronchial)

(duration) yrs. mos. 22 da.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) George M Brown M. D.

(Address) Provident (Hospital)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — Date of Burial: 11/25, 1931

20 UNDERTAKER: Mrs. R. G. Elliott — ADDRESS: Baltimore

Spec.—9 30—A. & Co.—250 Blks

74165 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

L 74165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 4231 Ivanhoe ave St. 27-47 Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary Ing Kewen

(a) RESIDENCE No 4231 Ivanhoe ave St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 11 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER John McKewen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ire

12 MAIDEN NAME OF MOTHER dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

Informant: Mrs Wm Dawson
(Address) 4231 Ivanhoe ave

Filed ..... 19 ..... C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23/31

17

I HEREBY CERTIFY, That I attended deceased from Nov 1, 1928, to Nov 23, 1931

that I last saw her alive on Nov 22, 1931

and that death occurred, on the date stated above, at 12 45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast

(duration) 3 yrs. mos. 22 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. H. Powers M. D.

11/23 1931 (Address) 836 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem.

DATE OF BURIAL 11/25 1931

20 UNDERTAKER J. A. Inman

ADDRESS 3 E Balto St.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74166

CERTIFICATE OF DEATH

23 E 74166

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 N. Montford ave 6-10 St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick J. Hagerty

(a) Residence: No. 113 N. Montford ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M | 4. Color or Race: W | 5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Hester Hagerty

6b. DATE OF BIRTH (month, day, year): Sept 13 1854

7. AGE: Years 77 | Months 2 | Days 8 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sheet-Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): Aug. 1931

11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (city or town) (State or country): N. Y.

13. NAME OF FATHER: Wm. Hagerty

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME OF MOTHER: Catherine Sullivan

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Wm. J. Hagerty 113 N. Montford ave

18. BURIAL, CREMATION, OR REMOVAL: Place New Cathedral Date Nov 25, 1931

19. UNDERTAKER (Address): Jos. Kemp's Sons 3500 E. Baltimore St.

20. FILED: Nov 25 1931 THOMPSON JONES, M.D. Registrar. By ALH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 21st 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1930 to November 21, 1931 that I last saw h[illegible] alive on Nov 21, 1931 death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Chronic Nephritis	11/18/31 ?
Other contributory causes of importance: Arterio Sclerosis (Cause) Pulmonary Tuberculosis	?

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Pekarny M. D.

(Address) 220 E Madison St

2-29-28—L. F. H.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74167

CERTIFICATE OF DEATH

131 E 74167.

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. St. Joseph's Hospital ST. WARD)

2—FULL NAME Mrs. Barbara Hasson

(a) RESIDENCE NO. 3910 - Hucheth Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Dennis Hasson

ATE OF BIRTH (month, day, and year) July 13, 1861

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	9	

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

RTHPLACE (city or town) (State or country) Baltimore

0 NAME OF FATHER Matthew Dumler

1 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

2 MAIDEN NAME OF MOTHER Burger

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mr. Leonard Hasson

(Address) 3315 Beverly Rd.

Filed [illegible], 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-22-31.

17 I HEREBY CERTIFY, That I attended deceased from October 21, 1931, to November 22, 1931, that I last saw h.. alive on November 22, 1931, and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Cardio Vascular Renal Disease.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) N B Hendrix, M. D.

, 19 (Address) 1600 Jarvis Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	11/25/1931
20 UNDERTAKER J. A. Moran	ADDRESS E. Baltimore

Spec.-7-17-26—A Co.—200 Bks.

E 74168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

149 E 74168

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 19-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Moore

(a) RESIDENCE NO. 1507 Lemmon St. 19 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	cl	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Annapolis

(State or country) Md

PARENTS

10 NAME OF FATHER Samuel Boston

11 BIRTHPLACE OF FATHER (City or town)

(State or country) A. A. Co. Md

12 MAIDEN NAME OF MOTHER Sarah A. Cowans

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) A. A. Co Md

14 Informant (Address) Samuel Moore 1507 Lemmon st

15 Filed 19 Registrar

1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22 — 1931

17 I HEREBY CERTIFY, That I attended deceased from 11-21, 1931, to 11-22, 1931, that I last saw her alive on 11-22, 1931, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

Ruptured uterus.

Uterine Haemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? yes Date of 11/21/31,

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) W. Butler M. D.

11/22/31 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt [illegible] Cem

Date of Burial Nov 25th 1931

20 UNDERTAKER W. Jones

ADDRESS 1145 Gilmor

Spec.—9-30—A. & Co.—250 Bks.

74169 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 E 74169

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1112 Harlem av ST 18-23 WARD)

2. FULL NAME Augusta Blackston

(a) RESIDENCE NO. 1112 Harlem av ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of John Blackston

DATE OF BIRTH (month, day, and year) Jan 23 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	1864	11	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic servant

(b) General nature of industry, business, or establishment in which employed (or employer) 10 01

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER John Hockett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Augusta Hockett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Mary O. Smith
(Address) 1127 Druid Hill Ave

FILED ..... 1931 ....., 19 ..... HANSON JONES ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/24/31

17 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1931, to Nov. 24, 1931, that I last saw h. alive on Nov. 23, 1931, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) 1 yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. 5 mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) John H. Hutchins M. D.

(Address) 1012 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	11-27 1931
20 UNDERTAKER George P. Gibson	ADDRESS 1735 Druid Hill Ave

1-30—M. & T.—100 B—50L

E 74170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-001 ✓

E 74170

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5008 Curtis Ave. ST. 25-77 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August E.Kahler.

(a) RESIDENCE NO 5008 Curtis Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs ds. How long in U. S., if of foreign birth? 28 yrs ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year): August 2,1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cook.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do not know.

Informant: Albert Kahler (son)
5626 Mascher St. Philadelphia, Pa.
(Address)

Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 4, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Illuminating gas poisoning.
Suicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Hinkhardt, M. D. Coroner

11/24 19 31 Address 1017 E. Charles St,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL NOV 24 1931 19.

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND
1931 McPherson Jones, M.D.

1-30—M. & T.—100 B—50L

E 74171

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74171

CERTIFICATE OF DEATH

REGISTERED NO. 164

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 Hanover St. ST. 22-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Bradshaw.

(a) RESIDENCE NO 530 Hanover St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

7 DATE OF BIRTH (month, day, and year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	--------		

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Do not know.

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

Informant Katherine Waclawek.

(Address) 530 Hanover St.

Filed ... 19... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 7, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating gas poisoning.
Suicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible], Coroner, M. D.

11/24, 31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL NOV 24 1931 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND
Baltimore Health

T. C. THOMPSON JONES, M. D.

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

74172

CERTIFICATE OF DEATH

93E-74172

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 15-13 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Miles

(a) Residence: No. Inasmuch Mission St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ollie F. Miles

7. DATE OF BIRTH (month, day, year) June 21, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	4	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Barnesville Md.

13. NAME Nathan Miles

14. BIRTHPLACE (city or town) (State or country) ? Md.

15. MAIDEN NAME Laura Eyles

16. BIRTHPLACE (city or town) (State or country) ? Md.

INFORMANT (Address) Records of Balto. City Hosp.

BURIAL, CREMATION, OR REMOVAL Place ..... Date NOV. 24 1931

UNDERTAKER (Address)

FILED 1931 L. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1931 to Nov. 19, 1931

I last saw him alive on Nov. 19, 1931 death is said to have occurred on the date stated above, at 7:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr.	Unknown
Hypertension, secondary	"

Other contributory causes of importance:

Bronchopneumonia	12 days

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas Arnold Jr. M. D.
(Address) Balto. City Hosp.

UNIVERSITY OF MARYLAND 1931

1-30—M. & T.—100 B—50L

74173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 001 186-E 74173

46-76

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital. (WARD)

2-FULL NAME Louis Charles Stuckey.

(a) RESIDENCE NO 3332 Edmondson Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 6 mos. 15 dy. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

7 DATE OF BIRTH (month, day, and year) May 8, 1914

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	6	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber helper.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER William H. Stuckey.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania.

12 MAIDEN NAME OF MOTHER Caroline Scheib.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania.

Informant Caroline Stuckey. (mother)

(Address) 3332 Edmondson Ave.

Filed 4 1931, 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 23, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.

Accidental fall from a porch.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2221 Cedley st. November 22, 1931

Did an operation precede death? Yes. Date of Nov. 28, 1931

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Bissendorf, M. D. Coroner

11/24 1931 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn cem.	Nov. 25 1931.
20 UNDERTAKER Geo. W. Little	ADDRESS 2700 Edmondson Ave

-30—M. & T.—100 B—50L

E 74174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74174

REGISTERED NO. 167

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 505 S. Paca ST. 22-30 WARD

2-FULL NAME Rose E. Bennett

(a) RESIDENCE NO 505 S. Paca ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. T. Bennett

DATE OF BIRTH (month, day, and year) Nov. 4-1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42		19	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Charles Fuich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Louise E. Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

Informant Mr. Wm. T. Bennett

(Address) 505 S. Paca St.

Filed 1931, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23 1931.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Revolver wound of chest

Suicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Zellers, M. D. Coroner

. 19 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL 11/27/1931

20 UNDERTAKER H. C. Brenninger Son

ADDRESS 1156 Patterson

AaCo. 5-31 2500

74175 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-66 E 74175

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1731 Lancaster St. 2-H Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. if of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME, Annie Resch

(a) Residence: No. 1731 Lancaster St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of August A. Resch

DATE OF BIRTH (month, day, year) Sept. 7, 1857

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	73	2	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

12. NAME Not Known
13. BIRTHPLACE (city or town) (State or country) Not Known
14. MAIDEN NAME Maria Rogers
15. BIRTHPLACE (city or town) (State or country) Not Known
16. INFORMANT Margaret M. Pierce
(Address) 1536 Lancaster St.
17. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Nov. 25 1931
18. UNDERTAKER Wm. F. Miller & Son
(Address) 2534 Jefferson St.

C. THOMPSON JONES, M. D.
Registrar.

4-1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1931, to Nov. 21, 1931

I last saw her alive on Nov. 20 1931 death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	11-1-31

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene L. Parsons, M. D.
(Address) 514 Emory Lane

...-2-29-28—L. F. S.—500 Bks.

E 74176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

E 74176

1—PLACE OF DEATH

REGISTERED NO.

ITY OF BALTIMORE: (No. 1552 N. Bruce ST. 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Florence Rhodes

(a) RESIDENCE NO. 1552 N. Bruce ST.

(Usual place of abode)

WARD

gth of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ual	Col	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of Charles Rhodes.

ATE OF BIRTH (month, day, and year) Dec. 24, 1872

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
58	59	10	28	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Howard Co Md

0 NAME OF FATHER Unknown

1 BIRTHPLACE OF FATHER (city or town) (State or country) "

2 MAIDEN NAME OF MOTHER Unknown

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Edward Rhodes.

(Address) 1552 N. Bruce St

Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22/31

17

I HEREBY CERTIFY, That I attended deceased from Nov. 12 . 19 31 . to Nov 22 . 19 31 .

that I last saw h[illegible] alive on Nov. 21 . 19 31

and that death occurred, on the date stated above, at 4 15 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy, Chr Myocarditis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. N. Hatcher, M. D.

11/27, 19 31 (Address) 1 W Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
West Friend Ship. Md	Nov. 25 1931
20 UNDERTAKER Thomas E. Kelson	ADDRESS 1303 Freeman St

AaCo. 5-11 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 2356 E 74177

CERTIFICATE OF DEATH

E 74177

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 79 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. 2 mos. — ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Merrill S. Truitt

(a) Residence: No. Hebron Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Gertrude

DATE OF BIRTH (month, day, year) Jan 31 - 1892

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	39	9	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Laborer~~ Factory (Shirt) Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Aug 1 - 1931
11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Md
13. NAME Merrill Truitt
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Margaret Williams
16. BIRTHPLACE (city or town) (State or country) Md
17. INFORMANT Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL Hebron Md. Date 11-27, 1931
19. UNDERTAKER Wendell E. Humphreys
(Address) 1501 N. Broadway
Filed 1931 Registrar

3753 Via B & O R.R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov - 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1931, to Nov 24, 1931
I last saw him alive on Nov 24, 1931 death is said to have occurred on the date stated above, at 5.40 P m.

The principal cause of death and related causes of importance were as follows:

Leukaemia - myelogenous

Date of onset Oct 1930

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alan Brunn, M. D.
(Address) Johns Hopkins Hosp.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74178 CERTIFICATE OF DEATH E 74178

REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) ST. WARD

2 FULL NAME REUBEN

(a) RESIDENCE NO. (Usual place of abode) ST. WARD (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Alice Knight

7 DATE OF BIRTH (month, day, and year) Sept 7-1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Chelsea Massachusetts

10 NAME OF FATHER John B. Knight

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER Mary Potter

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

Informant (Address) Mrs Sadie A. Knight 1209 Reuhan Rd

D. HAMPTON JONES, M. D.

Filed 12-3 1931.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/24/31

17 I HEREBY CERTIFY, That I attended deceased from 10/16 1931, to 11/24 1931

that I last saw h[illegible] alive on 11/24 1931

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Cyst of duct. Failure, Uraemia.
Myocarditis

(duration) yrs. 12 mos. ds.

CONTRIBUTORY (Secondary) Senile Gangrene (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/19

Was there an autopsy? No Operation

What test confirmed diagnosis?

(Signed) Harry Lachman M. D.

19 (Address) 1 W Belvedere Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cem	Nov 27 1931
21 UNDERTAKER: Wm J Tuckerstone	ADDRESS: N Y Pa

-20—M. & T.—100 B—50L

E 74179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 E 74179

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 Homestead ST., 9-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Hershfeld

(a) RESIDENCE NO. 615 Homestead ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Ellen Hershfeld

7 DATE OF BIRTH (month, day, and year) Oct 6/1864

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	67	2	17	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Contractor
(b) General nature of industry, business, or establishment in which employed (or employer): Mill Work
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Philadelphia, Pa.

10 NAME OF FATHER Charles Hershfeld

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Caroline Armling

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna.

Informant: Mrs. Rosa Ellen Hershfeld

(Address): 615 Homestead St

Filed 11/24/31 C. HAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John H Watson, M. D. Coroner

(Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Nov. 26 19 31

20 UNDERTAKER: Wm. J. Tickner & Sons — ADDRESS: N. & Pa Ave.

Spec.—1-12-23—M&T—500 Blks.

E 74180

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74180

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Barclay St ST. 10-15 WARD)

2-FULL NAME Edward Reynolds

(a) RESIDENCE NO. 1110 Barclay St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of late Mary Reynolds

7 DATE OF BIRTH (month, day, and year) Dec 20 1873

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	3	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman Cable Dept

(b) General nature of industry, business, or establishment in which employed (or employer) C & P Telephone Co

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Wm. Reynolds

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Alice McCann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant John Reynolds

(Address) 1110 Barclay St

DEC 25 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 23 1931

17 I HEREBY CERTIFY, That I attended deceased from April 23, 1928, to November 23 1931, that I last saw him alive on November 23, 1931, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

cardiovascular renal disease - arteriosclerosis (marked) with hypertension, chronic nephritis

(duration) at least 4 yrs. mos. ds.

CONTRIBUTORY (Secondary), uraemia, myocardial insufficiency (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? NA Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical laboratory findings

(Signed) Frankell Smith Jr. M. D.

11/23/ 1931 (Address) 927 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL 11-27 1931

20 UNDERTAKER Rita Winfield — ADDRESS 9 E Franklin Ave

74131

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74181

107 001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 S. Spring ST. 3rd WARD)

2-FULL NAME Benjamin Zelig Sklar

(a) RESIDENCE No. 117 S. Spring ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of or) WIFE of: Dora Leah Sklar

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER Abe Sklar

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Esther

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant (Address): Jack Lewis Inc 1439 E Baltimore st

HAMPSON JONES, M. D. Registrar

25 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/25 1931

17 I HEREBY CERTIFY, That I attended deceased from 11/18, 1931, to 11/25, 1931, that I last saw him alive on 11/25, 1931, and that death occurred, on the date stated above, at 1:00 a m.

The CAUSE OF DEATH* was as follows:

Senile psychosis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

, 19 (Address) 2030 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale

DATE OF BURIAL: 11/25 1931

20 UNDERTAKER: Jack Lewis Inc

ADDRESS: 1439 E Balto

Spec.—8-26—A. & C.—250 Blks

E 74182

74182 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 82-001

REGISTERED NO. 25-72

1 PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. St Agnes Hospital ST.) (WARD)

2 FULL NAME Mr John Harold

(a) RESIDENCE NO. Washington Blvd & Caton Ave ST. WARD A. C. Co. Md.
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 6 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Harold.

DATE OF BIRTH (month, day, and year) May 2nd 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70		6	22	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tobacco
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer on County Road

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER John Harold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Gross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant (Address) Mrs Mary Harold Washington Blvd & Caton Aves

Filed 25 1931 , 19 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-24-31

17
I HEREBY CERTIFY, That I attended deceased from 11-19 , 1931 to 11-24 , 1931

that I last saw him alive on 11-24 , 1931

and that death occurred, on the date stated above, at 3.45 a m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) 1 yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Hypertension - arteriosclerosis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Spinal puncture

(Signed) H Edmar S Anderson M. D.

11-24-31 , 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 11/27/31

20 UNDERTAKER John J Cowan & Son.

ADDRESS 901 Eutaw St

...—2-29-28—L. P. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74183

CERTIFICATE OF DEATH

82-001 E 74183

REGISTERED NO.

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. 740 N. Mulberry, ST., 17-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Crockett

(a) RESIDENCE NO. 740 N. Mulberry St. WARD

(Usual place of abode) (If non-resident give city or town and State)

...gth of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S., if foreign birth? ...yrs. ...mos. ...ds.

PERSONAL AND STATISTICAL PARTICULARS

...EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	married

...f married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Crockett

...ATE OF BIRTH (month, day, and year) Dec 25, 1876

...GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54		11	28	

...CUPATION OF DECEASED

...a) Trade, profession or particular kind of work Stone keeper 045

...b) General nature of industry, business, or establishment in which employed (or employer)

...c) Name of employer

...RTHPLACE (city or town) (State or country) Va

...9 NAME OF FATHER unknown

...1 BIRTHPLACE OF FATHER (city or town) Va (State or country)

...2 MAIDEN NAME OF MOTHER Malinda Ballard

...3 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

Informant Elizabeth Crockett

(Address) 740 N. Mulberry St

...25 1931 ...HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-23-31

17 I HEREBY CERTIFY, That I attended deceased from 11-17-31, 19..., to 11-23-31, 19...

that I last saw him alive on ..., 19...

and that death occurred, on the date stated above, at 7.15 P m.

The CAUSE OF DEATH was as follows:

Apoplexy

(duration) ...yrs. ...mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. M. Cardozo, M. D.

..., 19... (Address) 1524 Druid Hill Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Nov 27, 1931
20 UNDERTAKER	ADDRESS
Wm. Peter R. Williams	322 N. Schroeder St.

-20—M. & T.—100 B—50L.

E 74184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74184

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH B.& O.R.R.Yards.

CITY OF BALTIMORE: (No. Howard & Ostend Sts. ST. 4-76 WARD)

2-FULL NAME James D.Galmore Sr.(C)

(a) RESIDENCE NO. 731 N.Mulberry St. ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. ---mos.--- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

6 If married, (HUSBAND) of XXXXXXXXX Cornelia Galmore.(C)

7 DATE OF BIRTH (month, day, and year) June 2,1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	5	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Air pressure man,
(b) General nature of industry, business, or establishment in which employed (or employer): Pullman Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia.

10 NAME OF FATHER: Jacob Galmore,(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia.

12 MAIDEN NAME OF MOTHER: Rose Daniel(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia.

Informant: Cornelia Galmore.(C) wife.

(Address) 731 N.Mulberry St.

NOV 25 1931 C. HAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) November 23, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Hintzeldt Coroner, M. D.

11/24 1931 (Address) 1017 E.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dist Auburn Cemetery	Nov 27, 1931
20 UNDERTAKER: Chas R Williams	ADDRESS 3227 Schroeder st

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74185

CERTIFICATE OF DEATH.

107 E 74185

REGISTERED NO.

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun ST.) (WARD) 23-31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Upperman

(a) RESIDENCE NO. 1434 St. Charles St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Upperman

7 DATE OF BIRTH (month, day, and year): July 2, 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	3	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va.

10 NAME OF FATHER: John Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Don't know

Informant: Mrs. Mallon

(Address)

Filed NOV 25 1931 E. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-24 1931

17 I HEREBY CERTIFY, That I attended deceased from 11-21 1931 to 11-24 1931

that I last saw her alive on 11-24 1931

and that death occurred, on the date stated above, at 2:57 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) T. M. Schneider, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn DATE OF BURIAL: Nov 26 1931

20 UNDERTAKER: C. Truman Evans ADDRESS: 848 Park Ave

MdCo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 115 E 74186

E 74186

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 7-24 Ward)

Length of residence in city or town where death occurred 6 yrs. 8 mos. 2 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leon Grant

(a) Residence: No. 1115 Etting St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 3/22/25

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Wm R. Grant

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Unknown (deceased)

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Wm R. Grant
(Address) 1115 Etting St.

BURIAL, CREMATION, OR REMOVAL
Place Pikesville Date 11/25 1931

UNDERTAKER Samuel Thomsen
(Address) 5[illegible] Druid Hill Ave.

FILED 11/25 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/25, 1931

22. I HEREBY CERTIFY, That I attended deceased from 11/24, 1931, to 11/25, 1931

I last saw ... alive on 11/25, 1931, death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria Sore Throat	11/19/31

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) M. L. Jackson, M. D.

(Address) Sydenham Hospital

Cora M Brooks

E 74187

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74187

E 74187.

CERTIFICATE OF DEATH

23

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 887 Boyd ST. 18-27 WARD)

2—FULL NAME Cora Marshall Brooks

(a) RESIDENCE NO. 887 Boyd St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: W. H. Brooks

DATE OF BIRTH (month, day, and year): ?

AGE: 25 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: ?

BIRTHPLACE (city or town) (State or country): Prince George Co. Md

NAME OF FATHER: Fleming Marsh

BIRTHPLACE OF FATHER (city or town) (State or country): Va

MAIDEN NAME OF MOTHER: Bridie ? Stearns

BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: William Brooks

(Address) 887 Boyd St

NOV 25 1931 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-24-31

17 I HEREBY CERTIFY, That I attended deceased from 10-5-31 to 11-23-31, 19

that I last saw her alive on , 19

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Acute Tuberculosis

CONTRIBUTORY (Secondary) acute Miliary Tuberculosis (duration) yrs. mos. 29 ds.

(duration) yrs. ½ mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F. M. Cardozo, M. D.

11-24-31 (Address) 1524 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: Nov 28 1931

UNDERTAKER: Chas Jones

ADDRESS: 1112 E. Lafayette

...c.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 74188

E 74188

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No.) St. Joseph Hospital ST. (WARD) 7647

2—FULL NAME Mrs Marie Slechta

(a) RESIDENCE NO. 721 N. Milton Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

...gth of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

...X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W	Married

...f married, widowed, or divorced HUSBAND of (or) WIFE of Albert Slechta

...ATE OF BIRTH (month, day, and year) Unknown

...E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

...CUPATION OF DECEASED

...) Trade, profession or particular kind of work Housework

...) General nature of industry, business, or establishment) in which employed (or employer)

...) Name of employer

...RTHPLACE (city or town) (State or country) Balt

...) NAME OF FATHER Joseph Lysell

...) BIRTHPLACE OF FATHER (city or town) (State or country) Balt

...) MAIDEN NAME OF MOTHER Unknown

...) BIRTHPLACE OF MOTHER (city or town) (State or country) Balt

Informant Albert Slechta

(Address) 721 N. Milton Ave

Filed ... 19... C. HAMPSON JONES, M. D. Registrar

...0 1931 ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-25-31

17 I HEREBY CERTIFY, That I attended deceased from Nov 23, 1931, to Nov 25, 1931, that I last saw h... alive on Nov 25, 1931 and that death occurred, on the date stated above, at 1.35 A m.

The CAUSE OF DEATH* was as follows:

Cerebral embolism

(duration) yrs. mos. I ds.

CONTRIBUTORY (Secondary) Hypotonic-cardio-vascular renal disease (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. M. Baumgardner, M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Nov 28 1931

20 UNDERTAKER Frank Brochon Son 1906 Eutaw Pl

ADDRESS

-30—M. & T.—100 B—60L

E 74139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X167 VE 74139

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 W.North Avenue ST. 13-15 WARD)

2-FULL NAME Herbert Baker Flowers

(a) RESIDENCE NO. Emerson Hotel ST., ... WARD New York City, N.Y.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs about mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widowed

6 If married, widowed, or divorced
BUSBAND of
(or) WIFE of Marcella G.Flowers

DATE OF BIRTH (month, day, and year) July,14,1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	4	10	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer: Retired

BIRTHPLACE (city or town) (State or country): Detroit, Mich.

10 NAME OF FATHER Charles Flowers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Detroit Mich.

12 MAIDEN NAME OF MOTHER Mary DeNormandie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Detroit Mich.

Informant: Mr.Eugene L.Norton

(Address): Wyman Park Apts. City

Filed ..... 193 HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Apoplexy Hours
Suicide

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ..... M. D. Coroner

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cremation-Fort Lincoln Cemetery

DATE OF BURIAL Nov-26-31

UNDERTAKER Stewart & Mowen Company

ADDRESS 108 W. North Avenue

AdCo. 5-41 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

4190 E 74190

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hosp. 12-Med (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

CITY OF BALTIMORE: (No. ..... 12 Ward)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia E. Mason.

(a) Residence: No. Jarrin P.O. Balt. Co. Md. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 5, 1917

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balt. Co. Md.

13. NAME Wm. T. Mason

14. BIRTHPLACE (city or town) Balt. Md.
(State or country)

15. MAIDEN NAME Cora May Mitchell

16. BIRTHPLACE (city or town) Howard Co. Md.
(State or country)

INFORMANT Mother.
(Address)

BURIAL, CREMATION, OR REMOVAL. Dr. Hill Chm. Date Nov. 28 1931

UNDERTAKER Easton Sons
(Address) Edmondson Ave. Md.

DATE RECEIVED ..... 19.. Registrar

25 1931 Jeff. Jones

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1931, to Nov. 25, 1931

I last saw her alive on Nov. 25, 1931, death is said to have occurred on the date stated above, at 5:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcus albus septicemia	11-21-31.
Other contributory causes of importance:	
Infection of lower lip.	11-19-31

Name of operation Incision & drainage Date of 11-23-31
Blood culture

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John S. Fowler, M. D.
(Address) Un. Memorial Hosp.

C-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74191

E 74191

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 N. Vincent ST. 14-27 WARD)

2-FULL NAME John Williams

(a) RESIDENCE NO. 314 N. Vincent ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married ?

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, and year) ? ? ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 40	—	—	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Unknown

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Father Williams

(Address) 314 N. Vincent St.

1931 . 192 . B.S.S. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 10th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

THE CAUSE OF DEATH* was as follows:

Acute Alcoholism

8 to 10 hrs (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell M. D. Coroner

11/23, 1931 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER: [illegible]

ADDRESS [illegible]

Received NOV 2 1931

30—M & T.—100 B—501.

74192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001 E 74192

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 26-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James M Rogers

(a) RESIDENCE NO 237 S East Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Lola Margaret Rogers

DATE OF BIRTH (month, day, and year) Dec 31 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	11	22	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Ship Fitter
(b) General nature of industry, business, or establishment in which employed (or employer): 015
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Rogers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Marcellus Rogers

(Address) 707 S East Ave

Filed 1931, 192 A. [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Fractured Skull accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute alcoholism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) P F Henry M D Coroner, M. D.

11/25, 1931 (Address) 1305 N Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lutheran Cemetery	Nov 27 1931
20 UNDERTAKER Lilly - Zeiler Inc.	ADDRESS 403 S. Mount St

...-2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74193 | CERTIFICATE OF DEATH | 131 E 74193

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2517 Garrison Ave (WARD) 15-61

2—FULL NAME Annie I Kennin

(a) RESIDENCE NO. (Usual place of abode) 2517 Garrison Ave ST., WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced WIFE of (or) HUSBAND of —

7 DATE OF BIRTH (month, day, and year) September 12 1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67.	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER John W. D. Kennin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Sallie A.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant David E Kennin

(Address) 2517 Garrison Ave

Filed ... 1931 ... C. BAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1931, to Nov. 24, 1931, that I last saw her alive on Nov. 23, 1931, and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation, heart failure, pulmonary oedema

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Cardio-renal disease (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Maurice L. Shamer M. D.

11/25. 1931 (Address) 3300 W. Northern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemy.	Nov 27 1931
20 UNDERTAKER: John O. Mitchell & Sons	ADDRESS: 1911 Eutaw Place

1-30—M. & T.—100 B—501.

74194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-E 001 74194

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 25-72 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ferdinand Otte (Otte)

(a) RESIDENCE NO 808 Calow ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of William Otte

DATE OF BIRTH (month, day, and year) Oct 14 1848

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	83	1	10	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: watchman
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer Stewart Co

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Christian Otte

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Emma Rotteler

(Address) 808 Calow ave

Filed 1931 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture neck of Femur
arteriosclerosis Fell
in his Home accident
(duration) yrs 4 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 4 ds.

18 Where was disease contracted, if not at place of death? 808 Calow ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X Ray

(Signed) James H Hudson M. D. Coroner

11 24 1931 (Address) 701 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville — DATE OF BURIAL 11/27/31

20 UNDERTAKER Mc Phillen & Son — ADDRESS 2503 Edmondson ave

20—M. & T.—100 B—50L

74195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 21-002 E 74195

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hosp. ST. 16-68 (WARD)

2-FULL NAME Adele Verona Bernhardt

(a) RESIDENCE No 5501 Windsor Mill Road ST., ... WARD Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ---

DATE OF BIRTH (month, day, and year) Feb. 17, 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	9	7	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

10 NAME OF FATHER Adolph C. Bernhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Philadelphia Pa

12 MAIDEN NAME OF MOTHER Verona Hoey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

Informant Adolph C. Bernhardt

(Address) 5501 Windsor Mill Rd.

Filed ..... 192 ..... Registrar

1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 24 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck when she walked into side of moving auto

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Fractured Skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Windsor Mill Rd Co

Did an operation precede death? No Date of 11/23/31

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) H. Braun, M. D.

11/25 1931 (Address) Traffic Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: 11/27 19 31

20 UNDERTAKER: William Cook — ADDRESS: 1217 St. Paul

...c.—1-30—M. & T.—250 Blks

E 74196 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74196

CERTIFICATE OF DEATH. 119

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1331 Andrea St. ST. 24-35 WARD

2-FULL NAME Mary Walczak.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. 1331 Andrae St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Single

If married, widowed, or divorced HUSBAND of or) WIFE of -------

DATE OF BIRTH (month, day, and year) Aug. 11, 1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	3	11/3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

9 NAME OF FATHER Bennie Sakowski.

10 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

11 MAIDEN NAME OF MOTHER Mary Krafczik.

12 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

Informant Mary Walczak. (mother)

(Address) 1331 Andrae St.

Filed 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from November 21st, 1931 to November 24th, 1931

that I last saw her alive on November 24th, 1931

and that death occurred, on the date stated above, at 11.15 p m.

The CAUSE OF DEATH* was as follows:

Diarrhoea & Enteritis.

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Diagnosis.

(Signed) Otto M Reinhardt, M. D.

11/25/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross C C Co

DATE OF BURIAL Nov 26 19 31

20 UNDERTAKER Charles L. Stamm

ADDRESS 1357 E Pratt St

-30—M. & T.—100 B—50L

E 74197 ✓ E 74197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 16

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkind Hospital ST. 7-9 WARD)

2-FULL NAME Merle Cochran

(a) RESIDENCE NO Delta, Pa. (R.F.D.) ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1920

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer) Public School
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Delta, Pa. (R.F.D.)

10 NAME OF FATHER Charles Cochran

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delta, Pa. FR.F.D.)

12 MAIDEN NAME OF MOTHER Margorie Hess

13 BIRTHPLACE OF MOTHER (city or town) (State or country) York Co., Pa.

Informant Hopkins Hospital

(Address)

1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Anterior Poleomyelitis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jos H Carey, M. D.
Coroner

(Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Delta. Pa.

DATE OF BURIAL Nov 26 1931

20 UNDERTAKER Hubert P Hankins

ADDRESS Delta Pa

AaCo. 5-31 250B

E 74198 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107 E 74198

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15-21 St., Ward)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U.S. If of foreign birth? 56 yrs. mos. ds.

2. FULL NAME Margaret Galbreath

(a) Residence: No. 1625 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

DATE OF BIRTH (month, day, year) Mar. 22, ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day's work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) ? England

12. NAME William Christian

13. BIRTHPLACE (city or town) (State or country) ? England

14. MAIDEN NAME Ellen Calhoun

15. BIRTHPLACE (city or town) (State or country) ? England

INFORMANT (Address) Records of Balto. City Hosp.

BURIAL, CREMATION, OR REMOVAL U.B. Cemetery

Place Fairmount Md Date Nov 27 1931

UNDERTAKER Chas G. Black

(Address) 702 N. North ave

CLERK HARPSON JONES, M. D.

Date Nov 27 1931 Registrar

57 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1931 to Nov. 24, 1931

I last saw her alive on Nov. 24, 1931 death is said to have occurred on the date stated above, at 1:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11 20 31

Other contributory causes of importance:

Hypostasis	unknown
Malnutrition	"

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

12-1-31 (Signed) Emma Kirbright D. M. D.

(Address) Balto. City Hosp.

AaCo. 5-31 250B

74199 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

177 E 74199

1. PLACE OF DEATH Union Memorial Hospital 13-52 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marvin Rolosson

(a) Residence: No. 3669 Ash Av. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 6, 1928

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	3	9	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Frank L. Rolosson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Helen Dello

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT (Address) Hospital Records

BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Cemetery Nov. 26, 1931

UNDERTAKER Chesnut Avenue Funeral Home
(Address) 3615 Chesnut Ave.

FILED Nov 26 1931 H. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1931 to Nov. 24, 1931

I last saw h— alive on Nov. 24 1931 death is said to have occurred on the date stated above, at 4:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Food Poisoning	
Stomach & Intestines	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Jesse D. Carman M. D.

(Address) Union Memorial Hosp.

Spec.—9-30—A & Co.—250 Blks

74200 HEALTH DEPARTMENT—CITY OF BALTIMORE

97 E 74200

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3813 N Garrison Blvd 15-63 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Alice E Stewart

(a) RESIDENCE NO 3813 N Garrison Blvd ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 single, Married, Widowed, or Divorced, (write the word)
F.	W.	Widow

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of John R. Stewart

DATE OF BIRTH (month, day, and year) Jan 15-1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Washington D.C.

10 NAME OF FATHER — Foster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Interment (Address) Raymond Stewart 3813 N Garrison Blvd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25-1931

17

I HEREBY CERTIFY, That I attended deceased from Several yrs. to Nov 25 1931

that I last saw h[illegible] alive on Several days ago 19 and that death occurred, on the date stated above, at 8:20 A m.

The CAUSE OF DEATH* was as follows:

arterio-Sclerosis

Several (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Usual.

(Signed) G. Hebster Ewart M. D.

Nov 25 1931 (Address) 3746 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Lebanon Cemetery — DATE OF BURIAL: Nov 27 1931

20 UNDERTAKER William D Fore — ADDRESS 2224 N Charles St

DEC 1 1931 C. HAMPSON JONES, M.D. Registrar

By —

Dr Lattomus 12 E Eager St

BACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74201

1 E 74201

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3206 St.Paul St. St., 12-50 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugenia M. Gilbart

(a) Residence: No. 3206 St.Paul St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of T. Edgar Gilbart

6. DATE OF BIRTH (month, day, year) Apr.3,1878

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	53	7	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

13. NAME Samuel Dubois Whittmore

14. BIRTHPLACE (city or town) (State or country) New Jersey

15. MAIDEN NAME Kezial Caddell

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT T. Edgar Gilbart
(Address) 3206 St.Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place Unitas N.J. Date 11/28 1931

19. UNDERTAKER Wellington Cook
(Address) 12 E. Eager Street

20. FILED 1931 H. J. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov.24 . 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1931, to Nov 24, 1931.

I last saw her alive on Nov. 24, 1931 death is said to have occurred on the date stated above, at 8 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	abt Oct 1/31
Other contributory causes of importance: Anaemia (secondary)	abt Oct 15/31

Name of operation Cystoscopy, Ureteroscopy, etc. - Blood culture neg. Date of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A Lattomus M. D.

(Address) 12 E. Eager St, Baltimore

LaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74202

CERTIFICATE OF DEATH

92-09 L 74202

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2242 Pennslyvania Ave. 15-21 Ward)

Length of residence in city or town where death occurred 30 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Laura E. Triplett

(a) Residence: No. 2242 Pennsylvania Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, year) July 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	66	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seamstress
10. Date deceased last worked at this occupation (month and year) & Self
11. Total time (years) spent in this occupation 64

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Lorenzo Triplett

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth Gould

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT James C. Triplett
(Address) 2242 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodstock, Md. 11/28 19 31

19. UNDERTAKER William Cook
(Address) 1217 St. Paul St.

20. FILED J. C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25. 19 31

22. I HEREBY CERTIFY, That I attended deceased from April 15 19 31 to Nov 24 19 31
I last saw h alive on Nov 24 19 31 death is said to have occurred on the date stated above, at 7.35 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Secondary Anaemia — Date of onset 1929

Other contributory causes of importance:

Chronic Endocarditis — 1930

Name of operation Clinical Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No Specify
(Signed) Wm. J. Sumiam M. D.
(Address) 1701 W. Fulton Ave

AaCo. 5-31 2508

74203 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

149-001 B 74203

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 15-21 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Ellen Barlow

(a) Residence: No. 2522 Pennsylvania St., Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert Barlow

DATE OF BIRTH (month, day, year) Aug 8 1898

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	33	3	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME William Gannon

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Gleland

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 11-25 1931

19. UNDERTAKER Wm. Hirsch & Son
(Address) 952 W. Lanvale Ave

20. FILED 11-25-31 HARRISON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24th 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1931, to Nov 24th, 1931

I last saw h.e.r. alive on Nov 24th, 1931 death is said to have occurred on the date stated above, at 10:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	

Other contributory causes of importance:

Pregnancy

Name of operation Cesarean section Date of 11/22/23

What test confirmed diagnosis? Clin & Path. autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify X

(Signed) J. Schnyder, M. D.

(Address) J.H.H.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74204

CERTIFICATE OF DEATH

13 E 74204

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 W. Henry St. 24-33 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Edward Norris

(a) Residence: No. 1111 W. Henry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine J. Neill

6. DATE OF BIRTH (month, day, year) 3-15-59

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Edward Norris

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Eliz. Spaulding

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. E. Norris

(Address) 1111 W. Henry St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Cathedral Date 11-27-1931

UNDERTAKER J. Fred Tyson

(Address) 1916 Eastern Ave.

FILED 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24, 1931.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1931 to Nov. 24, 1931

I last saw him alive on Nov 24 1931, death is said to have occurred on the date stated above, at 8:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

uremia	11.19.31.

Name of operation none Date of

What tests to confirm diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased no If so, specify

(Signed) J Edward Norris M. D.

(Address) 107 Eastwest street

AACo. 5-11 250B

Freitinger 682 Wash Blvd

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74205

CERTIFICATE OF DEATH

E 74205

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 665 W. Barre St. 22-30 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Edward Schumacher

(a) Residence: No. 665 W. Barre St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or WIFE of) Hattie

DATE OF BIRTH (month, day, year) May 13, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 86
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Chas C Schumacher

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary E Pancake

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT (Address) Mary E Schumacher 665 W. Barre St

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 11/27 19 31

UNDERTAKER (Address) Wellington Cake 1211 N. Howard St

FILED NOV 27 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25 19 31

22. I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ Sept 20 19 31, to Nov 25 19 31
I last saw ~~him~~ alive on Nov 24 19 31 death is said to have occurred on the date stated above, at 12 ~~M~~ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis (Idiopathic)	1
Cerebral Haemorrhage	1 hr
Other contributory causes of importance: High blood pressure	

Name of operation None Date of

What test confirmed diagnosis? Suspected Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Trumper M. D.

(Address) 682 Wash. Blvd.

...—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74206 × 131 ✓ E 74206

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital. 130

CITY OF BALTIMORE: (No. ... ST. ... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Royden Webb

(a) RESIDENCE No. 5 Burkleigh Sq. Towson. Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 5 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Maud L Webb

DATE OF BIRTH (month, day, and year) July 1, 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	4	24	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Banker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Equitable Trust Co

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: William Webb

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Lillie Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Maud L Webb
(Address) Towson Md

FILED 1 27 1931 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 23, 1931, to Nov 25, 1931, that I last saw him alive on Nov 25, 1931, and that death occurred, on the date stated above, at 10 50 P. m.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis
Hypertension
~~Arteriosclerosis~~, Generalized
(duration) 15 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Generalized
(duration) 5 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. H. Davis, M. D.
, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lund Ridge — DATE OF BURIAL: 11/28 1931

20 UNDERTAKER: J. M. Cook — ADDRESS: [illegible]

AACo. 5-11 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

E 74207

CERTIFICATE OF DEATH

E 74207

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4- Ward)

Length of residence in city or town where death occurred yrs. mos. 26 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Ward.

(a) Residence: No. 36 W. Penn St., Westminster Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 8, 1860

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	71	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME Wm. Ward

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Mary Cole

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Westminster Date Nov 28 1931

UNDERTAKER H.B. Bankard & Son
(Address) Westminster Md

2-7 1931 HAWES-CUNNINGHAM Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from October 31, 1931 to November 26, 1931

I last saw h-- alive on November 26 1931 death is said to have occurred on the date stated above, at 9:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Disease	5 yrs.
Auricular Fibrillation	1 yr.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Simon Bruce, M. D.
(Address) Mercy Hospital

ec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 74208

CERTIFICATE OF DEATH

E 74208

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 434 Roseneath Ter. ST. 20-11 (WARD)

2—FULL NAME David R. Usilton

(a) RESIDENCE NO. 443 S. Augusta Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 3 yrs. 3 mos. 17 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy Usellon

ATE OF BIRTH (month, day, and year) Aug 8, 1902

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	3	17	

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work Editor

(b) General nature of industry, business, or establishment in which employed (or employer) Sun Papers.

(c) Name of employer Balto. Sun.

RTHPLACE (city or town) (State or country) Baltimore Maryland

NAME OF FATHER B Preston Usellon

BIRTHPLACE OF FATHER (city or town) (State or country) Kent Co. Md.

MAIDEN NAME OF MOTHER Hannah Custy

BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

Informant B Preston Usellon

(Address) 434 Roseneath Ter.

Filed 19 HAMPSON JONES, M. D. Registrar

7 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25 1931

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1931, to Nov. 25, 1931, that I last saw h alive on Nov. 24, 1931 and that death occurred, on the date stated above, at 1:20 A m.

The CAUSE OF DEATH* was as follows:

Rheumatic Endocarditis complicated by Malignant Endocarditis

(duration) about 4 yrs. 6 mos. 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam & Blood Culture

(Signed) O Walter Sommer Md. M. D.

19 (Address) 3300 Walbrook Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL 11/27 1931

29 UNDERTAKER W J Tuckerman & Sons

ADDRESS N. Pa. Ave

AACo. 5-31 250M

HEALTH DEPARTMENT CITY OF BALTIMORE

74209

CERTIFICATE OF DEATH

82-001

Registered No. E 74209

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Granada Apts. 5 4

CITY OF BALTIMORE: (No. 2431 Lakeview Ave. 12-56 Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Daniel Weltz

(a) Residence: No. 2431 Lakeview Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Pauline Weltz

DATE OF BIRTH (month, day, year)

6. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	76			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

12. NAME Dora Weltz

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Dulsis —

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Mrs Pauline Weltz

(Address) 2431 Lakeview Ave.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Nebo Cem. Date 11-27- 1931

UNDERTAKER Jos. Kline, Inc

(Address) 1301 E. Baltimore St.

FILED C. HAMPSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25th 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16th, 1931, to Nov. 25th, 1931.

I last saw him alive on Nov. 25th 1931, death is said to have occurred on the date stated above, at 10.51 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Left Hemiplegia)	Nov. 18th 31.
Hypertension.	?

Other contributory causes of importance:

Pulmonary Edema	Nov. 23rd 31.

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical findings. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Michael F. Abrams, M. D.

(Address) 2360 Eutaw Place.

ec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74210 108 E 74210

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 16-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1520 W. Lanvale ST. (WARD)

2—FULL NAME Mrs. Maria Coates

(a) RESIDENCE NO. 1520 W. Lanvale ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Coates

ATE OF BIRTH (month, day, and year): 1875

AGE	Years	Months	Days	IF LESS than 1 day, hrs. or min.
	56	7	—	

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

RTHPLACE (city or town) (State or country): Penn. Geo. Co

NAME OF FATHER: Wm Harper

BIRTHPLACE OF FATHER (State or country): Penn. Geo. Co

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: James Coates

(Address): 1508 E. Lanvale

27 1931 Filed 19 HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/23/31

17 I HEREBY CERTIFY, That I attended deceased from Nov 10 1931 to Nov 23rd 1931, that I last saw her alive on Nov 23rd 1931 and that death occurred, on the date stated above, at 11 o AM m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Emphysematous Asthma

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. E. Udell, M. D.

19 (Address) 1520 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Nov 27 1931

UNDERTAKER: Virginia G. Brooks

ADDRESS: 1463 N. Carey St

Spec.—8-16-29—L. F. S.—100 Blks.

74211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002 E 74211

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1609 McCulloh ST. (WARD) 4-20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hester Penslett

(a) RESIDENCE NO. 1609 McCulloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored.	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Scott neck. N. C.

NAME OF FATHER Robt Hamond

BIRTHPLACE OF FATHER (city or town) (State or country) Scottneck. N. C.

MAIDEN NAME OF MOTHER Rosa Hamond.

BIRTHPLACE OF MOTHER (city or town) (State or country) Scott neck N. C.

Informant Mary L Jones.

(Address) 708 Park Place St.

Filed C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-24-31

17 I HEREBY CERTIFY, That I attended deceased from Sept 28. 1931, to Nov. 24. 1931, that I last saw h[illegible] alive on Nov. 20, 1931 and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Cardio Valvular disease

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arthritis (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Thos Woolridge, M. D.

11-25 1931 (Address) 703 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Interred	Nov 27 1931
20 UNDERTAKER	ADDRESS
Saml Brantley	578 N Eddle St

Spec.—9-30—A & Co.—250 Blks

74212 HEALTH DEPARTMENT—CITY OF BALTIMORE 74212

CERTIFICATE OF DEATH

95-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 506 S. Montford Ave ST. 13 WARD

2 FULL NAME Nelson P. Johnson

(a) RESIDENCE NO. 506 S. Montford Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Lucretia Johnson

7 DATE OF BIRTH (month, day, and year) Nov. 1, 1847

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	1	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Rigger 86

(b) General nature of industry, business, or establishment in which employed (or employer) Grain Elevator

(c) Name of employer P. R. R. Co.

BIRTHPLACE (city or town) (State or country) Sweden

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

Informant Edward Johnson

(Address) 506 S. Montford Ave

NOV 27 1931 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25, 1931

17

I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1931, to Nov. 25, 1931

That I last saw h[illegible] alive on Nov. 24, 1931

and that death occurred, on the date stated above, at 5.40 A. m.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion Heart

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Renal Sclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Chas. A. Neer M. D.

(Address) 4 E. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Nov. 27, 1931

20 UNDERTAKER H. Sander Sons Inc

ADDRESS 1710 E. Lexington St

Spec.—9-30—A. & Co.—250 Blks

E 74213 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 E 74213

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 623 Pierce St 17-26 (WARD)

2 NAME Mary Frances Davis

(a) RESIDENCE NO. 623 Pierce St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Widow

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Davis

7 DATE OF BIRTH (month, day, and year) Dec 25 1847

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	2	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nothing

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Henry Burgett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Clarke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Mrs Peters
(Address) 653 Whitelock Ave

7 1931 19 C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH (month, day, and year) Nov. 25-1931

I HEREBY CERTIFY, That I attended deceased from Sept 5 1931 to Nov 25 1931

That I last saw h[illegible] alive on Nov 23 1931

and that death occurred, on the date stated above, at 8. a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) General Debility - Asthenia

(duration) yrs. mos. ds.

15 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Physical

What test confirmed diagnosis?

(Signed) Wm. N. Magill M. D.

Nov 25 1931 (Address) 1209 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Peters	Nov 28 1931
UNDERTAKER	ADDRESS
Emmert L. Moffett	700 N Carrollton Ave

Typ.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

74214

CERTIFICATE OF DEATH

51 E 74214

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1604 Johnson ST. 24-34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Henry Appel

(a) RESIDENCE NO. 1604 Johnson ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 11 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of The late Elizabeth S. Appel

DATE OF BIRTH (month, day, and year) Dec 16-1864

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	66	11	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Gas & Electric Co

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Henry Appel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia Bair

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant (Address) Sophie L. Stuffman 1604 Johnson St

Filed NOV 27 1931 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26/31

17

I HEREBY CERTIFY, That I attended deceased from Nov 25, 1931, to Nov 26, 1931

that I last saw him alive on Nov 26, 1931

and that death occurred, on the date stated above, at 6,40A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate gland
& Diabetes

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. K. Lamperts M. D.

11/27 1931 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore	11/28 1931
UNDERTAKER	ADDRESS
M. Huber's Son	2503 Edmondson

AaCo. 5-31 250M

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

74215

Registered No. 74215

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 4339 Reisterstown Rd Ward 58

ngth of residence in city or town where death occurred 63 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Margaret A. Keith

(a) Residence: No. 4339 Reisterstown Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph N. Keith.

6. DATE OF BIRTH (month, day, year) Nov 9 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	63	0	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Lupus Beckmeier

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph Keith

(Address) 4339 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 11-27-1931

19. UNDERTAKER Ehrlich Hoke

(Address) 1116 E Hoffman St

Nov 24 1931, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24th 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 25th, 1931, to Nov 24, 1931

I last saw h e alive on Nov 23 1931 death is said to have occurred on the date stated above, at 4:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	unknown
Carcinoma of Breast Lung	unknown

(Other contributory causes of importance)

Name of operation None - Refused Date of

What test confirmed diagnosis? Physical & Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. B. Engel M. D.

(Address) 4936 Park Heights Ave

A4Co. 5-31 250B

74216

HEALTH DEPARTMENT—CITY OF BALTIMORE

74216

CERTIFICATE OF DEATH

Registered No. 45

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 Valley St. 10th Ward)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred E. Sullivan

(a) Residence: No. 1117 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine E. Sullivan nee Smith

DATE OF BIRTH (month, day, year) Nov. 2, 1870

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	61	0	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Surety Lumber

10. Date deceased last worked at this occupation (month and year) July 1931

11. Total time (years) spent in this occupation 35 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Md.

12. NAME Wm. P. Sullivan

13. BIRTHPLACE (city or town) (State or country) Baltimore Md.

14. MAIDEN NAME Emma A. Faith

15. BIRTHPLACE (city or town) (State or country) Baltimore Md.

16. INFORMANT (Address) Wm. Jas. Sullivan 1117 Valley St.

17. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date Nov. 28, 1931

18. UNDERTAKER (Address) Smith Coughlin

DATE RECD DEC 7 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8/1, 1931, to 11/25, 1931.

I last saw him alive on 11/25 1931 death is said to have occurred on the date stated above, at 7:45 p m

The principal cause of death and related causes of importance were as follows:

Carcinoma of Sigmoid — Date of onset about 1 yr
Carcinoma of Bowel Lip — about 8 yrs

Other contributory causes of importance:

Name of operation Resection of Bowel Lip Date of 12/10/1930

What test confirmed diagnosis Path Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bernard Wise M. D.

(Address) 1216 E Calvert St

Spart.—6-9-19—H. P. Co.—1000 Blks.

Baylor

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74217

CERTIFICATE OF DEATH.

92-001 E 74217

1-PLACE OF DEATH

CITY OF BALTIMORE: No 22 E Lex ST. 4-7 WARD.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John M Baylor

(a) RESIDENCE. NO. 22 E Lexington St. ST. WARD.
(Usual place of abode)

Length of residence in city or town where death occurred Several Years yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1913

7 AGE: Years 18 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Bells Cross md.

10 NAME OF FATHER Wallis Baylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Lavinia Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

Informant (Address) Walter Baylor 22 E Lexington St

Filed 2-7 1931 C. HARPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-24 1931

17 I HEREBY CERTIFY, That I attended deceased from [illegible] 19 . to [illegible] 19 .

that I last saw h alive on [illegible] 16-31 19 .

and that death occurred, on the date stated above, at a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pleural Exudate

about 1 year 2 months 2
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Rheumatism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H K Grinnalds, M. D.

11-25, 1931 (Address) 11 W Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 11-27 1931

20 UNDERTAKER: Dennis Eaton

ADDRESS 916 Park

-30—M. & T.—100 B—50L

E 74218

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74218

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital ST., 9-44 WARD)

2-FULL NAME Charles Brown

(a) RESIDENCE No 1654 Boone St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Brown

DATE OF BIRTH (month, day, and year) 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	53			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Lillian Johnson

(Address) 1652 Boone St

Filed NOV 27 1931 Registrar C. HAMILTON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Peritonitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Strangulated Hernia

(duration) yrs. mos. ds.

18 Where was disease contracted, if not at place of death? 1654 Boone St

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) B O'Herron M D (Coroner) M. D.

11/25, 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	11/27/1931
UNDERTAKER	ADDRESS
Wm. Geo. H. Holland	1631 Druid Hill

AACo. 5-31 2908

74219

HEALTH DEPARTMENT—CITY OF BALTIMORE

74219

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Street 48 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Baby Schmidt

(a) Residence: No. 5211 Swanson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 11/5/31

AGE	Years	Months	Days	If LESS than 1 day hrs or min
			22h	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Neil Schmidt

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Margaret Powers

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

INFORMANT Mother
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 27 1931

UNDERTAKER Lilly & Sons Inc.
(Address) 1103 Light St.

FILED 1931 H. [illegible] JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-26, 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-5, 1931, to 11-26, 1931

I last saw her alive on 11-26 1931 death is said to have occurred on the date stated above, at 6 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Premature infant	
Contracting	
Pneumonia	11-24

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel McSanahan M. D.

(Address) Union Memorial Hosp

-30—M & T—100 B—50L

E 74220

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74220

CERTIFICATE OF DEATH

94001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 572 S Chapel ST. 2-14 WARD

2-FULL NAME Frank C Filip

(a) RESIDENCE NO 572 S Chapel ST., _____ WARD _____

(Usual place of abode) (If not resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? 35 yrs. _____ mos _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary S Filip

DATE OF BIRTH (month, day, and year) 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50	50			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Continental Bot Co

BIRTHPLACE (city or town) (State or country) Bohemia

10 NAME OF FATHER Filip

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Lutkenaus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

Informant Mary S Filip

(Address) 572 S Chapel St

Filed 2-7 1931 HOLDEN JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) _____ yrs. _____ mos _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C O Herzog M D, Coroner M. D.

Nov 28, 1931 (Address) 1305 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery

DATE OF BURIAL Nov. 28 1931

20 UNDERTAKER Lilly & Zeiler Inc.

ADDRESS 423 S. Wolfe St

ABCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74221 E 74221

CERTIFICATE OF DEATH

2-4 108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 S. Wolfe St. St. ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michal Bartkowski

(a) Residence: No. 304 S. Wolfe St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Bartkowski

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	61			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Joseph M. Bartkowski

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mary Bartkowski Wife
(Address) 304 S. Wolfe St

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov. 28 1931

UNDERTAKER F. W. Gazewski
(Address) 2300 Eastern Ave

DEC 7 1931 C. HAMPSON JONES
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28 1931

22. I HEREBY CERTIFY, That I attended deceased from 11/20 1931 to 11/24 1931

I last saw him alive on 11/24 1931 death is said to have occurred on the date stated above, at 12:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	11/25

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Francis J. Tighe, M. D.

(Address) 36 S. Patterson Park Ave

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74222

CERTIFICATE OF DEATH

10701 E 74222

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. ...... Ward)

Length of residence in city or town where death occurred ...yrs. Life ds. How long in U.S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Anita Anna Kemp

(a) Residence: No. 2811 Pressman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 2, 1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	2	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Henry W. Kemp

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Alice Sterling

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Henry W. Kemp

(Address) 2811 Pressman St.

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Nov. 27 1931

UNDERTAKER Gaughan Leyhal

(Address) 2100 Frederick Ave.

FILED Nov. 27 1931 H. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1931, to Nov. 25, 1931

I last saw h[illegible] alive on Nov. 23, 1931 death is said to have occurred on the date stated above, at 4:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchs. - pneumonia	
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Kraus, M. D.

(Address) University Hospital

...c.—1-30—M&T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74223

CERTIFICATE OF DEATH.

11-001

E 74223

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 4804 Hazelwood Ave. 26-42 WARD)

2-FULL NAME Mary Bauer

(a) RESIDENCE NO. 4804 Hazelwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced
Hu~~s~~band of) WIFE of Joseph Bauer.

ATE OF BIRTH (month, day, and year) Dec. 10? 1853

AGE	Years	Months	Days	If LESS than 1 day.... hrs. or ... min.
	77	11	14	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

RTHPLACE (city or town) (State or country) Balto Md

0 NAME OF FATHER Henry Broring

1 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

2 MAIDEN NAME OF MOTHER Unknown

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant John Bauer

(Address) 4804 Hazelwood Ave

Filed 1931 H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25-1931

17 I HEREBY CERTIFY, That I attended deceased from 10/13 1931 to 11/25 1931

that I last saw her alive on 11/25 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Abscess (duration) yrs. mos. ds. 10/13/31

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. D. Corse M. D.

, 19 (Address) Emerg. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 11-28 1931

20 UNDERTAKER Leonard J. Rush

ADDRESS 5305 Hanford Rd

ACc. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74224 ✓ 74224

CERTIFICATE OF DEATH

42-001

Registered No. 7-10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 N Rose St., Ward)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helena Geare

(a) Residence: No. 808 N Rose St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles B. Geare

DATE OF BIRTH (month, day, year) 10/21/1854

AGE	Years	Months	Days	If LESS than 1 day, hrs or, min.
	77	1	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) 6 mos ago
11. Total time (years) spent in this occupation 23 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore
13. NAME Albert H Schreiber
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Catherine Diehl
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Mr Charles B Geare
(Address) 808 N Rose St
18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Co Date Nov 28th 1931
19. UNDERTAKER John Ulrich
(Address) 2108 Edmondson Ave
20. FILED 12-7 1931 C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1931 to Nov. 25, 1931
I last saw her alive on Nov. 25, 1931 death is said to have occurred on the date stated above, at 6:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac - Vascular Disease - Hemmatic Valvular Disease	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lewis Krause M. D.
(Address) Medart Bldg.

Spec. – 1-10-21 – M&T – 1500 Bks.

George W. H. Plunkett

74225

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74225

CERTIFICATE OF DEATH

82-90

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO. 2067

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7 W. Fayette St. WARD)

2-FULL NAME George Plunkett

(a) RESIDENCE NO. 7 W Fayette Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Widower

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of Louisa W.

6b DATE OF BIRTH (month, day, and year) February 9, 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9	17	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 023

(b) General nature of industry, business, or establishment in which employed (or employer) Penna Coal Co.

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Penna

9 NAME OF FATHER Edward Plunkett.

10 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

11 MAIDEN NAME OF MOTHER Catherine Hagner

12 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

Informant James N. Plunkett (Address) 627 Guilford Ave

Filed 12-27-1931, 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-26 1931

I HEREBY CERTIFY, That I attended deceased from 11-24, 1931, to 11-24, 1931.

that I last saw him alive on 11-26, 1931.

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. W. Peake, M. D.

19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL Nov. 30, 31

20 UNDERTAKER Easton Sons ADDRESS Ellicott City

-30—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74226 ✓

E 74226

REGISTERED NO. 175

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 26-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Turner

1a) RESIDENCE NO unknown ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
35	35			

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Laborer 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) unknown

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant

(Address)

Filed 1931, 193 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

Hemorrhage of Brain

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Produced by Blow

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 139 S Dallas

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) C. E. Henderson, M. D. Coroner

Nov 21, 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

ADDRESS

20 UNDERTAKER

JOHNS HOPKINS HOSPITAL NOV 23 1931

HANSON JONES M.D. Commissioner Health

ec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74227

CERTIFICATE OF DEATH

82-001 E 74227

REGISTERED NO. 16-29

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1308 Harlem Ave (Ward) 16

2—FULL NAME Mary J. Hutchinson

(a) RESIDENCE No. (Usual place of abode) 1308 Harlem Ave

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Sam'l Hutchinson

DATE OF BIRTH (month, day, and year): Jan 20 1859

Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va

NAME OF FATHER: George Kellum

BIRTHPLACE OF FATHER (city or town) (State or country): Va

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Sam'l Hutchinson

(Address) 1308 Harlem Ave

1931 HARRISON JONES, M. D. Registrar

Nov 28

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov-24-1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 22, 1931, to Nov 24, 1931.

that I last saw h[er] alive on Nov 24th, 1931

and (that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Senility (duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas E Bell M. D.

1-25, 1931 (Address) 713 N Gilmor St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ft Auburn

DATE OF BURIAL: Nov 28 1931

20 UNDERTAKER: Sam'l N Chase & Son

ADDRESS: 638 N Gilmor

-30—M. & T.—100 B—50L.

Stevenson

E 74228

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74228

CERTIFICATE OF DEATH

92-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 18-26 WARD)

2-FULL NAME Thomas Stevenson

(a) RESIDENCE NO 831 Sarah Ann St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7 DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Unknown

10 NAME OF FATHER John Stevenson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant .....

(Address) .....

Filed ..... 192 ..... Registrar

HAMPSON JONES, M. D.

1931 DEC

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 831 Sarah Ann St

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B P Herzog M D, M. D.

Coroner

11/21, 1931 (Address) 1303 N Hilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ..... DATE OF BURIAL 19

20 UNDERTAKER ..... ADDRESS .....

UNIVERSITY OF MARYLAND
Commissioner Health.
NOV 2 1931
THE WORLD

-30—M. R. T.—100 B—601.

E 74229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

E 74229

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 10-15 (WARD)

2-FULL NAME James Crockett

(a) RESIDENCE NO 836 Freemount Ave ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	40			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Unknown

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant .....

(Address) .....

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 836 Freemount Ave

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B. P. Herzog M.D., M. D. Coroner

Nov. 19 31 (Address) 1902 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL 7 19

20 UNDERTAKER ADDRESS

1931 C. HAMPSON JONES, M. D. Commissioner Health

THE MOTHER'S GIFT

AACo. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

4230

CERTIFICATE OF DEATH

131 E 74230

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2503 E. Fayette St. 6-10 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel P. Lewis

(a) Residence: No. 2503 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 24/1841

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	90	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 20 yrs.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad Clerk
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.
13. NAME James Lewis
14. BIRTHPLACE (city or town) (State or country) Balto.
15. MAIDEN NAME Harriet A. Russell
16. BIRTHPLACE (city or town) (State or country) Balto.
17. INFORMANT Mrs. Agnes ~~A. Lewis~~
(Address) 2503 E. Fayette St.
18. BURIAL, CREMATION, OR REMOVAL Place Cem. Cathedral Date Nov. 30. 1931
19. UNDERTAKER Jos. L. Merk
(Address) 756 N. Fulton Ave.

C. HAMPSON JONES, M. D.
Registrar.

1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26. 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1931 to Nov 26, 1931

I last saw him alive on Nov 21 1931, death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis and Chronic Interstitial Nephritis.	Not Known

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? Clinical Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No

Where did injury occur? No injury
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No injury

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased No If so, specify None

(Signed) Edward T. Smith M. D.

(Address) 920 N. Eutaw St.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

74231 E 74231

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3932 Harlem ST., 6-67 WARD

2-FULL NAME Edgar Wm Walstrum

(a) RESIDENCE NO 3932 Harlem ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX White 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Ella

DATE OF BIRTH (month, day, and year) Aug 18 73

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	27	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Window Shade
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Wm H Walstrum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Martha Horst

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Ella Walstrum

(Address) 3932 Harlem

Filed NOV 27 1931 C. HAMPSON JONES, Registrar

By .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH was as follows:

Acute Myocarditis

Sudden

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Reginald Hollands M.D.

Coroner

1931 (Address) Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Md. Memorial Park

DATE OF BURIAL 11/28 1931

20 UNDERTAKER L. Frew Mc Cully

ADDRESS 130 E. Fay

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74232

CERTIFICATE OF DEATH

E 74232

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO. 127

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: NO. [illegible] ST. 15-21 (WARD)

2-FULL NAME Elizabeth Preston

(a) RESIDENCE NO. 1827 11 Fulton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: James H. Preston

DATE OF BIRTH (month, day, and year): October 16, 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: At Home

BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

10 NAME OF FATHER: Frederick Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Puls

13 BIRTHPLACE OF MOTHER (city or town): Baltimore (State or country): Maryland

Informant: Mrs. Anna Higgins

(Address): 1900 Biggs Ave.

1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-25 1931

17 I HEREBY CERTIFY, That I attended deceased from 11-19 1931 to 11-25 1931.

that I last saw deceased on 11-25 1931

and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Empyema gallbladder

(duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary): Myocardial failure

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Cholecystectomy

Did an operation precede death? Yes Date of 11-23-31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) C. W. Peake M. D.

11/25 1931 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: Nov. 28 1931

UNDERTAKER: Joseph B. Cook

ADDRESS: 1003 West Baltimore St.

A&Co 5-31 2408

HEALTH DEPARTMENT CITY OF BALTIMORE

4233

CERTIFICATE OF DEATH

82-08 E 74233

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 7 E Lafayette Ave (Ward) 14

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Virginia Kaisertrau

(a) Residence: No. 7 East Lafayette Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Christ Von Kaisertrau

DATE OF BIRTH (month, day, year) Jul 10 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	4	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Mrs. Pickering

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Teresa Becker

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) Mrs E Pickering 7 E Lafayette Ave.

BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 11-28 1931

UNDERTAKER (Address) Jas H Bailey & Son 1603 N. Eutaw St.

FILED 1931 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25th 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-19-31, 19..., to 11-25-31, 19...

I last saw h alive on 11-24-31 19..., death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death, and related causes of importance were as follows:

Chronic Nephritis — Date of onset Months

Other contributory causes of importance

Hardening Cerebral Hemorrhage 11-15-31.

Name of operation None Date of

What test confirmed diagnosis? Unverified Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm A Fletcher M. D.

(Address) 3100 N Howard Ave

AACo. 1-31 250M

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

74234 108 E 74234

Registered No. 12-50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3206 Guilford Ave. St.

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christian J. Smith

(a) Residence: No. 3206 Guilford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth C. Smith

6. DATE OF BIRTH (month, day, year) May 5, 1836

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	95	6	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confectionary
10. Date deceased last worked at this occupation (month and year) 1915
11. Total time (years) spent in this occupation 58

12. BIRTHPLACE (city or town) (State or country) Bavaria
13. NAME Christian Smith
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Christina ?
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Miss Ella L. Smith
(Address) 3206 Guilford Ave.
18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Nov 30 1931
19. UNDERTAKER Joseph Cook
(Address) 1005 A Baltimore St.
20. FILED Dec 1 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1931 to Nov 27 1931
I last saw h im alive on Nov 26 1931 death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Senile Psychosis

Date of onset

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Orville Grimm M. D.
(Address) 700 W. Lanvale St.

AaCo. 6-H 2508

74235 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74235 | 31 | E 74235

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 3-4 Ward)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick Gallagher

(a) Residence: No. 1443 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

If married, widowed, or divorced
HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct 17 97

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	1	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Patrick Ireland

12. NAME Patrick Gallagher

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget McCabe

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT (Address) Wife

BURIAL, CREMATION OR REMOVAL Date 11/28/31. 19

Place Mt. Carmel

UNDERTAKER (Address) Geo. H. Kirsch & Son

Registrar

FILED 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-26-1931

22. I HEREBY CERTIFY, That I attended deceased from 11-25-, 1931 to 11-26-, 19.. death is said to have occurred on the date stated above, at 6:45 a.m.

I last saw h.. alive on 11-26-, 19..

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. nephritis - uremia	5 yrs ?
Broncho pneumonia	10 da.
	10 da

Other contributory causes of importance

Name of operation 0 Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. H. Kirsch & Son, M. D.

(Address)

AaCo. 5-31 250B

74236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 E 74236

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 629-Glenwood Ave. St. 27-46 Ward

Length of residence in city or town where death occurred life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Myrtle Sheader White

(a) Residence: No. 629-Glenwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward White

DATE OF BIRTH (month, day, year) 7/22/1899

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
32	4	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Floor Lady
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME August Sheader

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Anna Coward

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Mrs. Casper Goldbeck
(Address) 629-Glenwood Ave.

BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmal Cem. Date 11/28/31

UNDERTAKER [illegible]
(Address) 1735-Harford Ave.

FILED 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1931, to Nov 26, 1931

I last saw her alive on Nov 25 1931 death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 19—

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. M. Duncan, M. D.

(Address) 5106 York Rd.

Spec.—1-10-21—M&T—1500 Blks.

74237 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74237

CERTIFICATE OF DEATH

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO. 17

CITY OF BALTIMORE: (No. ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Mooney

(a) RESIDENCE No. 1516 Eutaw Place WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Apr 17th 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	41	7	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman Gb.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Robt. S. Mooney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Emma Roundtree

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant (Address) B. F. Pool 2904 Overland Ave

FILED 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-27 1931

17 I HEREBY CERTIFY, That I attended deceased from 11-16 1931 to 11-27 1931.

that I last saw him alive on 11-27 1931.

and that death occurred, on the date stated above, at 12:15A m.

The CAUSE OF DEATH was as follows*:

Encephalitis Lethargica.

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. W. Peake, M. D.

, 19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: 11/30/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul st

-30—M. & T.—100 B—50L.

E 74238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 74238

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. City Hospital ST. 26-37 WARD)

2-FULL NAME James Malone

(a) RESIDENCE NO unknown ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46	46			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Unknown

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant HOSPITAL RECORDS

(Address)

Filed 1931 C. HAMPSON JONES, M. D. Registrar

By .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to the death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B P Kerrigan M. D. Coroner

11/27, 1931 (Address) 3251 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon National Cemetery

DATE OF BURIAL Nov. 30 1931

20 UNDERTAKER Harry H. Lutzke

ADDRESS 4104 Edmondson Ave

-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74239

E 74239

CERTIFICATE OF DEATH

178

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 132 Calvert Av ST. 20-70 WARD)

2-FULL NAME Andreas Conrath

(a) RESIDENCE NO. 132 Calvert Av ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S., if of foreign birth? 45 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Dorthea S. Conrath

DATE OF BIRTH (month, day, and year) Dec 20th 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	5	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Martin Conrath

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Neuhauser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Wm VOGELSANG

(Address) 20 W. Lanvale St

Filed 1931, 192 Registrar H. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/25/1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Asphyxiation by Illuminating Gas - Accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Typical Signs

(Signed) Guy N. Hammett Coroner, M. D.

11/27 1931 (Address) 523 Patapsco Ave. Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Cemetery — DATE OF BURIAL 11/28/1931

20 UNDERTAKER: F. B. Wagner — ADDRESS 1850 N. Balto St

-30—M & T—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74240

CERTIFICATE OF DEATH

178-001 ✓ E 74240

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 132 Paloma Av ST. 70-70 WARD)

2-FULL NAME Dorothea S. Forath

(a) RESIDENCE NO. 132 Paloma Av ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S., if of foreign birth? 45 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: Andrew Forath

7 DATE OF BIRTH (month, day, and year): May 2nd 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Christian Meyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Wm. Forath

(Address) 202 S. Paterson Ave

Filed 1931 G. Hampson Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/25/1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Asphyxiation by Illuminating Gas — Accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Cromwell, M. D. Coroner

11/27, 1931 (Address) 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL 11/28/1931

UNDERTAKER: F. S. Wishart — ADDRESS 1850 N. Balto St

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

74241 X 53 M 74241

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital (If not in hospital or institution, give street number or location) Ward)

Length of residence in city or town where death occurred yrs mos 8 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mr Preston D. Smith

(a) Residence: No. 34 W. Franklin St. St., Ward. Hagerstown, Md
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs D. D. Smith

DATE OF BIRTH (month, day, year) Nov. 15, 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	42 yrs		12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Salem W. Va.

12. NAME Daniel T. Smith

14. BIRTHPLACE (city or town) (State or country) W. Va.

15. MAIDEN NAME Laura Riggs

16. BIRTHPLACE (city or town) (State or country) W. Va.

INFORMANT (Address) Mrs. Preston Smith Hagerstown, Md

BURIAL, CREMATION, OR REMOVAL. Place Hillcrest Memorial Park Date Nov. 28, 1931

UNDERTAKER (Address) C. M. Suter & Sons Hagerstown, Md.

FILED 1931 R. THOMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9th, 1931, to Nov. 27, 1931

I last saw him alive on Nov. 27, 1931 death is said to have occurred on the date stated above, at 8:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	
Post Operative Shock	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John A Fowler, M. D.

(Address) Md Memorial Hosp

Spec—9-30—A & Co—250 Blks

74242

HEALTH DEPARTMENT—CITY OF BALTIMORE

1685 74242

CERTIFICATE OF DEATH

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Sinai Hosp
CITY OF BALTIMORE: (No. Monument 88. St. 3-4 Ward)

2 FULL NAME Frances Chodzwoska

(a) RESIDENCE NO. 241 S. Caroline St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ---yrs. ---mos. ---ds. How long in U. S., if of foreign birth? ---yrs. ---mos. ---ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married.

If married, widowed, or divorced
~~HUSBAND OF~~ WIFE of John Chodzinski

DATE OF BIRTH (month, day, and year) Sept. 1883.

AGE	Years	Months	Days	If LESS than 1 day, ---hrs. or ---min.
	48			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Wife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Poland.

10 NAME OF FATHER: Frank Ladony

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland.

Informant: John Chodzinski
(Address) 241 S. Carolina street

Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-27-31

17 I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1931, to Nov. 27, 1931

that I last saw her alive on Nov 27, 1931

and that death occurred, on the date stated above, at 1:45 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Streptococcus)

(duration) yrs. --- mos. 7 ds.

CONTRIBUTORY (Secondary) Cholecystitis & obstruction of bile ducts (duration) yrs. --- mos. --- ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & X-Ray

(Signed) Nelson Blackistone M. D.

, 19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cemetery	Nov. 30 1931
20 UNDERTAKER: George A. Weber	ADDRESS: 705 E. Lanvale St.

ACo. 5-31 2500

74243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 74243

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. 6301 Yorkshire Drive 27-48 Ward)

gth of residence in city or town where death occurred ... yrs ... mos ... ds How long in U.S. If of foreign birth? ... yrs ... mos ... ds

. FULL NAME E. Marie B. Schaerenberger

(a) Residence: No. 6301 Yorkshire Drive St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

If married, widowed, or divorced
RUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) May 17th 1911

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	20	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. artist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Heinrich Schaerenberger

14. BIRTHPLACE (city or town) (State or country) Switzerland

15. MAIDEN NAME E. Eugenia Bourcke

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

NFORMANT E. Eugenia Schaerenberger

(Address) 6301 Yorkshire Drive

URIAL, CREMATION, OR REMOVAL

Place Morland Park Date Nov. 28th 1931

NDERTAKER Lilly & Zuber Inc

(Address) 2033 Madison Ave.

1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/16 1931 to 11/24 1931

I last saw h[illegible] alive on 11/24 1931 death is said to have occurred on the date stated above, at 1.15 P m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, Lobar, Left Lobe. 11 21/31
Following Acute Bilateral Purulent Bronchitis

Other contributory causes of importance:

Epilepsy
Focal Menigitis ? Syphilitic
Primary Left side

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. H. Hocking M. D.

(Address) 5330 York Rd

Spec.—9-30—A. & Co.—250 Bks

74244 HEALTH DEPARTMENT—CITY OF BALTIMORE OL 74244

CERTIFICATE OF DEATH

107-001

REGISTERED NO

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 716 Augusta St 10-14 WARD 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sophia A. Smith

(a) RESIDENCE NO 716 Ausgusta ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 5 1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	1	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER J.C Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant (Address) Samantha M Smith 716 augusta st

1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 d 1931

17

I HEREBY CERTIFY, That I attended deceased from 11/20, 1931, to 11/25, 1931

that I last saw h alive on Nov 25, 1931

and that death occurred, on the date stated above, at 2.45a m.

The CAUSE OF DEATH* was as follows:

Acute Bronchial Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. L. Hornstein M. D.

11/26 1931 (Address) 733 augusta st

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Co City

DATE OF BURIAL Nov 28 d 1931

20 UNDERTAKER George Schilling & Sons

ADDRESS 1136 E Monument St

30—M. & T.—100 B—50L

74245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194 B 71245

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 228 N. Chester ST. 6-9 WARD)

2-FULL NAME William T. Bassett

(a) RESIDENCE NO 228 N. Chester ? ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Bassett

DATE OF BIRTH (month, day, and year) June 26/1857

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	74	5	0	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto., Md.

10 NAME OF FATHER John Bassett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W

Informant John Goodman (Nephew)
(Address) 6910 Holibard Ave

Filed ... 192 ... C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Cardiac Asthenia

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Exposure, lack of care etc

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) C. H. Jones, M. D.
Coroner

11/28/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel	Nov. 28 1931

20 UNDERTAKER Chas. E. Franck ADDRESS 802 Madison Ave

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74246

53 E 74246

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital (WARD) 18-27

2—FULL NAME Ernest F. Michaelis

(a) RESIDENCE NO. ~~2510 E. Hoffman~~ 110 Scott St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 2 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single ~~Married~~

If married, widowed, or divorced WIFE of (or) HUSBAND of

6 DATE OF BIRTH (month, day, and year) Sept 26. 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	2	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Motorman

(b) General nature of industry, business, or establishment in which employed (or employer): United Railways

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Jerman Michaelis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Chouna Courades

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: August E. Michaelis

(Address) 2510 E. Hoffman St

Filed . 19 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-26-31.

17 I HEREBY CERTIFY, That I attended deceased from July 22 . 1931 . to November 26 19 31.

that I last saw him alive on November 26 19 31

and that death occurred, on the date stated above, at 11:45 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma ? Metastases (Left Inguinal Gland & Cancer)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Anemia.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Biopsy Date of 7/22/31.

Was there an autopsy? No.

What test confirmed diagnosis? Biopsy.

(Signed) M B Hendrix, M. D.

. 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Nov 30 1931
20 UNDERTAKER: Mrs. Mrs. John W. Tenfelde Son	ADDRESS: 801 W. Fayette

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46E 74247

74247

CERTIFICATE OF DEATH

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No Caton & Wilkens Aves ST. 4th WARD)

2 FULL NAME James Longerman

(a) RESIDENCE NO 721 W Lexington ST. _____ WARD _____
(Usual place of Abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	widower

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Katherine Hall Longerman

DATE OF BIRTH (month, day, and year) June 19 1884

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
47	5	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baker of Bread

(b) General nature of industry, business, or establishment in which employed (or employer): Baking

(c) Name of employer: Lucks - Bakers

BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10 NAME OF FATHER George D. Longerman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Phila. Penna.

12 MAIDEN NAME OF MOTHER Margaret White

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant (Address): Son Lewis F. Longerman 721 W. Lexington Street

15 DATE RECEIVED 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27/31

17 I HEREBY CERTIFY, That I attended deceased from Nov 2nd 1931 to 11-27- 1931

that I last saw him alive on 11-27 1931

and that death occurred, on the date stated above, at 4 35 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

Primary organ undetermined probably GI tract.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cachexia

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/20/31

Was there an autopsy? No

What test confirmed diagnosis? Biopsy

(Signed) Robt Beverly M. D.

19 (Address) St Agnes Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Nov 28 1931

20 UNDERTAKER: Stewart & Mowen Company — ADDRESS: Suets.

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

74248

CERTIFICATE OF DEATH

1315 74248

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 Brantly St. 18-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Victoria Williams

(a) Residence: No. 1032 Brantly St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Wid

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. H. Williams

7. DATE OF BIRTH (month, day, year): Dec 6, 1873

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	53	11	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Va.

13. NAME Geo. Artis

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME Susie Hunt

16. BIRTHPLACE (city or town) (State or country): Virginia

INFORMANT: Geo. E. Hodge

(Address) 1032 Brantly St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 11-28 1931

UNDERTAKER: Daniel Carlon

(Address) 216 Pa ave

1931 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-24, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1931 to Nov. 24, 1931

I last saw h[illegible] alive on Nov. 24, 1931, death is said to have occurred on the date stated above, at 9[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis	about 1 yr
Other contributory causes of importance:	
Chr. Myocarditis	8 months

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Calvin B. Fe Compta, M. D.

(Address) 1113 N Caroline St

aCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74249 | 9 E 74249

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No.) 209 N Amity St. (or Ward) 18-No

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

. FULL NAME Thomas Jackson

(a) Residence: No. 209 N Amity St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Infant

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 26 1930

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	1		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto

13. NAME Willie Jackson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Jackson

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Willie Jackson
(Address) 209 N Amity St

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Nov. 28, 1931

UNDERTAKER Mrs Lottie R Williams
(Address) 222 N Johnson St

FILED NOV 30 1931 19 C. HARRISON JONES, JR. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27. 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1931 to Nov 27, 1931

I last saw him alive on Nov 26 1931 death is said to have occurred on the date stated above, at 9 a m

The principal cause of death and related causes of importance were as follows:

Whooping Cough Nov 5, 31 — Date of onset

Other contributory causes of importance

Bronchial Pneumonia Nov 18, 31

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. S. Powell M. D.

(Address) 101 N Carrollton Ave

A&Co. 5-11 2508

74250 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74250

23 v

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) St. 17-34 (Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Gibson

(a) Residence: No. 565 Dolphin st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Gibson

7. DATE OF BIRTH (month, day, year) Sept. 9, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	2	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Walter Gibson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Emma Jamison

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL. Place Mt Auburn Cem Date NOV 28. 1931

UNDERTAKER Thomas S. Kelson
(Address) 1503 Pennsylvania Ave

FILED NOV 28 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1931 to Nov. 23, 1931

I last saw him alive on Nov. 23 1931 death is said to have occurred on the date stated above, at 11.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis,	April 1931
Other contributory causes of importance:	
Tuberculous Enteritis	Sept 1931

Name of operation Date of

What test confirmed diagnosis Lab. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Laurence M. Sera M. D.
(Address) Baltimore City Hospitals

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

1251

CERTIFICATE OF DEATH

Registered No. 59 E 74251

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 13-54 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Callie

(a) Residence: No. 2357 Druid Hill Ave. Ward. Balto. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza ?

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62 (?)			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME George
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Sarah ?
16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT (Address) Baltimore City Hospitals

BURIAL, CREMATION, OR REMOVAL Place Mount Calvary Nov. 27 1931

UNDERTAKER (Address) Wm. P. G. Eckert 220 Cathedral St.

FILED 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-25-1931

22. I HEREBY CERTIFY, That I attended deceased from 11-24, 1931 to 11-25, 1931

I last saw h[illegible] alive on 11-25, 1931 death is said to have occurred on the date stated above, at 7.45 P.M.

The principal cause of death and related causes of importance were as follows:

Hemorrhage cerebral — Date of onset a day ago

Other contributory causes of importance:

Arteriosclerosis. Diabetes mellitus — uncertain, uncertain

Name of operation autopsy Date of Yes

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) Chas. Nightingale M. D.

(Address) Baltimore City Hospitals

...c.—1-30—M. & T.—250 Bks.

74252

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74252

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 127

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

...TY OF BALTIMORE: (No. University Hospital ST. 4-30 (WARD)

2-FULL NAME Dr John Gilbert Kelley

(a) RESIDENCE NO. Cumberland ST. Md WARD

(Usual place of abode) (If non-resident give city or town and State)

...ength of residence in city or town where death occurred yrs. 0 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

...EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

If married, widowed, or divorced
HUSBAND of
or) WIFE of

...ATE OF BIRTH (month, day, and year) 7/14/72

...GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
9		4	14	

...CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer) Physician for

(c) Name of employer B & O R R Co.

...RTHPLACE (city or town) (State or country) Howard Co Md

0 NAME OF FATHER Elias Selby

1 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co Md

2 MAIDEN NAME OF MOTHER Margaret Gilbert

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant (Address) B St Cumberland Md

Filed ...8-1931... G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28 1931

17

I HEREBY CERTIFY, That I attended deceased from Nov 15, 1930, to Nov 28, 1931,

that I last saw him alive on Nov 28, 1931,

and that death occurred, on the date stated above, at 7:10 p.m.

The CAUSE OF DEATH* was as follows:

Cholecystectomy

Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) 0 yrs. 0 mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 11/19/31

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Harry J Kelley, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cumberland Md	11/30, 19 31
20 UNDERTAKER	ADDRESS
Louis Stein & Son	Cumberland Md

ACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

74253 ~~74253~~ 53 E 74253

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-4 Ward)

Length of residence in city or town where death occurred yrs. mos. 0 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Smith

(a) Residence: No. ~~Same~~ St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of (Jessie E. Smith)

DATE OF BIRTH (month, day, year) Sept 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oyster Tonger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME of Father Richard Smith

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME of Mother Eliza Carter

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Dept. Hosp. Va Date 11-28 1931

19. UNDERTAKER Wilson Cook
(Address) 120 E Fort Ave

20. FILED 1931 C. HANSON JONES, M. D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-27-1931

22. I HEREBY CERTIFY, That I attended deceased from 11-22-1931, to 11-27-1931

I last saw him alive on 11-27-1931 death is said to have occurred on the date stated above, at 4½ P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor Right Cerebral Glioma Malignant	10 Oct 1931

Other contributory causes of importance:

Name of operation Right Crano Tomy on 11-23-31

What test confirmed diagnosis? Operation or autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harold C. Voris, M. D.
Johns Hopkins Hospital

Spec.—9-30—A. & Co.—250 Blks.

74254 # HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#MB 74254

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) West Balto Gen Hosp ST. 18-29 WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Damskaitis

(a) RESIDENCE NO. 505 Hollins ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of John Damskaitis

DATE OF BIRTH (month, day, and year) No 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	-			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Lithvania

10 NAME OF FATHER Matus Yudesus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithvania

12 MAIDEN NAME OF MOTHER Roz Senkute

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithvania

Informant (Address) Eva Klices 505 Hollins Street

C. HAMPSON JONES, M. D.
Registrar

1931 No. 1254

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/27/31

17
I HEREBY CERTIFY, That I attended deceased from 11/19, 1931, to 11/27, 1931
that I last saw h alive on 11/27, 1931
and that death occurred, on the date stated above, at 4.10 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas
Portal Obstruction

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical X Ray

(Signed) Harry Eshman M. D.

, 19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Nov. 30. 1931
20 UNDERTAKER	ADDRESS
John Grebliauckas	423 S Paca St

Orlovich

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

4255 — 46 VE 74255

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 W. Lexington St. 18-Ha Ward)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Orlovich

(a) Residence: No. 901 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Edna Orlovich

6. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Store
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME OF FATHER Solomon Orlovich

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME OF MOTHER Ethel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Amelia Gilbert
(Address) 3611 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL Interment Greenmount Date Dec 1 1931

19. UNDERTAKER Fred Lang Inc.
(Address) 1439 E. Oliver St.

20. FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1930 to Nov. 29th, 1931.

I last saw h[im] alive on Nov 28th, 1931 death is said to have occurred on the date stated above, at 12.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1930.
Other contributory causes of importance: Pulmonary Edema	Nov 23.31.

Name of operation Laparotomy (Inoperable) Date of Sept 1930.
What test confirmed diagnosis? Clinical Findings Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify X

(Signed) Michael A. Abrams, M. D.
(Address) 2360 Eutaw place.

Spec.—9-30—A. & Co.—250 Blks

74256 HEALTH DEPARTMENT—CITY OF BALTIMORE 74256

CERTIFICATE OF DEATH

43-003

REGISTERED NO.

1 PLACE OF DEATH Sinai Hospital 6-10

CITY OF BALTIMORE: (No ; St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Esther ~~Schotet~~ SHOCHET

(a) RESIDENCE No. 101 N. Patterson Park Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Saul L. Shochet

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or mdn.
	61			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Saul L. Shochet

(Address) 2411 E. Lafayette Ave.

Filed NOV 29 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/28/31

17

I HEREBY CERTIFY, That I attended deceased from 11/25/31, 19 , to 11/28, 1931

that I last saw h alive on 11/28, 1931

and that death occurred, on the date stated above, at 2.45 A m.

The CAUSE OF DEATH* was as follows: Multiple Ulcerations of esophagus Pneumothorax - Spontaneous? Bronchopneumonia - type?

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr myocarditis ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Esophagoscopy Date of 11/15/31

Was there an autopsy?

What test confirmed diagnosis? Clinical Obs

(Signed) Mullan B. Hurst M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sinai Lutheran Ave., DATE OF BURIAL: Nov. 29-19 31

20 UNDERTAKER: Joe Weiss, Inc., 1439 E. Balto St. ADDRESS

Spec.—9-30—A. & Co.—120 Blks.

74257 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 74257

93-603

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Sinai Hospital 43-54 ST. WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Nathan Adler

(a) RESIDENCE NO. 827 Brooks Lane ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Wolf Adler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Dora —

13 BIRTHPLACE OF MOTHER (city or town). (State or country) Russia

Informant Wolf Adler
(Address) 827 Brooks Lane

NOV 29 1931 [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/28/31

17

I HEREBY CERTIFY, That I attended deceased from 11/26, 1931, to 11/28, 1931

that I last saw him alive on 11/28, 1931

and that death occurred, on the date stated above, at 12:55 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchopneumonia
Type not determined

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chr. nephro-sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M B Kurst M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel — DATE OF BURIAL 11-29 1931

20 UNDERTAKER Pace Lewis, Inc 1439 — ADDRESS E. Pratt St

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74258

CERTIFICATE OF DEATH

131 E 74258

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 Bolton St. 14-20 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry E. Hedrick

(a) Residence: No. 1817 Bolton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced, BUSBAND of (or) WIFE of Georgia B. Hedrick

DATE OF BIRTH (month, day, year) Nov 22nd 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	—	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper Ed & Pub
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing Office
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Cecil County Md

13. NAME Weldon Middleton

14. BIRTHPLACE (city or town) (State or country) Cecil County Md

15. MAIDEN NAME Hannah J. Thompson

16. BIRTHPLACE (city or town) (State or country) Cecil County Md

INFORMANT George B. Hedrick

(Address) 1817 Bolton St

BURIAL, CREMATION, OR REMOVAL

Place Cecil County Md Date 11/30/ 19 31

UNDERTAKER Wells S. Owens

(Address) 2251 N. North Ave

FILED 19 Registrar.

1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/27/ 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1931, to Nov 27, 1931

I last saw h[illegible] alive on Nov 27 1931 death is said to have occurred on the date stated above, at 2 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Chronic Arterio Sclerosis	
& Nephritis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) 1127 W. Lanvale St

Spec.—9-30—A. & Co.—250 Blks.

74259

HEALTH DEPARTMENT—CITY OF BALTIMORE

48 E 74259

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 1728 E. 32nd St

CITY OF BALTIMORE: (No. 1728) ST. 7-10 WARD)

2. FULL NAME Sadie Reisenweber

(a) RESIDENCE No. 517 N. Chester St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, (Widowed) or Divorced, (write the word)
Female	white	widow

6 If married, (widowed), or divorced HUSBAND of (or) WIFE of John Reisenweber 1877

7 DATE OF BIRTH (month, day, and year) Aug-10-18[illegible]

AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
54	54	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER George Schneider

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Pachina Beck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

Informant Henry Reisenweber (Address) 1728 E. 32nd St

Filed. DEC 5 1931 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov-27-1931

17

I HEREBY CERTIFY, That I attended deceased from Oct-30, 1931, to Nov-27, 1931

that I last saw her alive on Nov-23, 1931

and that death occurred, on the date stated above, at 10 15 A. M.

The CAUSE OF DEATH* was as follows:

Generalized Carcinoma - Fossis - Primary seat Cervix

(duration) — yrs. mos. ds.

CONTRIBUTORY (Secondary) ... Myocardial failure

(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Oct 30-1931

Was there an autopsy? no

What test confirmed diagnosis? operative

(Signed) Earle P. Clemson M. D.

, 19 (Address) 3401 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem. DATE OF BURIAL Dec 30 19 31

20 UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St

ACo. 5-31 2108

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74260

CERTIFICATE OF DEATH

131

Registered No. E 74260

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 120 N. Smallwood St. 58 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Freeman

(a) Residence: No. 120 N. Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Freeman

DATE OF BIRTH (month, day, year) Nov 28, 1877

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
54	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Mt. Washington Balto. City Md.

12. NAME Patrick Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Nicholson

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Mrs. Mary Boone

(Address) 521 Woodland Ave

BURIAL, CREMATION, OR REMOVAL

Place Cr. Cem. Stafford Date Dec 2 1931

UNDERTAKER Eugene W. Coughlin

(Address) 704 Eager St.

FILED C. HERBERT JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28 1931

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1931, to Nov 28, 1931

I last saw h.. alive on Nov 28, 1931 death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	?

Other contributory causes of importance:

Ch. Nephritis

Name of operation None Date of

What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. L. Bernstein, M. D.

(Address) 733 Druid Hill Ave

Cor.—12-9-25—A Co—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74261

59 E 74261

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Balto. Gen'l Hos. Ward) 24-33

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Mandley

(a) RESIDENCE NO. 1438 Boyle St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Mandley

6 DATE OF BIRTH (month, day, and year) Feb 10 1863

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	68	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) England

(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

Informant (Address) Mr. Thomas Mandley 1438 Boyle St.

Filed 1931 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes

CONTRIBUTORY (Secondary) Accidental fall with scalp wound? (duration) 3 yrs. mos. ds.

(Signed) Guy H. Cromwell M. D. (Coroner)

11/28, 193, (Address) 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery — Date of Burial 11/30 1931

20 UNDERTAKER J. Fred McCully — ADDRESS 130 E. Fort.

-30—M & T—100 B—50L

E 74262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181 E 74262

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital ST., 36 (WARD)

2-FULL NAME Samuel A Ross

(a) RESIDENCE NO 3405 Mueller St ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 26 1927

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
4	4	2		

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Joseph S Ross

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Lansaue

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Checo-Slovaki

Informant Mary Ross

(Address) 3405 Mueller St

Filed DEC 23 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock from 3rd degree Burns Accidental

(duration) ____ yrs. ____ mos. 4 hrs ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? 519 Eaton

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S P Peterson M. D. Coroner

1931 (Address) 1305 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	Nov 30 1931
20 UNDERTAKER Lilly & Zeiler Inc	ADDRESS 403 S. Wolfe St

Spec— Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74263 ✓

CERTIFICATE OF DEATH

E 74263 X 49

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nancy Gray

(a) RESIDENCE NO. 821 Whitelock St. Ward 26

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charlie Gray

6 DATE OF BIRTH (month, day, and year): May 6. 1876

7 AGE: Years 55 Months 6 Days 22 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nurse

(b) General nature of industry, business, or establishment in which employed (or employer): Hosp

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Caroline McGray

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: James Gray

(Address): 821 Whitelock st

15 Filed 12 29 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 4, 1931 to November 28, 1931

that I last saw h[illegible] alive on Nov 28 1931

and that death occurred, on the date stated above, at 7 55 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma Ovaries

(duration) 2 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary): Carcinoma of Ovary

(duration) undetermined yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of 7-16-31

Was there an autopsy? Yes

What test confirmed diagnosis? Path. Surgical operation

(Signed) W. Ray Thomas Higgins M. D.

. 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster N.C. Dec 1st 1931 — Date of Burial

20 UNDERTAKER: Joseph A. Lively — ADDRESS 709 N. Mount st

Spec.—7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74264

CERTIFICATE OF DEATH

92-09 V E 74264

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2710 Auchentoroly Ter St. 13-59 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugene G. F. Hulbeman

(a) RESIDENCE NO. 2710 Auchentoroly Terrace St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Katherine Hulbeman

6 DATE OF BIRTH (month, day, and year) July 8th 1855

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min..
	76	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer) 004

(c) Name of employer S. of

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Henry Hulbeman

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Thornebaum

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant R. E. Zimmerman

(Address) 2710 Auchentoroly Terrace Balto

15 Filed ... 19 ... Registrar

DEC 3 1931 C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Nov. 27th 193[illegible]

17 I HEREBY CERTIFY, That I attended deceased from April 1930 to Nov. 27th 19 31

that I last saw him alive on Nov. 24th 19 31

and that death occurred, on the date stated above, at 2 00 p m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Bonfoy & Ritz

(Signed) Robt C. Ritz M. D.

19 (Address) 222 Fidelity Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem.

Date of Burial Nov. 30th 1931

20 UNDERTAKER Chas. W. Dill.

ADDRESS 3109 Frdk, Ave.

30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74265 | 116 E 74265

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1604 Preston ST. 5-21 WARD

2-FULL NAME Lillian M. Johnson

(a) RESIDENCE NO. 1604 Preston ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5-10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced (write the word): Single

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year): 1900

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	31			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 070
(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER:

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

Informant: Jean Hospital

(Address): 1131 N. Eden

Filed 1931 C. HARPER JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 27 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) , M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Nov 30 1931

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 303 Preston St

...c.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 74266

E 74266

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1344 N. Calhoun ST. 15-20 WARD)

2—FULL NAME Alice V. Ford

(a) RESIDENCE NO. 1344 N. Calhoun ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or (town where death occurred) 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	Col	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of /

ATE OF BIRTH (month, day, and year) May 15-1879

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
2	1879	Six	11	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

RTHPLACE (city or town) (State or country) Calvert Co Md,

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (city or town) (State or country) Md

MAIDEN NAME OF MOTHER Mary Davis

BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Otho Ford

(Address) 1344 N. Calhoun St

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 26/1931

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1931, to Nov 26, 1931,

that I last saw h[illegible] alive on Nov. 26, 1931

and that death occurred, on the date stated above, at 4:20 P m.

The CAUSE OF DEATH* was as follows:

Chr Myocarditis & Arteriosclerosis

(duration) yrs. 5 mos. 16 ds.

CONTRIBUTORY (Secondary) /

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? / Date of

Was there an autopsy? /

What test confirmed diagnosis?

(Signed) B. W. Hatcher M. D.

11/28 1931 (Address) 1220 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Nov 29 1931
20 UNDERTAKER	ADDRESS
Thomas E. Kelson	1303 Pierpont St

ACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74267

E 74267

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital. Registered No. 34 E 74267
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore Md St. 17-24 Ward)

Length of residence in city or town where death occurred 3 yrs mos ds How long in U. S. If of foreign birth? yrs mos ds

2. FULL NAME William McKinley Smith

(a) Residence: No. 1123 Ellwig St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) July 5 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Benjamin

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Eliz Adams

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Baltimore City Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
Place Auburn Date 11-29 1931

19. UNDERTAKER Sam'l F. Kennedy
(Address) 578 W. Baltimore

FILED 29 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-26, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-22, 1931 to 11-26, 1931

I last saw h alive on 11-26 1931 death is said to have occurred on the date stated above, at 5 30 a.m.

The principal cause of death and related causes of importance were as follows:

Heart disease Date of onset
Aortic Insufficiency 7 mos
Pulmonary Tuberculosis Unknown

Other contributory causes of importance:

over

Name of operation Autopsy Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elmer Hirsberg M. D.
11-26-31 (Address) Baltimore City Hospital

aCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74268

CERTIFICATE OF DEATH

23 E 74268

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 1031 Myrtle Ave St. 17-24 Ward)

ngth of residence in city or town where death occurred yrs mos da How long in U.S. If of foreign birth? yrs mos da

2. FULL NAME Edgar E Searey

(a) Residence: No. 1031 Myrtle Ave St., Ward.
(If same as place of death) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 8-29-1895

AGE 36 Years	Months 2	Days 28	If LESS than 1 day hrs or min

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Waiter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME Thomas Dorsey

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

15. MAIDEN NAME Maggie Brunnell

16. BIRTHPLACE (city or town) Tuckahoe
(State or country)

INFORMANT Thomas Dorsey
(Address) 1031 Myrtle Ave.

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 12/1 1931

UNDERTAKER Lyncl E. Kenney
(Address) 3 E Middle St.

FILED 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27 1931

22. I HEREBY CERTIFY, That I attended deceased from June 10 1931 to Nov 27 1931
I last saw him alive on Nov 27 1931 death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	April 1931
Pneumonia	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.
(Address)

LaCo. 5-11 2508

74269 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

CERTIFICATE OF DEATH

93-003 E 74269

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 24-35 Ward)

Length of residence in city or town where death occurred 57 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Anna E. Johnson

(a) Residence: No. 8 E. Hamburg St. 1034 E. Fort Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year) Jan. 16, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	10	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Delaware

13. NAME: John White

14. BIRTHPLACE (city or town) (State or country): Delaware

15. MAIDEN NAME: Sarah Osborne

16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL: Place Cedar Hill Date Nov 29 19 31

19. UNDERTAKER (Address): Thos. E. Miller 1235 E. Fayette St.

20. DATE RECEIVED Nov 29 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1926 to Nov. 26, 1931

I last saw him alive on Nov. 26 1931 death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Cerebral Hemorrhage	Days
2 Sudden unexplained death in hypertensive arteriosclerotic & chronic myocarditis	Hours

Other contributory causes of importance: Hypertensive chronic nephritis — Unknown

Name of operation ? Date of ?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

11-27-31 (Signed) Chas. Nightingale, M. D.

(Address) Balto. City Hosp.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74270

108 E 74270

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1129 N Carey St 16-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Brown

(Residence in Baltimore: No. 1129 N. Carey St St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE. 54 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) .....

BIRTHPLACE, (State or Country). Baltimore Md.

10-NAME OF FATHER. James Brown

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Sarah Brown

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daisy Brown

(Address) 1129 N Carey St

ed. Nov 29 1931, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 26, 1931
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 15 1931, to Nov 26 1931, that I saw h.. alive on Nov 26 1931 and that death occurred, on the date stated above, at 6P p. m.

The CAUSE OF DEATH* was as follows:

Poison Gaseous

.....

.....

..... (Duration) ....yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary) Asphyxia

..... (Duration) ....yrs. 1 mos. 14 ds.

(Signed) C. H. Stuart M. D.

Nov 26 1931 (Address) 712 S. Paca St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, Nov. 29., 191...

20-UNDERTAKER Mrs Kate P Williams — ADDRESS 3221 Edmondson Av

-30—M. & T.—100 B—50L

E 74271

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74271

CERTIFICATE OF DEATH

REGISTERED NO. 131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp ST. 17-19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T. King

(a) RESIDENCE NO. 1919 Guilford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

DATE OF BIRTH (month, day, and year): September 17th 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	2	21	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Auto Dealer
(b) General nature of industry, business, or establishment in which employed (or employer): 045
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Raleigh N. Car

10 NAME OF FATHER: John King

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Louis Mo

12 MAIDEN NAME OF MOTHER: Janet Jack

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Edinburgh Scotland

Informant: Md Gen Hosp

(Address)

Filed Dec 1 1931 WILSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 28th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. H. Smith, M. D. Coroner

Nov 30 1931 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Dec 1 1931

UNDERTAKER: Chas S. Crane & Son — ADDRESS: 118 W Mt Royal Ave

Spec.—9 30—A & Co—250 Blks. Dr. C. Haun 121 Hanover St South 1320

HEALTH DEPARTMENT—CITY OF BALTIMORE

272

CERTIFICATE OF DEATH.

131 D 74272

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 4213 Frankford Ave WARD 41

2 FULL NAME Mary Ellen Hoark

(a) RESIDENCE NO. 4213 Frankford Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Hoark

DATE OF BIRTH (month, day, and year) July 4th 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Sebastian Frohn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Borkish

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Theresa Essermann

(Address) 4213 Frankford Ave.

DEC 28 1931 HEALTH DEPT. BALTIMORE, MD. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28th 1931

17

I HEREBY CERTIFY, That I attended deceased from Nov 25th 1931 to Nov 28 1931

That I last saw her alive on Nov. 27 1931

and that death occurred, on the date stated above, at 8:10 a m

The CAUSE OF DEATH* was as follows: Chronic interstitial Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Complication of Chronic Kidney

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Was the kind.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C Haun M. D.

, 19 (Address) 1210 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bay Go. Cemetery

DATE OF BURIAL 12/1/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St. Paul st.

AACo. 5-11 2508

74273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-E 74273

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Maryland General Hospital (Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin McMullen Jr.

(a) Residence: No. 230 N Monroe St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-21-1906

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	25	10	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pattonsville Pa

13. NAME Edwin McMullen Sr

14. BIRTHPLACE (city or town) (State or country) Pattonsville Pa

15. MAIDEN NAME Sarah Burns

16. BIRTHPLACE (city or town) (State or country) Bellwood Pa

17. INFORMANT Records of Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bellwood Pa. Date Nov. 30- 1931

19. UNDERTAKER Charles J. Schwab
(Address) 505 N. Monroe St

DEC 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-28-1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1931 to Nov 28, 1931

I last saw him alive on Nov 28, 1931 death is said to have occurred on the date stated above, at 6 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of Lateral Sinus - (Rt)	2 weeks
Other contributory causes of importance: Chronic Mastoiditis	15 yrs
Chronic Otitis Media	
Exp. of Tissue Sinus	

Name of operation Mastoidectomy Date of 11/23/31

What test confirmed diagnosis? OP - Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert F. Clements M.D.
(Address) Md General Hospital

...—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

74274 — **CERTIFICATE OF DEATH.** — 59 — **E 74274**

REGISTERED NO. _____

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3626 Malden Ave ST. 13-57 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Weiss.

(a) RESIDENCE NO. 3624 Malden Ave ST., ____ WARD ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, Widowed, or ~~Divorced~~, (write the word)
male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Michael Weiss.

6 DATE OF BIRTH (month, day, and year) April 25 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	63	7	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

10 NAME OF FATHER Charles Steger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Charles H. Fowble
(Address) 3626 Malden Ave

DEC 6 1931 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1931, to Nov 29, 1931,
that I last saw him alive on Nov 28 th, 1931,
and that death occurred, on the date stated above, at 3a. m.
The CAUSE OF DEATH* was as follows:

Diabetes

(duration) Unknown yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) ____ yrs. ____ mos. 10 ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Chemical & Physical Exam

(Signed) C. B. Esser, M. D.

11-29 1931 (Address) 4936 Park Hgts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. Co.

DATE OF BURIAL Dec 2 1931

20 UNDERTAKER Chenowith & Son

ADDRESS 3615 Chestnut Ave.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74275 CERTIFICATE OF DEATH 10 **E 74275**

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 17-50 Ward)

Length of residence in city or town where death occurred Life yrs mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Betty Lee Shock

(a) Residence: No. 425 Ilchester Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 27, 1929

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	6	2	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

12. NAME James D. Shock

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Laura B Gall

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Laura B Shock
(Address) 425 Ilchester Ave

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Nov 30, 1931

UNDERTAKER Thompson & Son
(Address) 3605 Liberty Ave

DEC 2 1931 HARRY C. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1931, to Nov 29, 1931
I last saw her alive on Nov 27, 1931 death is said to have occurred on the date stated above, at 5:00 a/m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tonsillar Laryngeal Diphtheria	11/26/31
Other contributory causes of importance:	
Acute Cardiac Failure	

Name of operation Date of
What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Myron G Gall M. D.
(Address) Sydenham Hospital

ec—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74276

CERTIFICATE OF DEATH.

E 74276

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1312 Myrtle Ave. St. 17-24 Ward)

2-FULL NAME Myrtle Grace Nickens Johnson

(a) RESIDENCE NO. 1312 Myrtle Ave St. 14 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced

~~HUSBAND of~~ or) WIFE of Goldsborough Johnson

6 DATE OF BIRTH (month, day, and year) Nov 22 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	32		7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Albert Nickens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charlotte Beach Va

12 MAIDEN NAME OF MOTHER Alberta Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

Informant Robt. McKinnis

(Address) 1312 Myrtle Ave

Filed 0 1931 C. HARPER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/26/ 19 31

17 I HEREBY CERTIFY, That I attended deceased from 9/25/ 19 31 to 11/26/ 19 31

that I last saw h alive on 11/26/ 19 31

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Acute Dilation; pulmonary Hypostasis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Senile Arteriosclerosis

(duration) yrs. 2 mos. 17 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical + history

(Signed) H. L. Bishop, M. D.

19 (Address) 7 Pitcher St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 11-30-31

20 UNDERTAKER John H. Toadvine

ADDRESS 1027 Druid Hill

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74277

CERTIFICATE OF DEATH

87-001

E 74277

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 E. Preston St. 8-17 Ward)

Length of residence in city or town where death occurred 51 yrs. 9 mos. 5 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose M. Radwitch

(a) Residence: No. 2006 E. Preston St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry A Radwitch

DATE OF BIRTH (month, day, year) Feb. 24 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME Owen Connelly

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMANT Harry A Radwitch
(Address) 2006 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Dec. 2nd 1931

19. UNDERTAKER Henry Hoerr Sons, Inc.
(Address) 1024 E. Eager St.

20. FILED DEC 1931 HARRY JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) at 3:20 p.m. Nov. 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1931, to Nov 29, 1931.

I last saw her alive on Nov 27, 1931, death is said to have occurred on the date stated above, at 3:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	2 mos
	9 yr

Other contributory causes of importance:

Cerebral Hemorrhage	1 day

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Woody, M. D.

(Address) 413 Mercantile Bank

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74278

E 74278

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 12-19 Ward)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Martin

(a) Residence: No. 409 Pittman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced (or) WIFE of Charles Martin

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Louis Ott

14. BIRTHPLACE (city or town) (State or country) West Va.

15. MAIDEN NAME Burke?

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Dec 2, 1931

19. UNDERTAKER Edgar H. Caplin
(Address) 221 E. Fayette St.

DEC 2 1931 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/28, 1931

22. I HEREBY CERTIFY, That I attended deceased from 11/13/, 1931, to 11/28, 1931

I last saw h[illegible] alive on 11/28, 1931 death is said to have occurred on the date stated above, at 9.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, cerebral	More than 1 year

Other contributory causes of importance:

Bronchopneumonia, Terminal	4 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas. F. Tomolty, M. D.

(Address) City Hosp.

AACo. 5-31 250B

74279 HEALTH DEPARTMENT—CITY OF BALTIMORE 74279

CERTIFICATE OF DEATH

23v

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2916 Westfield ave St. 27-43 Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Carr

(a) Residence: No. 2916 Westfield ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura V. Carr

DATE OF BIRTH (month, day, year) Dec 17-1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	11	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Alexander Carr

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Charlotte Richardson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Laura V. Carr

(Address) 2916 Westfield Ave

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Nov. 30 1931

UNDERTAKER George W Zickler

(Address) 1737 E. Eager St.

FILED ... 1931

C. HAMPSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27 1931

22. I HEREBY CERTIFY, That I attended deceased from February 27, 1931, to Nov. 27, 1931

I last saw he alive on Nov. 26, 1931 death is said to have occurred on the date stated above, at 2:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonary Tuberculosis	2-27-31
Other contributory causes of importance: Mitral Regurgitation	7-27-31

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. ...

(Signed) Chas F W Stevens M. D.

(Address) 2878 Harford Rd.

-30—M & T—100 B—50L

74280

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 74280

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 S. Conkling ST. 26-37 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kunigunda Heinemann

(a) RESIDENCE NO 928 S Conkling ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Reinhardt Heinemann

DATE OF BIRTH (month, day, and year) May 5 1848

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
83	83	6	12	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

Housework
037

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Leonard

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Leonard Heinemann

(Address) 928 S Conkling St

Filed 30 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Heart Failure

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Senility.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. P. Herzog M.D., M. D. Coroner

Nov. 30, 1931 (Address) 1305 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Nov 30 1931
UNDERTAKER	ADDRESS
George W. Zirkler	1737 E Eager St.

-30—M & T—100 B—50L

74281

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74281

CERTIFICATE OF DEATH

109v

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 S. Potomac ST. 1-1 WARD)

2-FULL NAME Mary A Krug-

(a) RESIDENCE NO 1112 S Potomac ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of William F Krug

DATE OF BIRTH (month, day, and year) Dec 5 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	52	11	27	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work housework
(b) General nature of industry, business, or establishment in which employed (or employer) 637
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Sylvester Albers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Bloem

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant William F Krug.

(Address) 1112 S Potomac St.

Filed ... 1931 HAMPSON JONES, M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J P Neagle md Coroner, M. D.

Nov 29, 1931 (Address) 1052 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetary

DATE OF BURIAL Dec 1 1931

20 UNDERTAKER George W Zirkle

ADDRESS 1737 E Eager St

...c.—1-30—M. & T.—250 Blks

74282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 74282

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5615 Govane Ave (Govane-Homestead-Montebello) ST. WARD

2-FULL NAME Michael J. Callahan Sr

(a) RESIDENCE NO. 5615 Govane Ave. (Govans) ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widowed

If married, widowed, or divorced (HUSBAND of or) WIFE of the late Cecilia Callahan.

6 DATE OF BIRTH (month, day, and year) Nov 27th 1882.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	0	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor Gen'l

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

10 NAME OF FATHER John Callahan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mr Michael J Callahan Sr. (Address) 5615 Govane ave Catonsville

Filed 1931 C. HANNOCK JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/30/1931.

17 I HEREBY CERTIFY, That I attended deceased from Nov 18, 1931, to Nov 27, 1931, that I last saw h alive on Nov 27, 1931, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Ch. Nephritis, Chr Myocarditis, Arterio Sclerosis

(duration) 2+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Lobar Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) E. S. Bishop, M. D.

Nov 30, 1931 (Address) 501 Shenandoah Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Patrick Cemetery — DATE OF BURIAL: 12/1/1931.

20 UNDERTAKER: John F Cowgill & Son — ADDRESS: 901 Hollins St.

2-30—M. & T.—100 B—561.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

E 74283

E 74283

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 Harman Ave. 25-22 WARD)

2-FULL NAME Laura Virginia Hohn

(a) RESIDENCE NO 1705 Harman Ave. ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs 3 mos 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of Charles Henry Hohn

DATE OF BIRTH (month, day, and year) Aug. 10, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	71	3	17	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER Barnett Wilkinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown Unknown

12 MAIDEN NAME OF MOTHER Maude Lancaster

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown Unknown

Informant Wade Hopkins

(Address) 1307 Andrew St.

Filed 1931 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 27th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hypoplexy

(Duration) suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) Disease Chronic Myocardial (duration) ? yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell M.D. Coroner

11/29, 193 (Address) 703 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: Nov 30 1931

20 UNDERTAKER: F. A. Krause Son — ADDRESS: 703 Hamburg St.

ACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

74284

46 E 74284

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 3309 Elmora av, St. 8-46 Ward)

ngth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosalie Stine

(a) Residence: No. 3309 Elmora Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Stine

DATE OF BIRTH (month, day, year) Sept. 5/1865

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	66	2	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.
13. NAME Adam Walter
14. BIRTHPLACE (city or town) (State or country) Balto.
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known
17. INFORMANT Mr. Charles Stine
(Address) 3309 Elmora Ave
18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date Dec 1 1931
19. UNDERTAKER J. J. Burr
(Address) 1516 N Ingraham ave
20. FILED ... C. HANSON JONES, M. D., Registrar
By ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1931, to Nov 25, 1931
I last saw her alive on Nov 24, 1931, death is said to have occurred on the date stated above, at 7:25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach (with metastasis into Liver)	

Other contributory causes of importance:

Myocarditis

Name of operation Biopsy Date of Nov 21
What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. H. Bowers, M. D.
(Address) 1512 N Broadway

...c.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74285

CERTIFICATE OF DEATH

161-002

E 74285

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1 St. (WARD)

2—FULL NAME Russell Charles

(a) RESIDENCE NO. 126 South ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov. 16 31

7 AGE: Years | Months | Days: 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

10 NAME OF FATHER: Emmett R. Charles

BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Bertha E. Grau

BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

Informant: Emmett R. Charles

(Address): 126 S. Eutaw St

Registered 1931 [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-29-31

17 I HEREBY CERTIFY, That I attended deceased from 11-28-31, 19 . to 11-29-31, 19 .

that I last saw h— alive on 11-29-31, 19

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Hemophilia

Jaundice Mo Born

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary): Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) Wm Bundrey, M. D.

19 (Address) 18 Jones Hopkins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem

DATE OF BURIAL: Nov. 30, 1931

20 UNDERTAKER: Wm. C. Miller & Son

ADDRESS: 2334 Jefferson

-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74286

CERTIFICATE OF DEATH

E 74286

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 N. Rose ST. 6-10 WARD)

2-FULL NAME Jno Kirk W. Miskimon

(a) RESIDENCE NO. 101 N. Rose ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Miskimon

DATE OF BIRTH (month, day, and year) Apr 2/1884

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	47	7	26	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Hub Furniture Co

BIRTHPLACE (city or town) (State or country) Balto., Md.

10 NAME OF FATHER Charles A. Miskimon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Sarah Jessie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

Informant Bessie Miskimon

(Address) 101 N. Rose St

Filed Nov 30 1931 HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency (Probably Coronary)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John Bruns, M. D. Coroner

Nov 30/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem.

DATE OF BURIAL Dec 1 1931

20 UNDERTAKER E. Miller & Son

ADDRESS 2384 W. North Ave

ABCo. 1-41 2M8

4287. **HEALTH DEPARTMENT CITY OF BALTIMORE** 139-20 E 71287

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. 1-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion Diener

(a) Residence: No. 2605 East Ave St. Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 1 1913

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	18	10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poland
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Poland
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto - Md

13. NAME Israel Dyener

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Sara Samuels

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT
(Address) 2605 East Ave

BURIAL, CREMATION, OR REMOVAL
Place Mt. Washington Date 11/30 1931

UNDERTAKER
(Address) 1121 E Baltimore St

FILED C. Hampton Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30 1931

22. I HEREBY CERTIFY, That I attended deceased from November 17, 1931, to Nov 30, 1931

I last saw h[illegible] alive on Nov 30, 1931 death is said to have occurred on the date stated above, at 12:01 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic appendicitis (Fecal obstruction)	1 day
Peritonitis (Pelvic abscess)	30 days

Other contributory causes of importance:

Operation Appendectomy Date of 11-24-31

Name of operation Exploratory Laparotomy Date of 11/29/31

What test confirmed diagnosis? Clinical & Operative Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Robert T. Chenoweth M. D.

(Address) Md. General Hospital

Rev. 2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121 ✓ E 74288

~~E~~ 74288 REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) 1301 ST. WARD

2—FULL NAME Ernst Schultz

(a) RESIDENCE NO. 11 Druid Lawn WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Phillips

6 DATE OF BIRTH (month, day, and year) July 30, 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	3	27	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sheet Metal Contractor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Germany.

9 NAME OF FATHER Schultz.

10 BIRTHPLACE OF FATHER (city or town) (State or country) Gemany.

11 MAIDEN NAME OF MOTHER Unknown.

12 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

13 Informant Mrs. C. W. Graham

(Address) 112 Linwood ave

14 Filed NOV 30 1931 19 HAROLD JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-27-31

17 I HEREBY CERTIFY, That I attended deceased from 11-25-31, 19 , to 11-27-31, 19 ,

that I last saw h alive on 11-27-31, 19

and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows: Ruptured Appendix

Diffuse Peritonitis

(duration) yrs. , mos. 4 ds.

CONTRIBUTORY (Secondary) Leukemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 11-26-31

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) Wm Hendrax, M. D.

, 19 (Address) St. Joseph Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakdown Cemtg.

20 UNDERTAKER John J. Moran

DATE OF BURIAL Nov. 30 1931

ADDRESS 3099 E. Balto

ec. 2-29-28 J. F. S. 500 Blks.

E 74289

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74289

CERTIFICATE OF DEATH

1—PLACE OF DEATH St Joseph's Hospital

REGISTERED NO.

TY OF BALTIMORE: (No. Caroline & Eliza ST. 6-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John J Griffin

(a) RESIDENCE NO. 116 N. Stricker ST. 4 WARD

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Griffin

TE OF BIRTH (month, day, and year) Oct 6 1861

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
7			2	

CUPATION OF DECEASED

) Trade, profession or particular kind of work Engineer & Fitter

) General nature of industry, business, or establishment in which employed (or employer) Hospitals 30

) Name of employer

THPLACE (city or town) (State or country) Baltimore Md.

NAME OF FATHER James J. Griffin

BIRTHPLACE OF FATHER (city or town) Balto. Md. (State or country)

MAIDEN NAME OF MOTHER Mary Healey

BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

Informant Maggie Griffin Wife

(Address) 116 N. Stricker St.

C. HARRISON JONES, M. D.

Filed 1932 19 Dec

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-28-31

17 I HEREBY CERTIFY, That I attended deceased from Nov 22, 1931, to Nov 28, 1931, that I last saw h— alive on Nov 28, 1931 and that death occurred, on the date stated above, at 4:25 A m.

The CAUSE OF DEATH* was as follows:

Ruptured Appendix

Generalized Peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dyspnea

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 11/21/31

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) ~~W B Hendrix~~ C. HARRISON JONES, M. D.

19 (Address) 719 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and (2) Nature of Injury, and (3) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Dec. 1 1931

UNDERTAKER Lilly & Geiler Inc.

ADDRESS 403 N. Howard St

Spec.—9 30—A. & Co.—250 Blks.

74290 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 74290

CERTIFICATE OF DEATH.

119 V

1 PLACE OF DEATH

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1017 S. Binney ST. 13 WARD)

2 FULL NAME Dorothy Kostkowski

(a) RESIDENCE NO. 1017 S. Binney ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town, and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Nov 4 1931

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
			25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md.

10 NAME OF FATHER: Stanislaus Kostkowski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Catherine Kunasz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

Informant: Stanislaus Kostkowski
(Address) 1017 S. Binney St.

DEC 30 1931 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 30 1931

17

I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1931 to Nov. 29, 1931

that I last saw her alive on Nov. 29, 1931

and that death occurred, on the date stated above, at 9.30 p.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORY (Secondary): Acute Tuberculosis Pleurisy

(duration) _____ yrs. _____ mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? P. S. & S.

(Signed) John J. Kruger M. D.

19 (Address) 1637 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem

DATE OF BURIAL: Nov. 30 1931

UNDERTAKER: J. Frankowski Inc

ADDRESS: 1000 S. Kenwood Ave

...—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 74291 ✓ 72-001 E 74291

E 74291

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

...TY OF BALTIMORE: (No. Church Home & ST., 15-58 WARD)

2-FULL NAME Morris Gordon.

(a) RESIDENCE NO. 2700 Hilldale ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

...gth of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

...EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
or) WIFE of

...ATE OF BIRTH (month, day, and year)

...GE Years	Months	Days	If LESS than 1 day, hrs or min.
23			

...CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

...RTHPLACE (city or town) (State or country) Poole, Md.

0 NAME OF FATHER Benj. Gordon

1 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

2 MAIDEN NAME OF MOTHER Rena —

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Wm. Gordon

(Address) 2410 Hilldale Ave.

...R 30 1931 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 27, 19 31, to Nov 29, 19 31,

that I last saw him alive on Nov 29, 19 31,

and that death occurred, on the date stated above, at 11:25 P.M.

The CAUSE OF DEATH* was as follows:

Myeloid Leukemia.

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Wassermann & Blood Exam.

(Signed) Adelyn B. Chronate, M. D.

, 19 (Address) Adelyn B. - Church Home by

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pikesville Cemetery	11-30-19 31
UNDERTAKER Pace Funeral Inc.	ADDRESS 1439 E. Baltimore

Spec.—9-30—A. & Co.—250 Blks.

E 74292 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74292

CERTIFICATE OF DEATH

95-002

1 PLACE OF DEATH

CITY OF BALTIMORE (No 2301 E. Preston St 8-12 WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sebastian L. Stuebe

(a) RESIDENCE NO 2301 E. Preston St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of John F. Stuebe

DATE OF BIRTH (month, day, and year) Sept 2, 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	—	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Simon Hogard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wilhelmina Feibt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant (Address) Mary Hogard 2301 E. Preston St

Filed NOV 30 1931 HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1929 to Nov 28, 1931

that I last saw h[illegible] alive on Nov 28, 1931

and that death occurred, on the date stated above, at 1:32 A. m.

The CAUSE OF DEATH* was as follows:

Cardio Renal Disease (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ascites (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Sign

(Signed) F. S. Hender M. D.

Nov 29 1931 (Address) 1301 N Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Nov 30, 1931
20 UNDERTAKER	ADDRESS
H. Sander Sons Inc	1710 Park Ave

A4Co. 5-31 2908

HEALTH DEPARTMENT—CITY OF BALTIMORE

74293

CERTIFICATE OF DEATH

159 E 74293

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 N. Fremont Ave. St., 21-31 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... da How long in U. S. If of foreign birth? ... yrs ... mos ... da

10 min

2. FULL NAME Baby Boy Brune

(a) Residence: No. 809 N. Fremont Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 24, 1931

AGE	Years	Months	Days	If LESS than 1 day, hrs or 10 min.
	—	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md
13. NAME Fulmon Brune
14. BIRTHPLACE (city or town) (State or country) Salisbury Alabama.
15. MAIDEN NAME Connie Sanders
16. BIRTHPLACE (city or town) (State or country) Salisbury Alabama.
17. INFORMANT (Address) Irvin Hardware 4321 Pimlico Rd
18. BURIAL, CREMATION, OR REMOVAL Place ~~Greenmount~~ Date 11-24-31 Burial
19. UNDERTAKER FETUS DESTROYED (Address)
20. FILED By B. Waddington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1931, to Nov. 24, 1931

I last saw h[illegible] alive on Nov. 24, 1931 death is said to have occurred on the date stated above, at 10.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2 Abortion (24-w 1cs)	5 hrs
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Irvin H. Langenfelder M. D.
(Address) 4321 Pimlico Rd

1021

Helena H. Stamer

Sec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74294

REGISTERED NO. 131 E 74294

1—PLACE OF DEATH

CITY OF BALTIMORE (No.) 3110 Hollins Ferry Rd ST. 25th WARD 73

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Helen W Stamer

(a) RESIDENCE NO. 3110 Hollins Ferry Rd ST. 25th WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

6 If married, widowed, or divorced (or) WIFE of Harry Stamer

7 DATE OF BIRTH (month, day, and year) Aug. 3 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	3	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John C Schrier

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Date of Informant [illegible] Louis Warren Stauffer

15 Address 3110 Hollins Ferry Rd

Dec 30 1931 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/29/31

17 I HEREBY CERTIFY, That I attended deceased from Oct 24. 1931. to Nov 29. 1931.

that I last saw h[illegible] alive on Nov 29. 1931.

and that death occurred, on the date stated above, at 6 30 P m.

The CAUSE OF DEATH* was as follows: Myocarditis - Chronic.

(duration) yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical Tests

(Signed) H Hammett White M. D.

11/29 1931 (Address) 2410 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. London Park

DATE OF BURIAL Dec 1 1931

20 UNDERTAKER Edw Fowlcar

ADDRESS Wash Blvd.

...—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74295

CERTIFICATE OF DEATH

41-001

E 74295

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Joseph Hospital (WARD) 29-224

2—FULL NAME Mrs Beatrice Hartman

(a) RESIDENCE NO. 1212 James Street (Street) Balt. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 6 mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Married

6 If married, widowed or divorced HUSBAND of (or) WIFE of John A Hartman

7 DATE OF BIRTH (month, day, and year) 5/1/1880

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	6	26	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Balto Md.

11 NAME OF FATHER David Finnessey

12 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

13 MAIDEN NAME OF MOTHER Mary Lynch.

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

15 Informant John A. Hartman

(Address) 1212 James St

Filed OCT 30 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 7 1931 to Nov 27 1931

that I last saw her alive on Nov 27 1931

and that death occurred, on the date stated above, at 7 P.M. m.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Pernicious anaemia (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Clinical + autopsy

(Signed) J M Baumgardner, M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	11/30/31
UNDERTAKER Geo Lernbach	ADDRESS 525 W Lexington St

-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

21 0-001

E 74296

74296 F DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Maryland General Hospital ST. 14-20 WARD)

2. FULL NAME William H. Nadenbousch

(a) RESIDENCE NO 1400 Eutaw Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Spice

DATE OF BIRTH (month, day, and year) Feb. 21, 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75	9	7	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) West Virginia

10 NAME OF FATHER Moses C. Nadenbousch

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Virginia

12 MAIDEN NAME OF MOTHER Margaret A. Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Virginia

Informant Mrs. Wm. H. Nadenbousch

(Address) 1400 Eutaw Place

DEC 6 1931 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck and knocked down by a moving auto truck at intersection

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Shock (duration) 2 yrs. mos ds.

18 Where was disease contracted if not at place of death? Linden & Lafayette

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. Thane Cline, M. D. Coroner

11 2019 (Address) Traffic Bureau

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: 12/1/ 1931

20 UNDERTAKER: Hamby A. Mears and Son — ADDRESS: 805 W. Baltimore

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74297 E 74297

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Baltimore Md, St. ..... Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Vincent Hugger

(a) Residence: No. 309 S Sharp St St., Ward ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 7-16-1858

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	4	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

12. NAME George Hugger
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Ose La Forney
16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Baltimore City Hospital record
(Address)

BURIAL, CREMATION, OR REMOVAL
Place ... Date NOV 30 1931

UNDERTAKER [illegible]
(Address) [illegible]

FILED NOV 30 1931, 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-25, 1931

22. I HEREBY CERTIFY, That I attended deceased from 5-4, 1931, to 11-25, 1931

I last saw him alive on 11-25 1931 death is said to have occurred on the date stated above, at 1.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	4-31
Other contributory causes of importance:	
Gastric hemorrhage	11-25-31

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

5-31 (Signed) Elmer Highbarger M. D.
(Address) Baltimore City Hospitals

Spec.—1-10-21—MAT—1500 Blks.

E 74298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 E 74298

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3932 Reisterstown Rd. St. 15-58 WARD)

2-FULL NAME Eugene Louis Pallhon

(a) RESIDENCE NO. 3932 Reisterstown Rd ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

6 If married, widowed, or divorced HUSBAND of XXXXXXX Caroline Pallhon,

DATE OF BIRTH (month, day, and year) Sept 25 1842

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	2	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer(Retired)

(b) General nature of industry, business, or establishment in which employed (or employer): Dairying & Agriculture

(c) Name of employer: Self

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Eugene L.Pallhon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant (Address): Helen Steavens 3932 Reisterstown Rd.

Filed DEC 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 29 1931.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 19 1931 to Nov. 29 1931, that I last saw him alive on Nov 28 1931, and that death occurred, on the date stated above, at 3.10 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) X yrs. X mos. 3 ds.

CONTRIBUTORY (Secondary) Fecal impaction

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Symptoms.

(Signed) Charles E. Clark, M. D.

11/29/31 (Address) 3214 Piedmont Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: DEC 2 1931

20 UNDERTAKER: Geo W Little

ADDRESS 2700 MADISON AVE

-30—M. & T.—100 B—50L.

74299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173 E 74299

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital (WARD) 29

2-FULL NAME Julia A. Withers

(a) RESIDENCE NO 342 E. Fayette ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Charles L. Withers

DATE OF BIRTH (month, day, and year) Oct 5 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	20	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer At Home

BIRTHPLACE (city or town) (State or country) Richmond Va.

10 NAME OF FATHER Wm H. Lindsay

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary E. Ellicott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant John C. Lindsay

(Address) 1161 E. Fayette St

Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Penetrating wound of Head-
Homicide

(duration) yrs. About 2 hrs. mos ds

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell Coroner M. D.

11/29 1931 (Address) 203 Catalpa Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 12/1/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Dr Cromwell ✓

1-30—M. & T.—100 B—50L

C 74300

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74300

CERTIFICATE OF DEATH

REGISTERED NO. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 342 S Woodyear ST. 19-29 (WARD)

2-FULL NAME Charles L Wilkens

(a) RESIDENCE NO. 342 S. Woodyear ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia A Wilkens

7 DATE OF BIRTH (month, day, and year): July 21, 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	46	6	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Stone Cutter
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

10 NAME OF FATHER Ulrich Wilkens

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Louise Jaenig

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

Informant: Matilda May (Address) 1737 McHenry St

Registered 30 1931 C. HAMPSON JONES, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Wound of Head — Suicide while insane. (duration) suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell Coroner M.D.

11/29 1931 (Address) 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: 12/1/1931

UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

Spec—B 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74301

CERTIFICATE OF DEATH

46 E 74301

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4513 (St.) Mainfield Way (Ward)

2 FULL NAME Alice Lee Tredway

(a) RESIDENCE NO. 4513 (Usual place of abode) ST. Mainfield Way WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Feb 23 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: At Home.

BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: Thomas M. Tredway

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Martha E. Fitton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant (Address): Jim Tredway 4513 Mainfield Way

DEC 30 1931 HAMPSON-JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29, 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct-1, 1931, to Nov. 29, 1931

that I last saw her alive on Nov. 28, 1931

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Gen. Carcinomata

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. C. Hines M. D.

(Address) 5600 York Rd

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion, Md

DATE OF BURIAL: 12/2 1931

20 UNDERTAKER: J. M. Cole

ADDRESS: 1219 E. Fayette St

Spec.—8-30—A. & Co.—250 Blks

E 74302 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74302

CERTIFICATE OF DEATH

59

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1517 Hollwood St. 9-18 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Agnes Leonard

(a) RESIDENCE NO. 1517 Hollwood St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Leonard

DATE OF BIRTH (month, day, and year) June 8-1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) At Home.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Simon Loser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christina Norelz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Regina Leonard
(Address) 1517 Hollwood St.

DATE RECEIVED NOV 30 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 28-1931

17

I HEREBY CERTIFY, That I attended deceased from Nov. 26, 19 31, to Nov. 28, 19 31

that I last saw h alive on Nov. 28, 19 1931

and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:

Diabetes Coma

Gangrene of Right foot (duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus (duration) 1 yrs. 3 mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine + Sugar Bl.

(Signed) Wm Fa Stricker M. D.

12/1 1931 (Address) 2878 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 12/1 1931

20 UNDERTAKER: William Cook — ADDRESS: 1317 St Paul

AACo. 5-31 250M

Anna B. Romberg

HEALTH DEPARTMENT CITY OF BALTIMORE

74303

CERTIFICATE OF DEATH

X 127-001

E 74303

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward) 20

Length of residence in city or town where death occurred— yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Wm Romberg. (Anna B. Romberg)

(a) Residence: No. N. Church St. + Waterview Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Romberg

DATE OF BIRTH (month, day, year) 5/5/68

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pennsylvania, Penna

12. NAME John Bender.

14. BIRTHPLACE (city or town) (State or country) Pennsylvania, Penna

15. MAIDEN NAME Anna May —?

16. BIRTHPLACE (city or town) (State or country) Pennsylvania, U.S.A.

INFORMANT Wm. Romberg

(Address) N. Church St + Waterview Ave

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 12/1 1931

UNDERTAKER Freeman Cook

(Address) 1217 St Paul St

FILED 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/29, 1931

22. I HEREBY CERTIFY, That I attended deceased from 11/1, 1931 to 11/29, 1931

I last saw her alive on 11/29/31 death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ventral Hernia Post-Op	June 1930
Pulmonary Embolus Rt	Nov. 16th
Pulmonary Infarct Rt.	Nov. 16th
Myocarditis Acute & Toxemia	Nov 29th

Other contributory causes of importance:

None

Name of operation Repair Hernia Date of Nov 5, 1931

What test confirmed diagnosis? Exam Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel McLanahan, M. D.

(Address) Union Memorial Hosp.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74304

CERTIFICATE OF DEATH.

23

26 and 2

E 74304

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6005 Cedonia Ave., Raspeburg ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Caroline Burkhart

(a) RESIDENCE NO. 6005 Cedonia Ave., Raspeburg, Md. ST. 26th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Burkhart

DATE OF BIRTH (month, day, and year): Nov. 13, 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	--	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Virginia

10 NAME OF FATHER: William Henry Ticer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Adelaide Estelle Connolly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

Informant (Address): Mrs. Vernon King Hoffman 6005 Cedonia Ave., Raspeburg, Md

C. HAMPSON JONES, M. D.

1931 . 10 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 29, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1928, to Nov. 28th 1931.

that I last saw her alive on Nov. 28th, 1931,

and that death occurred, on the date stated above, at 11A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Diabetes Mellitus

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary)

((duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum, Urine & Blood Examinations.

(Signed) A. L. Williamson. M. D.

A. L. Williamson,

11/30, 1931 (Address) 5713 Belair Rd., Raspeburg, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Avalon Cemetery

DATE OF BURIAL: 12/2 1931

20 UNDERTAKER: William Cook

ADDRESS: 1217 S. Eut

AaCo. 5-31 250B

74305

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74305

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital 131

CITY OF BALTIMORE: (No. 1512 N. Gilmor St. 3rd Ward)

Registered No. .....
(If death occurred in a hospital or institution, give Ds NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs life ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Clara Tyler

(a) Residence: No. 1424 E. Eastern Ave. Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 11/15/1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	—	14	X

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) South Car

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Mrs B. Haney
(Address) 1424 Eastern Ave

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 12/1/31 19..

UNDERTAKER Gahagan & Robb Inc
(Address) 1125 St Paul St

DEC 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-29-1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 3- 1931 to Nov 29- 1931
I last saw her alive on 11-29- 1931 death is said to have occurred on the date stated above, at 2:50 PM

The principal cause of death and related causes of importance were as follows:

Pulmonary Congestion — Date of onset 13 mo ago

Other contributory causes of importance:
Chron. Myocarditis
Chron. Nephritis, arterio Sclerosis

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ... 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm R. Boykin M. D.
(Address) 1512 N. Gilmor

AACo. 5-31 2500

74306 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

145-E 74306

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Balto. City Hospitals St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jennie Bowles

(a) Residence: No. 8 N Longland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert Bowles

DATE OF BIRTH (month, day, year) 2-2-1886

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	45	9	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (37)
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown (9)
13. NAME Fro Franks
14. BIRTHPLACE (city or town) (State or country) Unknown (9)
15. MAIDEN NAME Fannie (9)
16. BIRTHPLACE (city or town) (State or country) Unknown (9)

INFORMANT C. C. Redding
(Address) Pelotan Va. R.

BURIAL, CREMATION, OR REMOVAL
Place Pelotan Va. Date 19

UNDERTAKER Dodd Funeral Dir.
(Address) 1439 E. Baltimore St.

FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-29-1931

22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1931, to 11-29-, 1931
I last saw h.. alive on 11-29 1931, death is said to have occurred on the date stated above, at 10.30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic Cellulitis following Parturition	10-10-31.
Other contributory causes of importance:	
Acute Nephritis	11-15-31.
Uraemia	

Name of operation None Date of —
What test confirmed diagnosis? Clinical & → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19....
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury None
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert E. Little M. D.
(Address) Balto. City Hospitals

Spec—9-30—A. & Co.—250 Blks

(Teal)

74307 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74307

CERTIFICATE OF DEATH

97

REGISTERED NO

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2102 Ridgehill Ave. St. 15-68 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Teal

(a) RESIDENCE NO 2102 Ridgehill Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 ~~single~~ Married, ~~widowed, or divorced~~, (write the word)
male	white	Married

6 If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Elizabeth Cavey

DATE OF BIRTH (month, day, and year) April 4, 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	7	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER William Teal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Dyson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant John E. Teal

(Address) 1927 Callington Ave.

1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 27 1931, to Nov. 28 1931

that I last saw him alive on Nov. 28 1931

and that death occurred, on the date stated above, at 5:30 a m.

The CAUSE OF DEATH* was as follows:

Old age, complicated with other diseases & decrepit condition

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchial & Intestinal Catarrh

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. O. Jones M. D.

11-30-31 (Address) 1400 N. Monroe

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Marys Hampden

DATE OF BURIAL Dec. 1 1931.

20 UNDERTAKER Martin Bailey & Sons

ADDRESS 1827 W. North Ave.

Spec.—9-30—A. & Co.—250 Blks.

4308 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 74308

CERTIFICATE OF DEATH. 159

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3912 Clairmont St. 26-37 WARD)

2 FULL NAME Francis Belcaster * E twin

(a) RESIDENCE NO. 3912 Clairmont ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Wh	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov. 19 '31

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
				5

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓ ✓

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Frank Belcaster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Ferare

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy?

Informant
(Address)

Filed NOV 0 1931 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1931, to Nov. 19, 1931

That I last saw her alive on Nov. 19, 1931

and that death occurred, on the date stated above, at 11.15 p.m.

The CAUSE OF DEATH* was as follows:

Prematurity of birth (twins)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. O. Scott M. D.

19 (Address) 434 S. Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: NOV 0 1931

ADDRESS

Undertaker: [illegible]

Address: [illegible]

O. H. HAMPSON JONES, M. D.

ACo. 5-H 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

4309

CERTIFICATE OF DEATH

53 E 74309

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3013 Poplar Terrace 45-61 Ward)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Anna R Cross.

(a) Residence: No. 3013 Poplar Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
(or) WIFE of Andrew L Cross

6. DATE OF BIRTH (month, day, year) March 13 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

12. NAME William T Dysart

13. BIRTHPLACE (city or town) (State or country) Baltimore Md

14. MAIDEN NAME Adeline Lyons

15. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Andrew L Cross
(Address) 3013 Poplar Terrace

BURIAL, CREMATION, OR REMOVAL.
Place Loudon Park Date Dec 1 1931

UNDERTAKER Geo. L. Smith
(Address) 732 Holland St

FILED 1931 Dec 1 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from June, 1931, to Nov 29, 1931

I last saw her alive on Nov 29, 1931 death is said to have occurred on the date stated above, at 7.15 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Right Breast — Date of onset June 1931

Secondary Anemia. 3 mo.

Pulmonary tuberculosis, inactive (arrested) Nov 29 1931

Other contributory causes of importance:

Chronic Asthenia. 8 Years.

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) [illegible] M. D.
(Address) 806 N Eutaw St

Co. 5-11 250B

4310 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 74310

CERTIFICATE OF DEATH 131

Registered No. 15-62

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 3600 Grantley Road

CITY OF BALTIMORE: (No. 3600 Grantley Road St. (Ward)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ollie Blanche Travers

(a) Residence: No. 3600 Grantley Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. C. A. Travers

DATE OF BIRTH (month, day, year) June 3, 1853

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	78	5	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Jane E. Grimes

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

15. MAIDEN NAME Martha A. Hipsley

16. BIRTHPLACE (city or town) Howard Co
(State or country) Md

INFORMANT Ernest R. Spedden
(Address) 3600 Grantley Rd

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 19

UNDERTAKER George Colmus Smith
(Address) 532 Mosher St

9 1931 — C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30th, 1931

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1931, to Nov. 30, 1931

I last saw her alive on Nov. 29, 1931 death is said to have occurred on the date stated above, at 4:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis;	about 20 yrs.
Chronic nephritis; aft	15 yrs.
with terminal Uremia -	4 days

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph H. Zierler M. D.

(Address) 207-8 Med. Arts Bldg

AaCo. 5-31 250R

74311

HEALTH DEPARTMENT—CITY OF BALTIMORE

74311

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 Eutaw Place) Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs 2 mos 10 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Bertha McClelland Clark

(a) Residence: No. 1512 Eutaw Place Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	widow.

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Richard B Clark.

DATE OF BIRTH (month, day, year) Sept. 18, 1858

AGE Years	Months	Days	If LESS than 1 day hrs or min.
73	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto
(State or country) Md

13. NAME Mary McClelland

14. BIRTHPLACE (city or town) Balto
(State or country) Md

15. MAIDEN NAME Margaret Green

16. BIRTHPLACE (city or town) Balto
(State or country) Md.

17. INFORMANT Harry T Baumhoffer
(Address) 512 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 1, 1931

19. UNDERTAKER George J Smith
(Address) 1632 Pulaski Hwy

Dec 1 1931 C. HARRISON JONES, M. D.
19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/28, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1928, to Nov. 28, 1931

I last saw her alive on Nov. 28, 1931, death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus (years)	2
Chronic nephritis (years)	?

Other contributory causes of importance:

Uraemia. N.P.N. 90	2 wks
Broncho pneumonia	5 days
Hypertension — Hemiplegia	for 1931

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Bert Crutcher M. D.

(Address) 1512 Eutaw Pl — Balto Md

Spec.—9 20—A. & Co.—250 Blks

St John Bishop 12 2.25 B.T. ✓ Hno 0691

74312 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 74312

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2113 Chelsea Terrace Ward 5 6 6 1

2 FULL NAME Louise F. Sadler

(a) RESIDENCE NO 2113 Chelsea Terrace WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos ds. How long in U. S., if of foreign birth? 73 yrs 0 mos 6 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ (or) WIFE of John L. Sadler

7 DATE OF BIRTH (month, day, and year) Nov 24th 1838

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	0	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER John L. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York

12 MAIDEN NAME OF MOTHER Magdeline Hershey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hagerstown

Informant: Harriet A Sadler

(Address) 2113 Chelsea Terrace

DEC 1931 C. HAMPSON JONES, M.D. (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30th 1931

17 I HEREBY CERTIFY, That I attended deceased from ~~Dec~~, 1916, to Nov. 30, 1931

That I last saw her alive on Nov. 30, 1931

and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 10 yrs. ~ mos. ~ ds.

CONTRIBUTORY (Secondary) Chronic interstitial Nephritis

(duration) ~ yrs. ~ mos. ~ ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of ~

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam

(Signed) John S. Nicholas M. D.

19 (Address) 122-23 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rose Hill Cemetery Hagerstown Md	12/2/1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

...ec.—1-30—M. & T.—250 Bks.

E 74313

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74313

CERTIFICATE OF DEATH.

106

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (St.) 3-5 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Foglia

(a) RESIDENCE NO. 942 E. Pratt St (St.) (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. 6 mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 14 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	3	14	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Presser

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Sick

8 BIRTHPLACE (city or town) (State or country) Italy

9 NAME OF FATHER Antiona Foglia

10 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

11 MAIDEN NAME OF MOTHER Rosalia Palumera

12 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant William Foglia
(Address) same husband

Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-30-31

17

I HEREBY CERTIFY, That I attended deceased from 11-29-31, 19 to 11-30, 19 31,

that I last saw him alive on 11-30, 1931,

and that death occurred, on the date stated above, at 1.55a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, right lower and middle lobes

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Circulatory Failure

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Signs, sympt. etc.

(Signed) Thorne Baker, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 12/2 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 N Paul

Spec.—9-30—A. & Co.—250 Blks

E 74314 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74314

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals 107-001 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto Md. St. 1-3 Ward 1) REGISTERED NO.

2 FULL NAME Gustav Kammke

(a) RESIDENCE NO. 2539 Fait Ave St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Kammke

DATE OF BIRTH (month, day, and year) 1-2-68

AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	63	10	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stationary Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant (Address) Coroner's Balto City Hospt

Filed 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-28-31

17

I HEREBY CERTIFY, That I attended deceased from 11-23- 1931 to 11-28- 1931

that I last saw [illegible] alive on 11-28- 1931

and that death occurred, on the date stated above, at 9.50 P m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholic Psychosis Delirium (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Wm H Brady M. D.

1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL
Mt Carmel Cem. Rec.	1st 1931
20 UNDERTAKER John C. Miller	ADDRESS 2435 E. Aliceanna St

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74315 E 74315

CERTIFICATE OF DEATH

108 v

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 5-63 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. 2 mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Elizabeth Madden

(a) Residence: No. Phila Pa St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

DATE OF BIRTH (month, day, year) May 27. 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
73	71	6	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Phila. Pa.

13. NAME Hugh Madden

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Cath. Cavenaugh

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs Wm Evans
(Address) Mt Wm Retreat

BURIAL, CREMATION, OR REMOVAL
Place Phila Pa Date Sept 1 1931

UNDERTAKER Lawrence Bowers Co
(Address) Eng Bond.

FILED SEP 1 1931 19 H. M. SIMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924 to Nov 30, 1931

I last saw her alive on Nov 30, 1931 death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov 27
Other contributory causes of importance:	
Melancholia.	16 years.

Name of operation No physician Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton P. Hall M. D.

(Address) Mt Hope Retreat

Spec.—9-30—A. & Co.—250 Blks.

74316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 74316

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3208 Elgin Av ST. 15-61 (WARD)

2 FULL NAME Edward Reid Burns

(a) RESIDENCE NO. 3208 Elgin Av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown ds. How long in U. S., if of foreign birth? 65 yrs. 5 mos. 20 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Burns

7 DATE OF BIRTH (month, day, and year) June 16 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	30 20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper Stringer

(b) General nature of industry, business, or establishment in which employed (or employer) Laminator.

(c) Name of employer C. J. Benson Co.

9 BIRTHPLACE (city or town) Towson

(State or country) Maryland

10 NAME OF FATHER Edw Burns

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Md

12 MAIDEN NAME OF MOTHER Mayant Stone

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md

Informant Mrs. Lillian Blessing (daughter)

(Address) 3208 Elgin Av

Filed 1 - 1931 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30. 31

17 I HEREBY CERTIFY, That I attended deceased from Nov 26 , 1931 , to Nov 29 , 1931

that I last saw him alive on Nov 29 , 1931

and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Senile Debility

Intestinal Hemorrhage

Chronic Myocarditis 5 days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination & Symptoms

(Signed) Edward C. Silver M. D.

19 (Address) 3706 Liberty Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Dec 2 1931

20 UNDERTAKER Edward Mowen & Sons Address Baltimore.

ec. 2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74317

REGISTERED NO. 131 E 74317

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE, (No.) St. Joseph Hosp. (Street) (WARD)

2—FULL NAME Mr. Alexander Wilkinson

(a) RESIDENCE NO. 702 S. Durham ST. Balt. WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) ?

E	Years	Months	Days	11 LESS than 1 day, hrs. or min.
	72			

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foreman on

(b) General nature of industry, business, or establishment in which employed (or employer): Dredging Machine

(c) Name of employer

RTHPLACE (city or town) (State or country): Balto

NAME OF FATHER: Alexander Wilkinson

BIRTHPLACE OF FATHER (city or town) (State or country): Md.

MAIDEN NAME OF MOTHER: Shamah

BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Calvin Wilkinson

(Address): 423 N. Butler St.

Filed [illegible] 1931 H. J. JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-30-31

17 I HEREBY CERTIFY, That I attended deceased from Nov 27, 1931, to Nov 30, 1931, that I last saw him alive on Nov 30, 1931, and that death occurred, on the date stated above, at 12 20 A. m.

The CAUSE OF DEATH* was as follows:

Hypertensive-Cardio-vascular Renal disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic alcoholism, Terminal Bronchial Pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. M. Bussenqaydner M. D.

, 19 (Address) St. Joseph Hosp. Balt.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem

DATE OF BURIAL: 12/2/31 19

20 UNDERTAKER: Philip Hennig 2010

ADDRESS: Orleans St

Cor.—10-18-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

E 74318

REGISTERED NO. E 74318

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 74318

1-PLACE OF DEATH

City of Baltimore: (No. St. Joseph's Hosp St. 8-17 Ward)

2-FULL NAME Francis Yost

(a) RESIDENCE NO. 1613 N. Rutland St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 21/30

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	1	4	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Chas. Yost

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Carolina Guisman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

4 Informant (Address) Chas. Yost 1613 Rutland Ave.

5 Filed [illegible] 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumo nia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Marasmus etc.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John H. Cace M. D.

Nov 30/31 (Address) 505 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Mem

DATE OF BURIAL Dec 1/31

20 UNDERTAKER Philip Henry

ADDRESS 2016 Orleans St

-30—M. & T.—100 B—50L

E 74319

HEALTH DEPARTMENT—CITY OF BALTIMORE

163

E 74319

CERTIFICATE OF DEATH

(Declered dead at hospital)

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 25 S. High ST. 3-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oresto Franzoni

(a) RESIDENCE NO 25 S. High ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Franzoni

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	61			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Marble Cutter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Hilgarten Marble Wks

BIRTHPLACE (City or town) (State or country) Carrara, Italy.

10 NAME OF FATHER Joseph Franzoni

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carrara, Italy

12 MAIDEN NAME OF MOTHER Louisa Frandi

13 BIRTHPLACE OF MOTHER (State or country) Carrara, Italy

Informant Mrs. Francesco Laudicini

(Address) 4214 Park Hts Ave

Filed 1st 193. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Carbolic Acid Poisoning- Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jos. Paul, Coroner, M. D.

11/30/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Paul Fifth Reformed

DATE OF BURIAL Dec 1st 1931

20 UNDERTAKER Frank V. Paputone

ADDRESS 2515 E. Balto St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74320 — E 74320 — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4013 Frederick Ave 20-11 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harris B. Church Jr

(a) Residence: No. 4013 Frederick Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month day year) Nov 13. 1931

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
			17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Harris B. Church Sr

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Susie Colley

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Harris B. Church

(Address) 4013 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL Dec 1 1931.

Place Loudon Park

19. UNDERTAKER Mrs Mrs John R. Funeral Home

(Address) 501 N. Fremont St.

20. FILED 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) Nov 30 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 25 1931, to Nov 30, 1931

I last saw him alive on Nov 30 1931 death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pre-mature birth	

Other contributory causes of importance:

Bronchio-pneumonia

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ____, 19____

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) [illegible] M. D.

(Address) 3321 Frederick Ave

...c.—1-30—M. & T.—250 Bks.

E 74321

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-09

E 74321

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Church Home and Infirmary

CITY OF BALTIMORE: (No. N Broadway ST., 6-9 WARD)

2-FULL NAME Mrs. Elizabeth Reynolds

(a) RESIDENCE NO. Church Home and Infirmary ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed or divorced HUSBAND of or) WIFE of John H. Reynolds

6 DATE OF BIRTH (month, day, and year) Dec 16 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kent Island,

10 NAME OF FATHER Samuel Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kent Island

12 MAIDEN NAME OF MOTHER Caroline Manchester

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant (Address) Church Home

Filed 1931 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-30-31.

17 I HEREBY CERTIFY, That I attended deceased from 8-31, 1931, to 11-30, 1931, that I last saw h.. alive on 11-30, 1931, and that death occurred, on the date stated above, at 5 45 P.M.

The CAUSE OF DEATH* was as follows:

Mitral stenosis and insufficiency

(duration) 8 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? clinical

(Signed) Allyn B. Chaney M. D.

(Address) Churchton, Md

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Leesburg Va

DATE OF BURIAL Dec 1st 1931

UNDERTAKER Hartley Cook

ADDRESS 1003 N Bath St

A&Co. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

254936 E 74322

CERTIFICATE OF DEATH

24E 74322

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 1-7 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Holland

(a) Residence: No. 3108 Foster ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 20 - 1929

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
Y	3		9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

12. NAME Thomas Holland

13. BIRTHPLACE (city or town) (State or country) Md

14. MAIDEN NAME Rose Schreiber

15. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Mt Kidron Date Dec 2nd 1931

UNDERTAKER Fitzgerald Bros.
(Address) 503 N. Howard St

Filed 1931 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov - 29 . 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 , 1931, to Nov 29 , 1931
I last saw h[illegible] alive on Nov 29 , 1931 death is said to have occurred on the date stated above, at 1020p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	11/8/31

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. L. Goodall, M. D.
(Address) 1 E. Read St

A&Co. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74323

34 E 74323

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mrs Hope Retreat St. 16-68 Ward)

Length of residence in city or town where death occurred 44 yrs. 9 mos. 19 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

Res. Hams

2. FULL NAME Gertrude Hams

(a) Residence: No. 2525 W. Lafayette ave. St., Ward.

1740 Hamilton Rd

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Feb. 11. 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	44	9	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Boston Mass.

13. NAME: William Harris

14. BIRTHPLACE (city or town) (State or country): Ga.

15. MAIDEN NAME: Anna Attaway

16. BIRTHPLACE (city or town) (State or country): Adams Co Miss

17. INFORMANT (Address): Mrs Hope Retreat Mrs Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Date Dec 2 1931

19. UNDERTAKER (Address): Wm J Reisinger Sons North Pennsylvania Ave

20. FILED 19 Dec 6 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 30 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1924 to Nov 30 1931

I last saw her alive on Nov 29 1931 death is said to have occurred on the date stated above, at 1.55 m. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Parenchymatous Nephritis	about 15 years.
Hypertension	
Intestinal Ulceration	
Other contributory causes of importance: Senseless Prattling	12 Years.

Name of operation None Date of

What test confirmed diagnosis? ++ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wallace P Hall M. D.

(Address) Mrs Hope Retreat

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 74324

E 74324

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. Mercy Hospital St. 18-26 (Ward)

ngth of residence in city or town where death occurred 65 yrs. 4 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph F Brady

(a) Residence: No. 1001 Edmondson Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 18th - 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	11	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. gas

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Michael Brandey

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary A Stafford

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cath. Date Dec 2, 1931

UNDERTAKER Wm. J. Pickrodt Sons
(Address) 1101 E. Baltimore St

FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1931, to Nov 29, 1931

I last saw him alive on Nov. 28, 1931 death is said to have occurred on the date stated above, at 3:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease & Mitral Insufficiency	?

Other contributory causes of importance:

Bronchopneumonia	4 days
Pulmonary Tuberculosis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Post mortem Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, Specify .....

(Signed) E. J. Baumgartner M. D.

(Address) Mercy Hospital

-30—M & T.—100 B—60L.

E 74325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

E 74325

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3422 Eastern ST. [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Lee.

(a) RESIDENCE No 104 York St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Auburn yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Lee

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40	40			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Unknown

10 NAME OF FATHER Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Viola Lee

(Address) 104 York St

Filed Nov 30 1931 CHAS. J. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Alcoholism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. J. Jones M.D., M. D. Coroner

11/30 1931 (Address) 1305 E Patterson P.C.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Natural Ct

DATE OF BURIAL 12/2 1931

20 UNDERTAKER Isaiah L Bromwell

ADDRESS 910 Montgomery

...ec — 1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74326

E 74326

93-003

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 W Fairmount ST., 16-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Sanders

(a) RESIDENCE NO. 817 W Fairmount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

7 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Tennessee

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tennessee

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tennessee

Informant Nellie Young
(Address) 817 W Fairmount

Filed 12-1-1931 HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-28-1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1931, to Nov 28, 1931, that I last saw h alive on Nov 27, 1931, and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Reading of x-ray

(Signed) H. H. MacMurchy, M. D.

, 19 (Address) 2-147 Hartford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery — DATE OF BURIAL 12-1 1931

20 UNDERTAKER James Carlin — ADDRESS 916 Eutaw

Co. 5-31 250B

255142 # HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74327

CERTIFICATE OF DEATH

E 74327

Registered No. 145-00

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 21-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lottie Midder

(a) Residence: No. 614 S Fremont St., Ward. Baltimore

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

DATE OF BIRTH (month, day, year) Apr-26-1897

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	34	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

13. NAME Robert Holmes

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Martha Lee

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Record

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Dec 1 1931

UNDERTAKER David Eerbes

(Address) 916 Cayuga

FILED Dec 1 1931 H. Hunter James M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 27 1931 to Nov 29 1931

I last saw her alive on Nov 29 1931 death is said to have occurred on the date stated above, at 12 MIDNT

The principal cause of death and related causes of importance were as follows:

Intrapartum infection — Date of onset

Other contributory causes of importance:

Name of operation Low forceps delivery Date of Nov 29

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Blanchard W. Antle M. D.

(Address) The Johns Hopkins Hospital

pec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74328

74328

CERTIFICATE OF DEATH.

157-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3652 Kenwick ST. 13-52 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Donald Nelson Whitcomb

(a) RESIDENCE NO. 3652 Kenwick ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of or) WIFE of —

DATE OF BIRTH (month, day, and year) Nov 29, 31

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (City or town) (State or country) Balto Md,

10 NAME OF FATHER Donald P. Whitcomb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Betty E. Wright

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Hegerstown Pa,

Informant Donald Whitcomb

(Address) 3652 Kenwick Road

Filed ..... 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30, 1931

17

I HEREBY CERTIFY, That I attended deceased from Nov 29, 1931 to Nov 30, 1931, that I last saw h alive on Nov 30, 1931, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

"Blue Baby"

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

12/1, 1931 (Address) 220 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodbury M. E. Cemetery	Dec 1 1931
UNDERTAKER	ADDRESS
F. Edmund Rueckert	Owings Mills, Md.

AaCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74329

CERTIFICATE OF DEATH

23 E 74329

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 10-14 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Lee

(a) Residence: No. 807 Sterling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1 - 1927

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	3	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Sherman Lee

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Brent

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Brent.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date Dec 12 1931

19. UNDERTAKER Wm. H. Elliott
(Address) 1725 Eutaw

20. FILED 1 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 27 1931

22. I HEREBY CERTIFY, That I attended deceased from 11 24 1931, to 11 27 1931

I last saw h alive on 11 27 1931 death is said to have occurred on the date stated above, at 6:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Worthington, M. D.
(Address) Johns Hopkins Hospital.

pec.—1-36—M. & T.—250 Bks. Tillie Bromacki Colmer

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74330 — CERTIFICATE OF DEATH. — 144-002 E 74330

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST., 1-3 (WARD)

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Tillie Gromacki Colmer

(a) RESIDENCE NO. 2220 Gough St. ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced (or) WIFE of HUSBAND of Stanley Colmer

DATE OF BIRTH (month, day, and year) Sept 1 1904

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	2	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Stanley Gromacki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Ciminski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant Stanley Gromacki
(Address) 2220 Gough St

Filed — 19— Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/30/31

17 I HEREBY CERTIFY, That I attended deceased from 7/11, 1931, to 11/30, 1931, that I last saw h[illegible] alive on 11/30, 1931, and that death occurred, on the date stated above, at 8.50 a m.

The CAUSE OF DEATH* was as follows:

Post Partum Hemorrhage
Uterine

(Primary) (duration) yrs. mos da. 7 days

CONTRIBUTORY (Secondary) (duration) yrs. mos. 2 hrs da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 11/30/31

Was there an autopsy? no Clinical Lecture

What test confirmed diagnosis? Sym and Signs

(Signed) Daniel L Frisby, M. D.

19 31 (Address) 3165 Patterson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Dec 3	1931
20 UNDERTAKER	ADDRESS
J W Brazenski 1900	Eastern

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74331

CERTIFICATE OF DEATH

93-00 E 74331

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals 26-37 (St. ____ Ward)

CITY OF BALTIMORE: (No. ____ St. ____ Ward)

Length of residence in city or town where death occurred life yrs. ____ mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Jacob Leidner

(a) Residence: No. none St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 10 67

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	64	9	20	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME George W. Leidner

14. BIRTHPLACE (city or town) (State or country) ? Md.

15. MAIDEN NAME Lizzie ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT (Address) Records of Balto. City Hosp.

BURIAL, CREMATION, OR REMOVAL
Place St. Mathews Date 12-2 1931

UNDERTAKER Philip Henry & Sons
(Address) 2016 E. Orleans St.

DEC 1 - 1931 HAMPSON JONES, M. D.
FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1931 to Nov. 30, 1931

I last saw him alive on Nov. 30, 1931 death is said to have occurred on the date stated above, at 7:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
? Cerebral tumor Lage	11-1931

Other contributory causes of importance:
myocarditis chronic interstitial nephritis — Unknown

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? NA If so, specify ____

12-2-31 (Signed) Elmer Hochheimer, M. D.

(Address) Balto. City Hosp.

A4Co. 5-31 1908

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74332

CERTIFICATE OF DEATH

95-002 E 74332

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 N. Castle St. 7-4 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie Vavra

(a) Residence: No. 616 N. Castle St., 7 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Anton Vavra

DATE OF BIRTH (month, day, year) 4 ? 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Austria

12. NAME John P. Edna

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Frances Holub

16. BIRTHPLACE (city or town) (State or country) Austria

INFORMANT Anton Vavra

(Address) 616 N. Castle St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 3 1931

UNDERTAKER Frank Brockton

(Address) Preston & Wardens

FILED ... 19... Registrar.

1931 HAWSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1931, to Nov. 29, 1931

I last saw h[illegible] alive on Nov. 27 1931 death is said to have occurred on the date stated above, at 10.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of right knee	18 days.
Myocardial insufficiency	11/27/31
Hypostatic pneumonia	11/27/31

Other contributory causes of importance:

Cardiitis	1877

Name of operation ... Date of ...

What test confirmed diagnosis? clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) L. Schlaf, M. D.

(Address) 717 N. Kenwood Ave.

AaCo. 5-11 250R

74333 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

CERTIFICATE OF DEATH

154 E 74333

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 451 E. 23rd St., 9th Ward)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Mary Stewart

(a) Residence: No. 451 E 23rd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Premature Baby

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Nov 30 1931

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	8 hours			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Alexander Stewart

14. BIRTHPLACE (city or town) (State or country) Baltimore.

15. MAIDEN NAME Lattie Taylor

16. BIRTHPLACE (city or town) (State or country) Baltimore.

INFORMANT Lattie Stewart
(Address) 451 E 23 St. Balto

BURIAL, CREMATION, OR REMOVAL
Place Date 1931

UNDERTAKER
(Address)

FILED 1931 C. HAMPSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1931 to , 19

I last saw him alive on Nov 30 1931 death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Asphyxia Condition? Mother	

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. Alexander Worley M. D.

(Address) 1516 Madison Ave

74334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74334

Registered No. 87-082

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 da. How long in U.S. if of foreign birth? yrs. mos. da.

2. FULL NAME Hans Dimet

(a) Residence: No. 40-238th St. Ward.

(Usual place of abode) Bronx N.Y. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of —

DATE OF BIRTH (month day year) Mar. 1. 1906

AGE	Years	Months	Days	If LESS than 1 day — hrs or — min.
	25	8	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown
10. Date deceased last worked at this occupation (month and year) unknown
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York
13. NAME Anthony Dimet
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Lena Lehmkuhl
16. BIRTHPLACE (city or town) (State or country) Germany
INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Bethel Cem. Dd. 11/30/31
UNDERTAKER
(Address) 1931
FILED 12-1-31 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) 11-30-1931

22. I HEREBY CERTIFY, That I attended deceased from 11-23-1931, to 11-30-1931
I last saw h[im] alive on 11-30-1931 death is said to have occurred on the date stated above, at 3.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy, focal	

Other contributory causes of importance:

Operation

Name of operation Craniotomy Date of 11-27-31
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) W. B. Woodhall, M. D.
(Address) Johns Hopkins Hospital

2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74335

CERTIFICATE OF DEATH

131 E 74335

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 Eastern Ave ST. 7-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Christina Eccleston

(a) RESIDENCE NO. 1822 Eastern Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Eccleston

DATE OF BIRTH (month, day, and year) Oct. 28, 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

NAME OF FATHER George Holzrath

BIRTHPLACE OF FATHER (city or town) (State or country) Germany

MAIDEN NAME OF MOTHER McCann

BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mrs. Anna Brandt

(Address) 1822 Eastern Ave.

Filed DEC 1 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 29-1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1931, to Nov 29 1931

that I last saw h alive on Nov 28, 1931

and that death occurred, on the date stated above, at 3:00 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Uraemia & Myocarditis

Hypertension, Atrial Sclerosis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis

(duration) yrs mos. 10 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? NO Date of

Was there an autopsy? No.

What test confirmed diagnosis? Microscopic Typing.

(Signed) Chas E. Stevens, M. D.

12-1, 1931 (Address) 2878 Hartford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Dec 2 1931

20 UNDERTAKER Chas. E. Stevens

ADDRESS 1501 E Fort Ave.

AaCo. 5-41 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

74336 E 74336

CERTIFICATE OF DEATH

Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 341 Ewing Ave St. 26-41 Ward)

Length of residence in city or town where death occurred Life yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME John H. Madrigan

(a) Residence: No. 341 Ewing Ave St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Apr 3, 93

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
		7	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Conrad Madrigan

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Ellen McDuffy

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Conrad Madrigan
(Address) 341 Ewing Ave

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Dec 2, 1931

UNDERTAKER Edgar W Conklin
(Address) 1711 Eutaw St

FILED DEC - 1931 C. HAMPSON JONES, M. D. Registrar
By RBP

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1931 to Dec. 1, 1931

I last saw him alive on Nov. 30, 1931 death is said to have occurred on the date stated above, at 2 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Nov 30 1931
Other contributory causes of importance: Whooping Cough	about 1 week

Name of operation Date of
What test confirmed diagnosis? Physical evidence Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased No. If so, specify

(Signed) Fred B. Sybert, M. D.
(Address) 2802 Halford Ave

A&Co. 5-31 250B

74337 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46 E 74337

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary Brownlee

(a) Residence: No. 112 S. Wade Ave St., Washington, Pa.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of J. B. N. Brownlee

DATE OF BIRTH (month, day, year) Oct. 7, 1864

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	67	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Washington Pa

13. NAME Geo. H. Flack (d)

14. BIRTHPLACE (city or town) (State or country) New York State

15. MAIDEN NAME Martha Fosler (d)

16. BIRTHPLACE (city or town) (State or country) New York State

INFORMANT John R Board

(Address) 511 Register Ave Balto.

BURIAL, CREMATION, OR REMOVAL Washington Penna Date 12/1/1931

UNDERTAKER J. McCook

(Address) 1217 St Paul St

FILED 1931 C. HAMPSON JONES, M. D. Registrar. RPH.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1931, to Dec. 1, 1931

I last saw her alive on Dec. 1 1931, death is said to have occurred on the date stated above, at 1.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cecum	6 mo. prior

Other contributory causes of importance:

post mortem peritonitis

Name of operation Resection of cecum Date of Nov. 30, 1931

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel McLanahan, M. D.

(Address) Union Memorial Hospital

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74338 131 E 74338

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3127 Northway Drive St. 27-43 Ward)

Length of residence in city or town where death occurred yrs. 73 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Ziefle,

(a) Residence: No. 3127 Northway Drive St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Ziefle,

DATE OF BIRTH (month, day, year) Jan. 5. 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Agent 096

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manufacturers

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Peter Ziefle,

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Elizabeth Ziefle,

(Address) 3127 Northway Drive

BURIAL, CREMATION, OR REMOVAL Place Trinity Cem Date DEC 3 1931

UNDERTAKER Geo H. Little

(Address)

FILED 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 1 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 5 1931, to Dec 1 1931

I last saw him alive on Nov 30 1931 death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Arteria Sclerosis
Chronic Int Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alvin Raymond M. D.

(Address) 718 N Patterson Pk

Spec—0 30—A. & Co.—250 Blks

74339 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 74339

CERTIFICATE OF DEATH. 131

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1043 Ridgely St. 21-31 WARD)

2. FULL NAME Wm M. Spangler

(a) RESIDENCE NO 1043 Ridgely ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6 If married, ~~widowed, or divorced~~
HUSBAND of
(or ~~WIFE of~~) Anna M. Spangler

DATE OF BIRTH (month, day, and year) Feb 3rd 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	9	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self

BIRTHPLACE (city or town) (State or country): Virginia

10 NAME OF FATHER: Frank M. Spangler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Mary Lovette

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant (Address): Emma Eckhardt 1043 Ridgely St

FILED 1931 C. HAMPSON JONES, M. D., Registrar
By ... Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 1st 1931

17 I HEREBY CERTIFY, That I attended deceased from November 29th 1931, to Dec 1st, 1931
that I last saw h[e] alive on Nov 30th 1931,
and that death occurred, on the date stated above, at 10.30A m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) ... arteriosclerosis + nephritis
(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. F. Boulton M. D.
12/1/1931 (Address) 3909 Isamon Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	12/3/1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

1-30—M. & T.—100 B—50L

74340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-100 J ✓

E 74340

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 W. Conway St. ST. 22-30 WARD)

2-FULL NAME Ebeneza Hunter.

(a) RESIDENCE NO 106 W. Conway St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. ---------- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

7 DATE OF BIRTH (month, day, and year) February 9, 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	9	21	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer -

9 BIRTHPLACE (city or town) (State or country) Maryland.

10 NAME OF FATHER Ebeneza Hunter.

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Emma Evens.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

Informant Louisa Scorani. (sister)

(Address) 1226 Marshall St.

Filed 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 30, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt Coroner, M. D.

12/1/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem. Dec 2 19 31

DATE OF BURIAL

20 UNDERTAKER H. Edward Evans

ADDRESS E. Fayette

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74341

X 15 E 74341

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ... St. ... Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth ... yrs ... mos ... ds.

2. FULL NAME .....

(a) Residence: No. ... St. ... Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) October 1, 1854

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	77	1	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious 10
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Teresia A. Sinkovic

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Victoria Pust

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Mother) 1 d. Sinkovic
(Address) 1 G & 1 E. Elkhorn City

BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery, Date 12/3 1931

UNDERTAKER Hardy & Weaks Funeral Home
(Address) 1 W. Fayette St.

FILED ... JAN 5, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 1, 19 31

22. I HEREBY CERTIFY, That I attended deceased from November 24, 1931, to December 1, 1931

I last saw h... alive on December 1, 1931 death is said to have occurred on the date stated above, at 7:34 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipeloid Infection Breast	2 weeks

(Other contributory causes of importance):

Broncho-pneumonia	4 Days
Infants Elements-Syphilis	4 Days ?
Acute Anemia	2 Days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Simon Bayer, M. D.

(Address) Mercy Hospital

A&Co. 5-31 1908

HEALTH DEPARTMENT CITY OF BALTIMORE

74342

CERTIFICATE OF DEATH

82 E 74342

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 13-59 St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herman A. Smith

(a) Residence: No. 2520 E. Madison St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Smith

DATE OF BIRTH (month, day, year): Apr. 5, 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Charles Smith

14. BIRTHPLACE (city or town) (State or country): ? Germany

15. MAIDEN NAME: Elizabeth ?

16. BIRTHPLACE (city or town) (State or country): ? Germany

INFORMANT (Address): Records of Balto. City Hosp.

BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Dec 2, 1931

UNDERTAKER John Ellicott & Son (Address) Pennsylvania Ave

FILED 1931 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1931, to Nov. 29, 1931

I last saw him alive on Nov. 29, 1931 death is said to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage with Cachexia at	?
Ca. Rt. Breast	4 months

Other contributory causes of importance:

Hypertension + Arteriosclerosis

Name of operation: None Date of:

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas Flinn Jr. M. D.

(Address) City Hosp

pec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 74343 ✓ 46 E 74343

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 13 WARD)

2. FULL NAME ~~Walter R. Funk~~ Walter R. Funk

(a) RESIDENCE NO. 2313 Eastern Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

If married, widowed, or divorced (HUSBAND of or) WIFE of Regina Funk

DATE OF BIRTH (month, day, and year) Oct 23, 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	1	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist 31

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER John W. Funk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Virginia Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Regina Funk

(Address) 2313 Eastern Ave

Filed ——— 19 ——— Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1931 to Nov. 30, 1931, that I last saw h[illegible] alive on Nov. 30, 1931, and that death occurred, on the date stated above, at 8:35 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical, X-ray, Laboratory

(Signed) J. J. Stoltzfus Baker, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Dec 3rd 1931

20 UNDERTAKER John Ellicott

ADDRESS 2008 Albans

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74344

CERTIFICATE OF DEATH

925 E 74344

Registered No. 96-37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 74344

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 S Eaton St St., Ward)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Claridge

(a) Residence: No. 200 S Eaton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry Claridge

DATE OF BIRTH (month, day, year) 7/23/1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	4	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Ezra Keeney

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Rebecca E Young

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Harry Claridge

(Address) 200 S Eaton St

18. BURIAL, CREMATION, OR REMOVAL.

Place Cath. Forest Cemetery Date Dec 2 1931

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] C. HAMPSON JONES M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 7/31, 19..., to Nov 30/31, 19...

I last saw h[illegible] alive on Nov 30, 1931, death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
P. Pneumonia Edema	

Other contributory causes of importance:

Endocarditis —
Myocarditis —

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) F. T. Kelly M. D.

(Address) 100 Maywood Ave

1-30—M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74345

CERTIFICATE OF DEATH

210-001

E 74345

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. St. 16-22 WARD)

2-FULL NAME Wm Tammeus

(a) RESIDENCE NO. 813 N. Monroe ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Tammeus

6 DATE OF BIRTH (month, day, and year) 8-4-61 Augsburg

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
70	3	26	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cloth Cutter
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER Aug Tammeus

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Mary Troger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant Rosa Tammeus

(Address) 813 N. Monroe St.

Filed 12-2 1931 C. HAMPSON JONES M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by moving auto disk

Contributory (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Landsdale & Monroe

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Clin & Phy

(Signed) L. Frank Trabin, M. D. Coroner

(Address) Trabin Coroner 12-2 1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Dec 2 1931

UNDERTAKER: Jos H Gordon & Son — ADDRESS: 217 E. Pratt

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74346

CERTIFICATE OF DEATH.

46 E 74346

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2607 E Oliver St. 816 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph F. Stanton

(a) RESIDENCE No. 2607 E Oliver ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret C Stanton

DATE OF BIRTH (month, day, and year) Oct 4, 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	1	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) Crown Cork & Seal

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Michael Stanton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Margaret C Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Interment Margaret C Stanton (Address) 2607 E. Oliver St

Filed 2-1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 30 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 3 1929 to Nov. 30, 1931.

that I last saw him alive on Nov 30, 1931, and that death occurred, on the date stated above, at 8 10 p. m.

The CAUSE OF DEATH* was as follows:

Gastro Carcinoma

(duration) yrs. 23 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William F Bauer M. D.

(Address) 2280 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL 12/3 1931

20 UNDERTAKER F A Krause & Son — ADDRESS 703 Hanover St

74347

HEALTH DEPARTMENT—CITY OF BALTIMORE

74347

CERTIFICATE OF DEATH

1931

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 6 West Cross ST. 23-31 (WARD)

2-FULL NAME Frederick J. Baker

(a) RESIDENCE NO. 6 West Cross ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Rebecca J. Baker

7 DATE OF BIRTH (month, day, and year) June 26th 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (City or town) (State or country) New York

10 NAME OF FATHER John F. Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germ.

12 MAIDEN NAME OF MOTHER Margaret Forster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germ

Informant Frederick Baker

(Address) 6 W. Cross St.

Filed Dec 2 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 29 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1931, to Nov 29, 1931,

that I last saw h alive on Nov 28, 1931.

and that death occurred, on the date stated above, at 9:30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs mos ds

CONTRIBUTORY (Secondary) Cardiac Arhythmia

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Apparent ex

(Signed) J. M. Lumperis, M. D.

(Address) 3405 Callowayan

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holen Cem. DATE OF BURIAL Dec 2 1931

UNDERTAKER Eckhardt & Son ADDRESS 1039 Hanover

...ge.—1-30—M. & T.—250 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74348

CERTIFICATE OF DEATH.

121 V E 74348

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2000 W Lafayette Ave St. 16-23 Ward)

2-FULL NAME Matthaus John Herchenhahn

(a) RESIDENCE NO. 2000 W Lafayette Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 16 - 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	74	4	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs Lillie Ritter

(Address) 4401 Belair Ave

Filed 1931 H. HAROLD DOTY, Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 28, 1931, to Nov 30/31, 1931, that I last saw h living on 7 P.M. 30/31, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
Oedema

6 hours
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Coronary Rupture
Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Harwood Kahn M. D.

12/2, 1931 (Address) 2027 Mosher St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Dec 2 1931
20 UNDERTAKER	ADDRESS
Josias Syfer	1600 W. Pratt

By

AaCo. 5-31 2508

74349

HEALTH DEPARTMENT—CITY OF BALTIMORE 74349

CERTIFICATE OF DEATH

93-003.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2505 Guilford Ave 12-50 Ward)

Length of residence in city or town where death occurred 64 yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Marie Catherine Klein

(a) Residence: No. 2505 Guilford Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Klein

7. DATE OF BIRTH (month, day, year) May 22 1845

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	86	6	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME OF FATHER Christian F. Nickel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Fredericka C. Kunath

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Albert W. Klein

(Address) 2505 Guilford

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 2 1931

UNDERTAKER W. J. Tyson & Son

(Address) 2040 Linden Ave.

FILED Dec 2 1931 G. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30. 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1931, to Nov 30 1931

I last saw her alive on Nov 30 1931 death is said to have occurred on the date stated above, at 0 5 m.

The principal cause of death and related causes of importance were as follows:

Toxemia with myocardial degeneration and decompensation, Nov 30 1931
Probable duration 3 wks.

Date of onset

(Other contributory causes of importance:

Arteriosclerosis, senile and cerebral. Chronic nephritis

Hemorrhage of cerebral meninges

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert W. Klein M. D.

(Address) 2202 Linwood Blvd

A&Co. 5-31 250R

Permission for removal is granted [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

74350

CERTIFICATE OF DEATH

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~JOHNS HOPKINS HOSPITAL~~ 1100 N. Charles St. St., 76-1 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Frank Pfeiffer

(a) Residence: No. 804 S. Clinton St., 26 ~~Ward~~ (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Ida Pfeiffer

DATE OF BIRTH (month, day, year) Aug. 24, 1859

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	72	3	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Forger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Copper Works.

10. Date deceased last worked at this occupation (month and year) April 1928 ?

11. Total time (years) spent in this occupation 20 yrs

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Frank Pfeiffer ?

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Mrs. Frank Pfeiffer

(Address) 804 S. Clinton St.

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Dec. 4 1931

UNDERTAKER Lilly & Sons Inc.

(Address) 403 E. Livingston St.

FILED 12-1931 C. HAWSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1931, to Dec. 1, 1931

I last saw him alive on Dec. 1, 1931 death is said to have occurred on the date stated above, at 12.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the urethra with generalized metastases.	

Other contributory causes of importance:

Indefinite

Name of operation Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lolitumer B. Finn M. D.

(Address) 1100 N. Charles St.

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74351

CERTIFICATE OF DEATH.

E 74351

93-003

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1430 Aisquith St. ST. 9-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Patrick McKewen

(a) RESIDENCE NO. 1430 Aisquith St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Jane C, McKewen

7 DATE OF BIRTH (month, day, and year) Unknown 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Bernard McKewen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

Informant William F. McKewen

(Address) 1430 Aisquith St.

Filed 2-1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 30th. 1931

17

I HEREBY CERTIFY, That I attended deceased from July 5 . 1931 . to Nov. 30. . 1931.

that I last saw him alive on Nov. 29. . 1931

and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Benj. D. Hayden M. D.

Dec. 1. 1931. (Address) 1216 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Vincent's Cemetery.	Dec. 3, 1931

UNDERTAKER Chas. S. Brault Son 118 W. Mt. Royal

ADDRESS

A&Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74352

CERTIFICATE OF DEATH

46 E 74352

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto. City Hospitals St. 26-37 Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joshua Coker

(a) Residence: No. 634 S. Oldham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) April 26, 1865

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	66?	7	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME George Coker

14. BIRTHPLACE (city or town) (State or country) ? Md.

15. MAIDEN NAME Elizabeth Green

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Cabalaun Cem Date Dec 4 1931

19. UNDERTAKER George W. Dinkler
(Address) 1737 E. Eagle St

20. FILED ..... 19.. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1931 to Nov. 30, 1931
I last saw him alive on Nov. 30, 1931 death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Mos. 2 months

Other contributory causes of importance:

Secondary Growths liver

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. S. Chenoweth M. D.
(Address) Balto. City Hosp.

E 74353

E 74353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hospital ST., 9-18 WARD)

2-FULL NAME Otto Reisig

(a) RESIDENCE NO. 1610 Harford Avenue ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Deuerling

DATE OF BIRTH (month, day, and year) 8-4-1871

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	3	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoestore

(b) General nature of industry, business, or establishment in which employed (or employer) Proprietor

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Chas. Reisig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Carrie Wack

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs Mary C. Reisig

(Address) 1610 Harford Avenue.

Filed 2-1932 C. HARRISON JONES M.D. Registrar

By .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol Shot Wound Rt Parietal Region

Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jos. H. Jones Coroner, M. D.

Dec. 12/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	12-4 19 31

20 UNDERTAKER Geo. W. Rusk & Son — Dame

ADDRESS 1533 Eutaw Place

pec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74354

E 74354

159

CERTIFICATE OF DEATH.

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5510 Haddon Ave ST. 28-63 WARD)

2-FULL NAME Premature child of George W. & Daisy E. Strong

(a) RESIDENCE NO. 5510 Haddon Ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. [illegible] ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Single

If married, widowed, or divorced
HUSBAND of
or) WIFE of —

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, __ hrs. or 7 min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER George W. Strong

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Daisy E. Kennard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Mexico

Informant Daisy E. Strong
(Address) 5510 Haddon Ave.

Filed Dec. 2 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1931, to Dec. 1, 1931,
that I last saw him alive on Dec. 1, 1931,
and that death occurred, on the date stated above, at 1.28 p. m.
The CAUSE OF DEATH* was as follows:
Prematurity

7 hours
(duration) yrs. mos ds.

CONTRIBUTORY —
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? clinical findings

(Signed) Maurice E. Shamer M. D.

12/2 1931 (Address) 3000 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Dec. 2, 1931

20 UNDERTAKER John F. Heaney — ADDRESS 715 Light St.

...pec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

74355

CERTIFICATE OF DEATH.

92-001 E 74355

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Little Sisters of the Poor ST. 10-44 WARD)

2-FULL NAME James Gallagher

(a) RESIDENCE NO. Preston & Valley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower

If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) 2 March 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Vermont

10 NAME OF FATHER James Gallagher

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Martha Armstrong

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Little Sisters of the Poor
(Address) Preston & Valley St.

Filed DEC 1931 H. W. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 2nd 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 1931, to Dec 2 1931,
that I last saw h— alive on Dec 2 1931,
and that death occurred, on the date stated above, at 1. A. m.

The CAUSE OF DEATH* was as follows:

Intest Lesion Pneumonia

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Auricular Fibrillation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L. F. McCarthy, M. D.

Dec 4, 1931 (Address) 1114 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Dec 4 1931

20 UNDERTAKER Rita Weidefeld — ADDRESS 914 Fremont Ave

Spec.—1-30—M. & T.—250 Blks

74356

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74356

CERTIFICATE OF DEATH.

REGISTERED NO. 108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Little Sisters of the Poor ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gustav Thomas

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1847

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) New York

10 NAME OF FATHER John Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER M. DeHault

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Interment (Address) Little Sisters of the Poor Preston & Valley Sts

Filed Dec 1931 . 19 HAWLEY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 1st 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 27th, 1931, to Dec 1st, 1931, that I last saw him alive on Dec 1st, 1931, and that death occurred, on the date stated above, at 3.30 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 4 yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Dr. C. Parker, M. D.

12/2, 1931 (Address) 111 S Hartford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Dec 2 1931

20 UNDERTAKER Rita Weidefeld

ADDRESS 914 Brunt Ave

-30—M. & T.—100 B—50L

E 74357

Schimmel ✓ E 74357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

182-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 Lakedale ST. 13-59 WARD)

2-FULL NAME Louis Schimmel

(a) RESIDENCE NO. 815 Lakedale ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7 DATE OF BIRTH (month, day, and year) July 30-1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	4	3	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER J. Wm Schimmel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Elenor Petrie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

Informant Samuel Petrie

(Address) 915 Lake Dale

DEC 2 - 1931

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/2 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows: Asphyxia due to Bronchial Pneumonia

Status Thymico Lymphaticus

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas. H. Mowbray, M. D. Coroner

12/2 1931 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Washington Road

DATE OF BURIAL 12-2- 1931

20 UNDERTAKER Jack Lewis Inc. 1439 E. Balto St

ADDRESS

AACo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74358

CERTIFICATE OF DEATH

E 74358

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Lydenham Hospital St., 34-33 Ward)
Length of residence in city or town where death occurred 0 yrs. 10 mos. 6 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Calvin Silver

(a) Residence: No. 602 Wyoon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of /

DATE OF BIRTH (month, day, year) Jan. 25, 1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Howard Silver

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Margaret Foreman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mrs Margaret Silver
(Address) 602 Wyoon St

BURIAL, CREMATION, OR REMOVAL
Place ..... Date ..... 19..

UNDERTAKER
(Address)

FILED DEC 2 1931 19.. [illegible] JAMES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1931, to Dec 1, 1931

I last saw him alive on Dec 1, 1931 death is said to have occurred on the date stated above, at 2 45/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	11/1/31
Other contributory causes of importance:	
Bronchitis and Enteritis	9/15/31

Name of operation none Date of
What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Pete Mirarchi M. D.
(Address) Lydenham Hospital

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74359

CERTIFICATE OF DEATH

82 001 E 74359

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 15-21 Ward)

Length of residence in city or town where death occurred ? yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Randall

(a) Residence: No. 1632 N. Vincent St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	?

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 017

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) ?

12. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT (Address) Records of Balto. City Hosp.

BURIAL, CREMATION, OR REMOVAL
Place ..... Date DEC 2 - 1931

UNDERTAKER
(Address)

FILED ..... 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1931 to Nov. 29, 1931

I last saw her alive on Nov. 29 1931 death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into Cerebellum, sept.	unknown

Other contributory causes of importance:

Arteriosclerosis	unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Jas. Thorold Jr. M. D.

(Address) .....

Spec.—1-30—M. & T.—250 Blks

E 74360 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74360

CERTIFICATE OF DEATH. 154

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 16-22 (WARD) N 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Whitney

(a) RESIDENCE NO. 1910 Riggs Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov. 25, 1931

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Herbert Jones Whitney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Edith Estelle Fitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

Informant
(Address)

Filed DEC 2 - 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1931, to Nov. 25, 1931, that I last saw h[illegible] alive on Nov. 25, 1931, and that death occurred, on the date stated above, at 7:30 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth (7½ mos. pregnancy)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pyelitis of Mother (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

11/30 1931 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL DEC 2 1931 19

ADDRESS

20 UNDERTAKER

UNIVERSITY OF MARYLAND

Spec.—1-30—M. & T.—250 lbs

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74361 ✓ E 74361

CERTIFICATE OF DEATH.

159

1-PLACE OF DEATH E 74361 16-22 REGISTERED NO.

CITY OF BALTIMORE (No. University Hospital ST. WARD) * 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Whitney

(a) RESIDENCE NO. 1910 Riggs Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) NOV. 25, 1931

7 AGE

Years	Months	Days	If LESS than 1 day 5 hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ---

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Herbert James Whitney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Edith Estelle Pitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

Informant
(Address)

Filed 1931 Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) NOV. 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from NOV. 25, 1931, to NOV. 25, 1931, that I last saw her alive on NOV. 25, 1931, and that death occurred, on the date stated above, at 10:30 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth (28 weeks pregnancy)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxemia of Mother (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Joseph H. Kaufman M. D.

11/30/31 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND
Commissioner Health
DEC 2 - 1931

pec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74362

CERTIFICATE OF DEATH.

160-002

E 74362

REGISTERED NO.

1.- PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 15-21 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Brown

(a) RESIDENCE NO. 1555 N. Gilmor ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 26, 1931

AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or ... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Joseph Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ivey Brough

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant
(Address)

Filed ..., 19 ... C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 26, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1931. to Nov. 26, 1931.

that I last saw him alive on Nov. 26, 1931.

and that death occurred, on the date stated above, at 5:10 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Birth Injury

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) Joseph H. Waterland M.D.

12/1/1931 (Address) Mercy Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL DEC 2 1931

ADDRESS

UNDERTAKER

Spec.—9-30—A. A. Co.—250 Blks.

74363 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-C 74363

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3901 Fifth ST. 25-75 WARD)

2 FULL NAME Margaret McEntire Forman

(a) RESIDENCE NO. 3961 Fifth St Brooklyn WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, Widowed, or Divorced, (write the word)
Female	white	Widow

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of John. W. Forman

7 DATE OF BIRTH (month, day, and year) Dec 3 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	72	c 11	c 28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) England

10 NAME OF FATHER McEntire

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Van Valkenburgh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

Informant Thomas W. Forman

(Address) 3901 Fifth St

Filed 1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 24 1931 to Dec 1 1931

that I last saw h[illegible] alive on Dec 1 1931

and that death occurred, on the date stated above, at 4 30 m.

The CAUSE OF DEATH* was as follows: Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Record

(Signed) J. J. Kirkpatrick M. D.

12/4 1931 (Address) 1 E Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Dec 4 1931
20 UNDERTAKER	ADDRESS
Jos Joerdens Son	2178 Po.

AaCo. 5-31 250B

74364

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74364

CERTIFICATE OF DEATH

71-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 413 N. Lakewood ave 10 Ward)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie C. Neary
(a) Residence: No. 413 N. Lakewood Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Single

DATE OF BIRTH (month, day, year): Dec 16, 1886

AGE: Years 44 | Months 11 | Days 14 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: John J. Neary
14. BIRTHPLACE (city or town) (State or country): Baltimore
15. MAIDEN NAME: Mary Oconnor
16. BIRTHPLACE (city or town) (State or country): Baltimore

INFORMANT (Address): Miss Marguerite Neary 413 N. Lakewood ave

BURIAL, CREMATION, OR REMOVAL: Place New Cathedral Date Dec 3, 1931

UNDERTAKER (Address): John A. Mahan 3000 E. Balto. St.

FILED: Dec 1 1931 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 29. 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1931, to Nov 28, 1931

I last saw h alive on Nov 27, 1931 death is said to have occurred on the date stated above, at 9 1 m.

The principal cause of death and related causes of importance were as follows: Cond Anemia Uremia Nov 29/31

Date of onset

(b) Contributory causes of importance: Pernicious Anemia Uremic Poisoning

Name of operation: Blood transfusion Date of: No
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) L. H. Wagner M. D.
(Address) 1582 E. 33rd St.

A&Co. 5-31 2500

74365 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 115-09 L 74365

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4232 Woodlea ave-41 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph L. Severson Jr.

(a) Residence: No. 4232 Woodlea ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
male	White	Child

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

DATE OF BIRTH (month, day, year) Oct. 17, 1923

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	8	1	13.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

12. NAME Joseph L. Severson

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Naomi Stuckert

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Mr. Joseph L. Severson
(Address) 4232 Woodlea ave

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Dec. 3, 1931

UNDERTAKER John L. Mnay
(Address) 2000 E. Belto St.

FILED 1931 C. HAWSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1931, to Nov 30, 1931

I last saw him alive on Nov 29 1931 death is said to have occurred on the date stated above, at 3 45 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tonsilitis - acute	
Scarlet fever	
Acute endocarditis	Nov 25

Other contributory causes of importance,
Acute dilatation of heart

Name of operation Date of

What test confirmed diagnosis? Signs Was there an autopsy? N

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Edw A Severson, M. D.

(Address) Govans, Md

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74366 ~~6670~~

CERTIFICATE OF DEATH

× 17 E 74366

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-4 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eliza E Rawlings

(a) Residence: No. Rutland Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bart Rawlings

DATE OF BIRTH (month, day, year) Sept 24 1872

AGE Years	Months	Days	If LESS than 1 day hrs or min.
59	2	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Ohio.

13. NAME Mary Dutton.

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME M. Wood.

16. BIRTHPLACE (city or town) (State or country) Ohio

INFORMANT Records
(Address) ...

BURIAL, CREMATION, OR REMOVAL
Place Rutland Ave Date Dec 5 19 31

UNDERTAKER John C. Rutherford Sons
(Address) 1700 Eutaw Place

FILED 1931 C. Hall Goodwin Jones M. D. Registrar
For ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 nd 1931

22. I HEREBY CERTIFY, That I attended deceased from November 22, 1931, to December 2, 1931

I last saw h s/e alive on Dec 2 1931 death is said to have occurred on the date stated above, at 4 50 A m.

The principal cause of death and related causes of importance were as follows:

Encephalitis Lethargica — Date of onset Nov. 1931
Brain Tumor ? ?

Other contributory causes of importance:

Peace

Name of operation Exploration Date of 11 22 31

What test confirmed diagnosis? ——— Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Fred'd Gee ..., M. D.

(Address) Johns Hopkins Hospital

AACo. 5-31 250B

Quaster

HEALTH DEPARTMENT—CITY OF BALTIMORE

74367

CERTIFICATE OF DEATH

48E 74367

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 Willax Ave. St., 27-44 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Belle Quaster

(a) Residence: No. 2906 Willax Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George W. Quaster

DATE OF BIRTH (month, day, year) March 4, 1873.

AGE Years	Months	Days	If LESS than 1 day... hrs. or ... min.
58	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME John Beam

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Cosgrove

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT George W. Quaster
(Address) 2906 Willax Ave.

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 12/3/31, 19

UNDERTAKER Henry S. Quaster
(Address) 4101 Fairmount Ave.

FILED 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1st, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 24th, 1931, to Dec 1st, 1931

I last saw h[illegible] alive on Nov 30 1931 death is said to have occurred on the date stated above, at 1:30 A m

The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus — Date of onset 1-15-29

Other contributory causes of importance:

Name of operation none — Date of

What test confirmed diagnosis Laboratory — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. A. Gordy, M. D.
(Address) Hayfield & Overland Aves.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74368

CERTIFICATE OF DEATH

E 74368

REGISTERED NO. 173

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1118 E Lombard St. 3-5 Ward)

2-FULL NAME John E Kirk

(a) RESIDENCE NO 1118 E Lombard St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	38			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Tennessee

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER
Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant [illegible]
(Address) [illegible]

DEC 2 - 1931

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bullet wound through heart
Murder

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? 1118 E Lombard St.
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy

(Signed) James M. Fenton M. D.
12/1/1931 (Address) 705 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Soiridal, or Homicidal. (See reverse side for additional space.)

19- PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet Cem	12/2 1931
20 UNDERTAKER	ADDRESS
Paul V Brumbaugh & H Bissels	

1-30—M. & T.—100 B—50L

E 74369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

E 74369

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hos. St. 18-29 (WARD)

2-FULL NAME Mildred Talley

(a) RESIDENCE NO. 877 W Lombard (Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

ST., ... WARD .....

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia Talley

6 DATE OF BIRTH (month, day, and year) Not known

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	61			

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Carpenter 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant B. C. Talley

(Address) 877 W. Lombard St

Filed 1931, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/ 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Struck (or walked into) auto (Moving X was struck) on mid block

CONTRIBUTORY (Secondary) (duration) Fract Skull yrs. mos. ds.

18 Where was disease contracted if not at place of death? Lombard nr Paca

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) L. Frame Coroner, M. D.

12-2-1931 (Address) Traffic Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem.

DATE OF BURIAL Dec 3 1931

20 UNDERTAKER John Hebbleweckas

ADDRESS 423 S Paca St

1-30—M. & T.—100 B—50L

E 74370

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 001 16 E 74370

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Mercy Hospital St. B-5 WARD)

2-FULL NAME George Laundeski

(a) RESIDENCE NO 26 Albemarle ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Magdelena Laundeski

6 DATE OF BIRTH (month, day, and year) November 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer (odd
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer unemployed

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Laundeski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Magdelena Laundeski

(Address) 24 Albemarle St

Filed 1931, 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture base of skull &
neck accident
Sudden
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fell down stairs at 141 N High St (duration) Sudden yrs. mos. ds.

18 Where was disease contracted if not at place of death? 141 N High St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton Coroner, M. D.

122 1931 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Russian 2nd Cem. DATE OF BURIAL Dec 4 1931

20 UNDERTAKER John Fritkiewicz ADDRESS 233 S Broadway

AdCo. 5-31 250B

74371

HEALTH DEPARTMENT—CITY OF BALTIMORE

+ 46 E 74371

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital 25-72 St. ..... (Ward)

Length of residence in city or town where death occurred ... yrs. 35 mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Carrie R Early

(a) Residence: No. 132 N. Railroad St St., Ward. Palmyra - Pa
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bell
10. Date deceased last worked at this occupation (month and year) 10-6
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pa

12. NAME Jacob Mader

14. BIRTHPLACE (city or town) (State or country) Lebanon Pa

15. MAIDEN NAME Maggie Gerberich

16. BIRTHPLACE (city or town) (State or country) Pa

INFORMANT Mrs A L. Haney

(Address) 306 Cumberland St Lebanon Pa

BURIAL, CREMATION, OR REMOVAL

Place Palmyra Pa Date 12/5 1931

UNDERTAKER William Cook

(Address) 1017 E Lane St

FILED 1931 C. HUSTON JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-2, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-7, 1931, to 12-2, 1931

I last saw h[illegible] alive on 12-2, 1931 death is said to have occurred on the date stated above, at 12.55 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus — Date of onset

Other contributory causes of importance:

Cardiac arrhythmia - Alternation
Uremia (?)
P.O. Shock.

Name of operation: Appendicostomy 10-8-31; Colostomy 10-15-31; Excision - Uterus 11-24-31 Date of

What test confirmed diagnosis? Mucus Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt Bevan, M. D.

(Address) St. Agnes Hosp.

Spec.—1-30—M. & T.—250 Blks.

74372 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74372

CERTIFICATE OF DEATH.

1-PLACE OF DEATH CITY OF BALTIMORE: (No. University Hospital ST. MIGIROS 4-30 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Majiros

(a) RESIDENCE NO. Ellicott City, Md. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of
or) WIFE of George J. Migiros

DATE OF BIRTH (Month) (Day) 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50	40	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Greece

10 NAME OF FATHER John D. Coronios

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greece

12 MAIDEN NAME OF MOTHER Despina D. Zantiotis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greece

Informant George J. Migiros
(Address) Ellicott City, Md.

Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-30-31

17 I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1931, to Nov. 30, 1931,
that I last saw h[illegible] alive on 11-30, 1931,
and that death occurred, on the date stated above, at 6.50 p. m.

The CAUSE OF DEATH* was as follows:

Malignancy of both lungs, liver and spleen (type of malignancy not yet determined - primary site not obtained)
(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Oct 9 & 15, 1931

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy findings

(Signed) J. H. Homebaker, M. D.

Dec. 1, 19 (Address) Union Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL Dec. 3, 19 31

20 UNDERTAKER Easton Bros

ADDRESS Ellicott City

1-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74373

CERTIFICATE OF DEATH

E 74373

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1756 E. Preston St.) (WARD) 1

2-FULL NAME Louis P Dages

(a) RESIDENCE NO 1756 E. Preston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Divorced

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mollie Dages.

6 DATE OF BIRTH (month, day, and year): April 6 1870

7 AGE: Years 61 | Months 7 | Days 23 25 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Moulder
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Gallipolis Ohio.

10 NAME OF FATHER: Frank Dages

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio.

12 MAIDEN NAME OF MOTHER: Ada James

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio.

Informant: Mrs Lee M. Smith

(Address) 811 N Wolfe St

Filed DEC 2 1931

C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 1st 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

(Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Hayward

DATE OF BURIAL: Dec 3 1931

20 UNDERTAKER: Geo M. Smith & Son

ADDRESS: 811 N Wolfe

Spec.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74374

CERTIFICATE OF DEATH.

159 E 74374

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2003 Ethel ST. 4-30 (WARD)

2-FULL NAME Baby Parks

(a) RESIDENCE No. 2003 Ethel ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F. | 4 COLOR OR RACE: C | 5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year): Nov 30 31

AGE	Years	Months	Days	If LESS than 1 day // hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ——— old

(b) General nature of industry, business, or establishment in which employed (or employer): ———

(c) Name of employer: ———

9 BIRTHPLACE (City or town) (State or country): Balto. Md

10 NAME OF FATHER: David F. Parks

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Lorra Lee Parks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

Informant: Lorra L. Parks

(Address) 2003 Ethel St.

Filed 1931, 19 ——— Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from 11/30, 1931, to 11/30, 1931,

that I last saw h[illegible] alive on 11/30, 1931,

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos. 11 hrs. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ———

Did an operation precede death? No Date of No

Was there an autopsy? ———

What test confirmed diagnosis? ———

(Signed) W. S. Layton, M. D.

19 (Address) 1522 Harlem Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Dec. 3 1931

20 UNDERTAKER: Thomas E. Kelso

ADDRESS: 5203 Reisterstown St

1-30—M. & T.—300 B—601.

E 74375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 74375

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 562 Baker ST. 14-59 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Ella Cook K.

(a) RESIDENCE NO 562 Baker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmale

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): 1898

7 AGE: Years 38; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. C.

10 NAME OF FATHER: Fenry Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Fanny Faulkner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

Informant: Louise Harper

(Address) 562 Baker

Filed 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 29th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Necropsy

(Signed) H. Helmuth Coroner, M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Warrington N. C.

DATE OF BURIAL: Dec 3 1931

20 UNDERTAKER: Thomas E Kelson

ADDRESS 1303 Pennsylvania Ave

AACo. 5-11 2508

74376 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46 E 74376

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 18 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Henry

(a) Residence: No. Safe Harbor Pa. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1886

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Jacob Henry Pa.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Lydia Kendrick

16. BIRTHPLACE (city or town) (State or country) Pa.

INFORMANT Records.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Conestoga Pa Date Dec. 3 1931

UNDERTAKER W. Adam G. Schaffer
(Address) Silver Run, Md.

DEC 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1st 1931

22. I HEREBY CERTIFY, That I attended deceased from November 13th 1931, to December 1st 1931

I last saw him alive on Dec. 1st 1931 death is said to have occurred on the date stated above, at 11:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	about 1930

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of: Dec 1930

What test confirmed diagnosis ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Caroline C. Bedell M. D.

(Address) Johns Hopkins Hospital

Sec.—2-29-28—L. F. S.—500 Bks.

E 74377 HEALTH DEPARTMENT—CITY OF BALTIMORE 106-00 E 74377

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4603 Towanda ST. 15-56 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John W. Akers

(a) RESIDENCE NO. 4603 Towanda ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Mary E Akers

DATE OF BIRTH (month, day, and year) Aug 16 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Dayton Va.

10 NAME OF FATHER Jos A Akers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Frances Acuff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Mabel L Akers

(Address) 4603 Towanda Ave

Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-1-31

17 I HEREBY CERTIFY, That I attended deceased from Nov 24 1931 to Dec 1 1931

that I last saw him alive on Nov 30 1931

and that death occurred, on the date stated above, at 2.25 p.m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) acute Bronchitis

(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Clinical

(Signed) C. B. Jones M. D.

12-4 1931 (Address) 4936 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL 12/3 1931

20 UNDERTAKER J. F. Shaw & Son

ADDRESS 818 Light St

Spec—9-30—A. & Co.—250 Blks. Dr. Billups 2224 W. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

74378

CERTIFICATE OF DEATH

97-C 74378

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 518 W. Franklin St. 17-25 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Louise Dritz

(a) RESIDENCE NO. 518 W. Franklin St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

6a If ~~married, widowed,~~ or divorced ~~HUSBAND~~ of (or) WIFE of Alfred Dritz

6 DATE OF BIRTH (month, day, and year) Nov 28th 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	0	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress 61

(b) General nature of industry, business, or establishment in which employed (or employer) Shoe

(c) Name of employer Swan Shoe Co

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christine Schroth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant (Address) Mary W. Vogel 518 W. Franklin St

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1st 1931

17

I HEREBY CERTIFY, That I attended deceased from Nov 30, 1931 to Dec 1, 1931

that I last saw her alive on Dec 1, 1931

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Embolism to Lung

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) J. H. Billups M. D.

19 (Address) 2224 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	12/3 1931

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Bks.

74379 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74379

CERTIFICATE OF DEATH

121

1 PLACE OF DEATH

CITY OF BALTIMORE (No Sinai Hospital 10-14 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joseph May

(a) RESIDENCE No 1200 Holbrook ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Aug 13th 1931

8 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	19	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Fred May

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Martha Schriver

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Fred May

(Address) 1200 Holbrook St

Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2, 1931

17

I HEREBY CERTIFY, That I attended deceased from Nov. 2, 19 31, to Dec. 2, 19 31

that I last saw h[illegible] alive on Dec. 2, 19 31

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

a) Chronic malnutrition

b) Acute appendicitis

generalized peritonitis 9 2 mos. b) 2 days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchio-pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) M. L. Levin M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	12 4 1931
20 UNDERTAKER	ADDRESS
Wm Cook	217 St Paul St

pec.—1-30—M. & T.—250 Bks

74380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 74380

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1435 Laurens ST. 16th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Frankel

(a) RESIDENCE NO. 1435 Laurens ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

If married, widowed, or divorced HUSBAND of or) WIFE of Samuel

DATE OF BIRTH (month, day, and year) Oct 28 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	44	1	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework merchant

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Chaim Blackman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Minchie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Eleanor Frankel

(Address) 1435 Laurens St

Filed Dec 3 19 31 Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 / 31

17 I HEREBY CERTIFY, That I attended deceased from Aug 6th, 1931, to Dec 2nd, 1931,

that I last saw her alive on Dec 2nd, 1931,

and that death occurred, on the date stated above, at 345 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (Terminal)

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H H Zinberg, M. D.

Dec, 1931 (Address) 2320 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Auburn Herring Bur

DATE OF BURIAL Dec 3 19 31

ADDRESS 1127 E Balto St

20 UNDERTAKER Sol Levinson + Bro

AaCo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74381

CERTIFICATE OF DEATH

91 V-9 E 74381

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 N. Carolina St. 59 Ward)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Cornish

(a) Residence: No. 411 N. Carolina St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Melvina Cornish

7. DATE OF BIRTH (month, day, year) 1879

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME James Cornish

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Anna Henson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Elizabeth Heathy

(Address) 1127 St. James St

18. BURIAL, CREMATION, OR REMOVAL

Place Henson Date Dec 3. 1931

19. UNDERTAKER Edward Bryan

(Address) 1631 Orleans St.

20. FILED 1931 [illegible] JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-29-31

22. I HEREBY CERTIFY, That I attended deceased from 10-8-, 1931, to 11-29, 1931

I last saw him alive on 11-29 1931 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Endocarditis — Date of onset 11-20-31

Other contributory causes of importance: Anesthemia — 10-8-31

Name of operation None — Date of —

What test confirmed diagnosis? Symptoms — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased no If so, how?

(Signed) Jos. Blake M. D.

(Address) 924 Fagnill St.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74382

CERTIFICATE OF DEATH

144 E 74382

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3539 Eastern St. 13-57 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Johnson

(a) Residence: No. 3539 Eastern St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lewis Johnson

DATE OF BIRTH (month, day, year) July 2 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	4	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) North Carolina
(State or country)

13. NAME John Epson

14. BIRTHPLACE (city or town) North Carolina
(State or country)

15. MAIDEN NAME Johnson

16. BIRTHPLACE (city or town) Unknown
(State or country)

INFORMANT Emma Epson
(Address) 3539 Eastern Ave

BURIAL, CREMATION, OR REMOVAL
St. Mary's Cemetery Dec 4, 1931

UNDERTAKER Brownstone
(Address) 240 Eastern Ave.

FILED C. H. [illegible] JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/1/31 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12/1/31 . 19 , to 12/2/31 . 19

I last saw her alive on 12/2/31 . 19 death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock - Postpartum hemorrhage	12/1/31
(Coma)	
Other contributory causes of importance: Adherent placenta	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed Thomas Jones Hosp., M. D.
(Address) Johns Hop.

1-36—M. & T.—100 B—50L

E 74383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74383

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp ST. 9-18 WARD)

2-FULL NAME William V. Tabeling

(a) RESIDENCE NO 1619-Harford Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Dempsey

6 DATE OF BIRTH (month, day, and year) 1/7/1892

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	10	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Butcher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER William H. Tabeling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Catherine Edelman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant William H. Tabeling

(Address) 1619-Harford Ave.

15 Filed ..... 192 ..... C. HAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/1/1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Auto in which he was riding left road striking Telegraph pole

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) fract skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Eastern Ave Rd Essex

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) H. B. Frame, M. D. Coroner

12/3, 1931 (Address) Baltic Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	12/4/31

20 UNDERTAKER George F. Ruth Inc. ADDRESS 1301 Maryland Ave

1-30—M. & T.—100 M—501.

74384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74384

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond H. Nieberding

(a) RESIDENCE NO Timonium, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan.22,1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	10	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Attendant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Eudowood Sanatorium

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Anthony J. Nieberding

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Kargaret Luckert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Anthony J. Nieberding

(Address) Timonium, Md.

Filed 12/ 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec.2,1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

THE CAUSE OF DEATH* was as follows: Accompanied fracture skull & knocked down by moving auto while apparently alighting from street car

CONTRIBUTORY (Secondary) skull (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? York Rd nr Texas

Did an operation precede death? yes Date of 11/28

Was there an autopsy? yes

What test confirmed diagnosis? clin

(Signed) H. Frank Coroner, M. D.

12/5, 193 (Address) Traffic Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Josephs, Texas, Md.

DATE OF BURIAL 12/5/31

20 UNDERTAKER William Cook

ADDRESS 1217 St. Paul

AsCo. 5-31 2508

74385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34E 74385

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 11-24 St. Ward)

Length of residence in city or town where death occurred 55 yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME William T. Jolly

(a) Residence: No. 930 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Norcis

DATE OF BIRTH (month, day, year) June 21, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	68	5	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. out of work

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

13. NAME Daniel

14. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

15. MAIDEN NAME Hester Rolls

16. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Zion Cem. Date 12/3 1931

19. UNDERTAKER Samuel T. Hemsley. (Address) 578 N. Broadway

FILED 12-1-1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1931 to Nov. 30, 1931

I last saw him alive on Nov. 30, 1931 death is said to have occurred on the date stated above, at 6:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency complicating	
hypertrophic chronic	2½ yrs
other contributory causes of importance:	
Hypertension	
Arteriosclerosis	

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

12-1-31 (Signed) Chas. Wright Tyler, M. D.

(Address) Balto. City Hosp.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74386

CERTIFICATE OF DEATH

E 74386

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4001 N. Charles St. 12th Ward)

Length of residence in city or town where death occurred 67 yrs. 3 mos. 17 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry P. Duker

(a) Residence: No. 4001 N. Charles St., 12th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen Stow Duker

6. DATE OF BIRTH (month, day, year) August 13th 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber & mill-work
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME Otto Duker

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna C. Radecke

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT E. C. Corr
(Address) 4001 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL.
Place Loudon Park Date Dec. 26, 1931

19. UNDERTAKER Leonard Kenny & Sons
(Address) 847 Hillen & Richmond St.

20. FILED 3-1931 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from June, 1902, to December 24, 1931.

I last saw him alive on December 24 1931, death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy with Hemiplegia	Nov 18th 1931
Essential Hypertension	1926

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm M Dabney, M. D.
(Address) Easton Maryland

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

74387

CERTIFICATE OF DEATH

93-003 B 74387

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1635 N Bentalou St. 15-68 Ward)

Length of residence in city or town where death occurred 17 yrs mos da How long in U.S. if of foreign birth? yrs mos da

2. FULL NAME Sarah Mumford

(a) Residence: No. 1635 N Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Mumford

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME —

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abraham Mumford Jr.
(Address) 1635 N. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 12-3- 1931

19. UNDERTAKER W. J. Davis, Inc.
(Address) 1139 E. Lexington St.

FILED 1931 D. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-2- 1931

22. I HEREBY CERTIFY, That I attended deceased from January 1931 to Dec. 1st 1931

I last saw her alive on Dec 1 1931, death is said to have occurred on the date stated above, at 12:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron Myocarditis	Dec 1931

Other contributory causes of importance: De Cardiac dilatation 12/1-31

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm J. Baylis M. D.

(Address) 240 Eutaw

AdCo. 5-31 250B

E 74388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74388
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2716 Reisterstown Rd St.) (15-59 Ward)

Length of residence in city or town where death occurred 36 yrs mos da How long in U.S. if of foreign birth? yrs mos da

2. FULL NAME Annie Lena Friedman

(a) Residence: No. 2716 Reisterstown Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE Harris L Friedman

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	55	8	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia
13. NAME Aaron Friedman
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Sarah Friedman
16. BIRTHPLACE (city or town) (State or country) Russia
17. INFORMANT Mitchel F. Friedman
(Address) 2716 Reisterstown Rd
18. BURIAL, CREMATION, OR REMOVAL Levi Hebrew Washington 12-3-31 19
19. UNDERTAKER Jack Levi Inc
(Address) 1837 E Baltimore St
FILED 12-3-31 No. 127 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-2 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov, 24 1931, to Dec, 2 1931
I last saw h e alive on Dec, 2 1931 death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, hypertension & Coronary Thrombosis, Arteriosclerosis	

Other contributory causes of importance:
Rheumatism

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Abraham Schapiro, M. D.
(Address) 2028 Eutaw Place

AACo. 5-11 2598

74389

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74389

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 235 S. Castel Street St. 2-4 Ward)

Length of residence in city or town where death occurred 3 yrs. 6 mos. 17 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charlotte Wladyslawa . Weber

(a) Residence: No. 235 S. Castel Street St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Peter Paul . Weber

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Michalina . Glinka

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr. Peter P. Weber
(Address) 235 S. Castel Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem Date Dec. 3 19 31

19. UNDERTAKER [illegible] Weber
(Address) 401 S. Chester St.

20. FILED Dec 5 1931 C. H. [illegible], M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28 1931 to Dec. 2 1931

I last saw h[illegible] alive on Dec. 2 1931 death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrenous condition	Nov 28 31
Scarlet fever	Nov 28 31

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wincenty Nieniewski, M. D.

(Address) 2554 E Eastern

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74390

CERTIFICATE OF DEATH

E 74390

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 27-53 Ward)

Length of residence in city or town where death occurred 47 yrs 7 mos 27 ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Mrs. William F. Clark (Drucie DeWitt)

(a) Residence: No. 100 Woodlawn Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Wm F Clark.

7. DATE OF BIRTH (month, day, year) Apr. 2, 1884

8. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	47	7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland Baltimore

13. NAME Charles DeWitt

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Ruth Marsh

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Husband
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemetery Date Dec 4, 1931

19. UNDERTAKER Chas E. Black
(Address) 742 W. Lanvale St.

DEC 3 1931 , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/2/31, 1931

22. I HEREBY CERTIFY, That I attended deceased from 11/5/31, 1931, to 12/2, 1931

I last saw h[illegible] alive on 12/2, 1931 death is said to have occurred on the date stated above, at 9:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/27/31

(Other contributory causes of importance)

Name of operation Lab Exploratory Craniotomy Date of 11/27/31

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard Trance, M. D.
(Address) Union Memorial Hosp.

Cor.—12-9-25—A Co.—200 Blks.

E 74391

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74391

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 201 N. Amity St. 18-26 Ward)

2-FULL NAME Mary Hamilton

(a) RESIDENCE NO. 221 N. Amity St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city, or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Loyd Hamilton

6 DATE OF BIRTH (month, day and year): June 2 - 1901

7 AGE: Years 30 Months 5 Days 29 IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town): Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER: Charles Bradford

11 BIRTHPLACE OF FATHER (city or town): Md.
(State or country)

12 MAIDEN NAME OF MOTHER: Mary Bodden

13 BIRTHPLACE OF MOTHER (city or town): Md.
(State or country)

14 Informant: Elnora Dair
(Address) 447 Orleans St.

15 Filed DEC 3 - 1931 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 1 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Eugene Kilby M. D.
(Coroner)

12/3. 1931. (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery Date of Burial Dec. 3 1931

20 UNDERTAKER: Chas. H. Johnson ADDRESS 446 N. Carey

1-30—M. & T.—100 B—50L

E 74392

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74392

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1538 McElderry ST., 7-9 WARD)

2-FULL NAME George E. Bailey

(a) RESIDENCE NO. 1538 McElderry ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Johanna Bailey

6 DATE OF BIRTH (month, day, and year) May 4-1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	6	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pocomoke City. Md.

PARENTS

10 NAME OF FATHER Edward Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Caroline Britton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Johanna Bailey

(Address) 1538 McElderry St

15 Dec 2 1931 Filed _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1/31 4 P.M.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Aortic Insufficiency ?

Carcinoma Colon

(duration) yrs. _____ mos. _____ ds. _____

CONTRIBUTORY (Secondary)

(duration) yrs. _____ mos. _____ ds. _____

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Hopkins Records/31

(Signed) _____, M. D. Coroner

Dec 2/31 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pastors Cemetery DATE OF BURIAL Dec 4 1931

20 UNDERTAKER Clark & Johnson ADDRESS 44 W. Saratoga St

Rev.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74393

CERTIFICATE OF DEATH

12 V E 74393

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) [illegible] ST. [illegible] (WARD)

REGISTERED NO.

2—FULL NAME George Hart

(a) RESIDENCE NO. 1101 N Montana ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | 4 COLOR OR RACE: W | 5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Daisy E Hart

DATE OF BIRTH (month, day, and year): Feb 22 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	9	10 12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): 09

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: Burkhart Hart

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Annie K Pfahl

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Mrs Daisy E Hart

(Address): 1101 N Montana

C 3 - 1931 HARRISON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-2-31

17 I HEREBY CERTIFY, That I attended deceased from 11-27-31, 19 , to 12-2-31, 19 ,

that I last saw h alive on 12-2-31, 19

and that death occurred, on the date stated above, at 3 32 m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 11-30-31

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

. . 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	12/5 1931
20 UNDERTAKER: George A Tuby Jr	ADDRESS: Cayalla

A&Co. 5-11 2508

E 74394

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74394

CERTIFICATE OF DEATH

104 V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 18-29 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Elizabeth E. Shackelford.

(a) Residence: No. 1033 Hollins Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1861?

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Maryland
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary E. Schmucker
(Address) 220 Edgewood St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 12/3 1931

19. UNDERTAKER Hugo A. Fahlteich
(Address) Frederick Maryland

20. FILED DEC 3 - 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-1 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29 1931, to Dec 1 1931

I last saw her alive on Dec 1 1931 death is said to have occurred on the date stated above, at 10.38 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Pneumonia, lobar	1 week.

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Andres E Calas, M. D.
(Address) Bon Secours Hospital

Spec.—8-16-29—L. F. S.—100 Blks.

E 74395 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 82-001 E 74395

CERTIFICATE OF DEATH

REGISTERED NO. _____

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2153 Wiconico ST. 25 WARD 72)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sylvia Charlet

(a) RESIDENCE NO. 2153 Wiconico ST. 25th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if foreign birth? 27 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6 If married, widowed, or divorced (or) WIFE of The late Victor Charlet

HUSBAND of

7 DATE OF BIRTH (month, day, and year) March 6, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	8	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Office cleaner 686

(b) General nature of industry, business, or establishment in which employed (or employer) Md. Glass Corp.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Belgium

10 NAME OF FATHER Gustemus DeWeale

11 BIRTHPLACE OF FATHER (city or town) (State or country) Belgium

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

Informant Alice Lefevre

(Address) 2153 Wiconico St

DEC 3 - 1931 THOMPSON JONES

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1 / 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 30, 1931, to Dec 1, 1931, that I last saw h[illegible] alive on Dec 1, 1931 and that death occurred, on the date stated above, at 5:50 P.M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) asthma (Medical)

(duration) 12 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) H Lawrence Wheeler M. D.

Dec 19 31 (Address) 2410 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Dec 4 1931
20 UNDERTAKER Vernon Keepner	ADDRESS 1532 Hollins

Spec—9-30—A. & Co., 250 Blks

E 74396

E 74396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93003

1 PLACE OF DEATH Hebrew Home for Aged & Infirm

CITY OF BALTIMORE: (No.) Belvedere & Greenspring St. 27-5th WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Frank Flickman

(a) RESIDENCE NO. Lewndale ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mollie S

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER David Frankman Flickman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Interment Signund Feinblatt
(Address) Lewndale

Filed 12-3 1931 G. HAMPSON JENKS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-3-31

17

I HEREBY CERTIFY, That I attended deceased from Nov 23, 1931, to Dec 3, 1931

that I last saw him alive on Dec 3, 1931

and that death occurred, on the date stated above, at 1 10 A m.

The CAUSE OF DEATH* was as follows:

Chronic valvular disease

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 812 E Fayette St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W Edmund Lewis M. D.

(Address) Lewndale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Hebrew Mt Carmel Cemetery DATE OF BURIAL 12/3 1931

20 UNDERTAKER Hof Lurman ADDRESS 1127 E Baltimore St

AACo. 5-31 2503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74397 | 74397 | 72-09 E 74397

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. ..... Ward) 7-9

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lee Kershner

(a) Residence: No. 210 East St. Little Rock Ark. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced (write the word)~~
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Stella

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Arkansas

13. NAME Jacob Kershner

14. BIRTHPLACE (city or town) (State or country) Louisiana

15. MAIDEN NAME Sabin —

16. BIRTHPLACE (city or town) (State or country) Louisiana

17. INFORMANT Mrs. .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Little Rock Ark. Date 11/3/31

19. UNDERTAKER David Goodbyear & Son
(Address) 1702 Eutaw Place

20. FILED DEC 3 1931 C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 3. 1931

22. I HEREBY CERTIFY, That I attended deceased from November 19. 1931 to December 3. 1931

I last saw him alive on December 3. 1931 death is said to have occurred on the date stated above, at 7-30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myelogenous Leukemia	

Other contributory causes of importance:

Secondary Leukemia	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Henry M. Lawton M. D.

(Address) Johns Hopkins Hospital

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74398 — 13 E 74398

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 W. Hamburg St. 23rd Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Cornish

(a) Residence: No. 218 W Hamburg St., Ward. 23rd
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Cornish

6. DATE OF BIRTH (month, day, year) 11/ [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) 5/ [illegible]/31

11. Total time (years) spent in this occupation 0 yr

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

13. NAME Samuel Cornish

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Barbara Cornish

(Address) 218 Hamburg

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Dec 3, 1931

19. UNDERTAKER Mrs. Katie A. Williams

(Address) 322 [illegible]

20. FILED Dec 3 1931 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/30/1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1931 to [illegible] 1931

I last saw h[illegible] alive on 11/23/31 1931 death is said to have occurred on the date stated above, at 4 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Uremia	

Other contributory causes of importance

Name of operation no Date of

What test confirmed diagnosis? no Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify —

(Signed) [illegible] M. D.

(Address) 830 Hanover

1-30—M. & T.—100 B—50L

74399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74399

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. WARD 27-54 13 37

2-FULL NAME Kalman Seidel

(a) RESIDENCE NO Levindale- Belvedere & Greenspring WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Pagie Seidel

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Russia

PARENTS

10 NAME OF FATHER Abraham -------

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER Ida----------

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

14 Informant Mr. A. Seidel

(Address) 518 N. Chester St.

15 Filed 3-1931 19[illegible] [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
Uremia- Retention of urine,

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Benign Prostatic Hypertrophy. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

Dec 3/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Hebrew Herring Run

DATE OF BURIAL 12-3- 19 31

20 UNDERTAKER
Jack Resnick, Inc.,

ADDRESS 1439 E. Baltimore St.,

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

74400

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 Bolton St. St. 14-20 WARD)

2. FULL NAME Anna W. Heath

(a) RESIDENCE NO. 1813 Bolton St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Charles C. Heath

6 DATE OF BIRTH (month, day, and year): Nov. 30, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74		2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York, N.Y.

PARENTS

10 NAME OF FATHER: Robert Utley

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. Y.

12 MAIDEN NAME OF MOTHER: Eliz. Waldorf

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. Y.

14 Informant (Address): Mr. Charles C. Heath, 1813 Bolton St.

15 DEC 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/2/31

17 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1931, to Dec. 2, 1931, that I last saw her alive on Dec. 1, 1931, and that death occurred, on the date stated above, at 9.40 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): hypertension - Osteo-Sclerosis

(duration) 5-6 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Surgical Symptoms

(Signed) C. T. Johnson M. D.

12/3, 1931 (Address) Medical Arts. Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemy.

DATE OF BURIAL: 12/4/1931

20 UNDERTAKER: John O. Mitchell Sons 1420 Eutaw Place

ADDRESS

1-30—M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74401

CERTIFICATE OF DEATH

82-001 ✓ E 74401

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 S. Augusta Ave. ST. 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Bush

(a) RESIDENCE NO 313 N. Caroline ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Horace L. Bush

6 DATE OF BIRTH (month, day, and year) Dec 26, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	47	11	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Mr. T. Healy White Stone Virginia

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Thomas Jefferson

11 BIRTHPLACE OF FATHER (city or town) White Stone (State or country) Virginia

12 MAIDEN NAME OF MOTHER Susan Curry

13 BIRTHPLACE OF MOTHER (city or town) White Stone (State or country) Virginia

14 Informant Lyra Jefferson

(Address) 1609 Whitelock St.

15 Filed 12-1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 1, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) — (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Thomas M. D. Coroner

12/1, 1931 (Address) 223 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
White Stone Va	12/4 1931
20 UNDERTAKER	ADDRESS
Hirshhorn & Bailey	1421 Jeffers

1-30—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74102 ✓ 30

183 E 74102

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Foot of Bond ST. 3-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME unknown unknown

(a) RESIDENCE NO unknown ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
25	25			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer 087

9 BIRTHPLACE (city or town) (State or country) unknown

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant

(Address)

15 Filed DEC - 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to h-s death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowned

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

Nov 24, 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL DEC 3 - 1931 19

20 UNDERTAKER

ADDRESS

THE MORGUE

L. HARPSON JONES, M. D. Commissioner Health

AdCo. 5-31 250B

74403 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 74403

CERTIFICATE OF DEATH 160-002 Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 901 Dukeland St. 16-b-8 (Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irene Lewis Pavlo

(a) Residence: No. 901 Dukeland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): 12/3

8. AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.: 7 hrs

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) | Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME Thomas Dewey Pavlo

14. BIRTHPLACE (city or town) (State or country): Carroll Co Maryland

15. MAIDEN NAME Hazel Shultz

16. BIRTHPLACE (city or town) (State or country): Carroll Co Maryland

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL DEC 3 - 1931 Date 19
Place

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/1, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 19 31, to 12-1, 19 31

I last saw h— alive on 12/1 1931 death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

Intracranial Hemorrhage — Date of onset

Other contributory causes of importance: Spontaneous delivery

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. Alexander Lowe M. D.

(Address) 1516 Madison Ave.

Spec.—9-30—L. & Co.—250 Blks.

E 74404 HEALTH DEPARTMENT—CITY OF BALTIMORE

54 E 74404

CERTIFICATE OF DEATH.

REGISTERED NO

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No.) 1301 Mt. Royal Avenue St. 11-24 WARD

2 FULL NAME Anna M. Riordan

(a) RESIDENCE NO. 1301 Mt. Royal Avenue ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred About 80 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of John J. Riordan

6 DATE OF BIRTH (month, day, and year) ------

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	About 80	---	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Adolph Storck

11 BIRTHPLACE OF FATHER (city or town) (State or country) ----- Germany

12 MAIDEN NAME OF MOTHER Cornelia Boensch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ----- Germany

14 Informant Wm. A. Riordan
(Address) 1301 Mt. Royal Avenue

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/2/31

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1923, to Dec 2, 1931

that I last saw h[illegible] alive on Dec 2, 1931

and that death occurred, on the date stated above, at 11 45 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility Gradual

(duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab. findings

(Signed) H. B. Gilbert, M. D.

12/3 1931 (Address) 1403 Park Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 12/4 1931

20 UNDERTAKER Kirby U. Meads & Son

ADDRESS 805 W. Saratoga

10110

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74405

CERTIFICATE OF DEATH

157-08 E 74405

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 Madison Blvd. 21-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME not known Baby Meyer

(a) RESIDENCE NO. 1118 Madison Blvd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | 4 COLOR OR RACE: W | 5 Single, Married, Widowed, or Divorced, (write the ward)

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 12/31/

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1 hours		1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Edw Meyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Brodsky

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Emma Meyer

(Address) 1118 Madison

Filed 1931 . 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/31/

17 I HEREBY CERTIFY, That I attended deceased from 12/3 . 19.. to 12/31 . 19..

that I last saw h... alive on 12/31 . 19..

and that death occurred, on the date stated above, at 10a m.

The CAUSE OF DEATH* was as follows:

Cardiac Embarrassment

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Rachel Brand, M. D.

. 19 (Address) 1118 Madison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fr Peters Cem	12/4/ 1931.
20 UNDERTAKER	ADDRESS
John F. Conway	901 Hollins

AdCo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

74406

CERTIFICATE OF DEATH

131 E 74406

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 N Fayette St., 18-Ward)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob J Bowersox

(a) Residence: No. 1120 N Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word): Widow

6a. If ~~married~~, widowed, or ~~divorced~~
HUSBAND of (or ~~WIFE~~ of) Kate Virginia McBowersox

7. DATE OF BIRTH (month, day, year) July 15 1861

8. AGE: Years 70; Months 4; Days 16; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store
10. Date deceased last worked at this occupation (month and year) 52 years
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Md
13. NAME C Bowersox
14. BIRTHPLACE (city or town) (State or country) Carroll Co Md
15. MAIDEN NAME Susan Fowler
16. BIRTHPLACE (city or town) (State or country) Westminster Carroll Co Md
17. INFORMANT Mrs Jackson
(Address) Baltimore Md
18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cemetery Date Dec 5 1931
19. UNDERTAKER Henry Speaker & Co
(Address) Eutaw & Lafayette

Dec 5 1931 ... 19 ... RPP Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3 . 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 . 1927 to Dec 3 . 1931
I last saw h[illegible] alive on Dec 3 . 1931 death is said to have occurred on the date stated above, at 9:40 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	about 1-15-27
Angina pectoris	11-23-31

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas C Dolan M. D.
(Address) 1202 W. Fayette St.

AACo. 5-31 250B

74407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74407

Registered No. ....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 W Franklin St. 17-25 Ward)

Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gratia R Mc Machen (Mc Mechen)

(a) Residence: No. 620 W Franklin St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse L Mc Machen

6. DATE OF BIRTH (month, day, year) Sept 11 1841

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mary Jones

(Address) 620 W Franklin

18. BURIAL, CREMATION, OR REMOVAL

Place Wheeling W Va Date 12-4 1931

19. UNDERTAKER Robert Brooks Son

(Address) Calhoun & Fallsway

20. FILED Dec 4 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1931, to Dec 3, 1931

I last saw h[illegible] alive on Dec 3 1931 death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury . . 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Louis Krause M. D.

(Address) Med Arts Bldg

Spec.—9-30—A. & Co.—250 Blks.

E 74408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107 E 74408

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1810 E. Lafayette ave (ST.) 5-17 (WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Howard Scott

(a) RESIDENCE No. 1810 E Lafayette ave ST. WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 22/31

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Lee H Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mildred Hamilton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Interment (Address) Mrs Margaret Myers 1810 E Lafayette ave

15 Filed , 19 Reg'd Registrar

1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2-31

17

I HEREBY CERTIFY, That I attended deceased from Dec 2, 1931, to Dec 2, 1931

that I last saw him alive on Dec 2, 1931

and that death occurred, on the date stated above, at 5-30 P m.

The CAUSE OF DEATH* was as follows:

Acute Broncho Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Broncho Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm B Lemmon M. D.

Dec 6, 1931 (Address) 711 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Prospect Hill Cemetery	Dec 4 1931

20 UNDERTAKER J. Henry Lutz ADDRESS 1203 N. Broadway

Spec.—2-29-28—L. F. S.—500 Blks.

74409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 34

E 74409

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Joseph Hospital STREET OR WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Happy Clark

(a) RESIDENCE NO. Glenelg P.O. Elliott City Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	B	Single

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

DATE OF BIRTH (month, day, and year): unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about 50				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Howard Md

10 NAME OF FATHER: Glen Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co Md

12 MAIDEN NAME OF MOTHER: Martha Syle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Co Md

Informant: R A Brandon

(Address)

Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-3-31

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 . 1931 . to Dec 3 . 1931 .

(that I last saw him alive on Dec 3 . 1931

and that death occurred, on the date stated above, at 10 30 AM m.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary): Syphilis, Chronic Hypertrophic

(duration) ? yrs mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy.

(Signed) H M Baumgardner, M. D.

, 19 (Address) St Joseph Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Burn. Co Md	12-5 1931
UNDERTAKER	ADDRESS
Geo H. Brandon	Rockville Md

1-20—M & T—100 B—50L

E 74410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

E 74410

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp ST. 8-17 WARD)

2-FULL NAME (10. Geo. Arnsel

(a) RESIDENCE: NO 1513 N. Wolfe St ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Magdalene E Arnsel

6 DATE OF BIRTH (month, day, and year) Nov 30 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	0	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Sales Amusements
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Geo. Geo Arnsel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Trapp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Pius & Pohl

(Address) 1513 N. Wolfe St

15 Filed 1931 CLARENCE JONES, M. D. Registrar

1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/1 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck and knocked down by a moving auto truck

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract Skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Wolfe & Oliver

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clin

(Signed) P. J. France, M. D.
Coroner

12 3, 1931 (Address) Traffic Coroner

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	12/4 1931

20 UNDERTAKER Ed Fanning Store - 1936 Lafayette

ADDRESS

Spec.—9-30—A. A Co.—250 Blks.

(Micciotti)

74411 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121 E 74411

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Sinai Hospital ST. 10-15 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Samuel Micciotti

(a) RESIDENCE NO 1006 Warden Av. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6/14/25

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	6	5	18	X

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bath Md

PARENTS

10 NAME OF FATHER Paul Micciotti

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Carmela Amato

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant (Address) Paul Micciotti 1006 Warden Av

15 Filed 1931 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/1/31

17

I HEREBY CERTIFY, That I attended deceased from Dec. 1, 19 31, to Dec. 1, 19 31

that I last saw h[illegible] alive on Dec. 1, 19 31

and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Ruptured gangrenous appendix & peritonitis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Pneumonia (apex)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Dec. 1 '31.

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. E. Goodman M. D.

, 19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Dolan's Fullerton Cem. DATE OF BURIAL 12/3/31

20 UNDERTAKER [illegible] ADDRESS 1125 Hanover St

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

74412

CERTIFICATE OF DEATH

93-E 3 V

93-E 74412

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 Harrison St. 20-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Walther

(a) Residence: No. 205 Harrison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: August Walther

6. DATE OF BIRTH (month, day, year): Dec 20th 1857

7. AGE: Years 73; Months 11; Days 1; If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME of Father: Louis Engel

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME of Mother: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Ida Buckenmeyer

(Address) Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Westview Date 12/7/ 1931

19. UNDERTAKER: F. J. Kupfrian

(Address) 300 Eastern Ave

C. HANSON JONES, M. D.

Registrar

20. FILED 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/1/ 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 27 1931 to Dec 1 1931

I last saw her alive on Nov 30 1931 death is said to have occurred on the date stated above, at 1:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	11/20/31

Other contributory causes of importance:

Chronic Myocarditis ?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) E. Gustav Zeit M. D.

(Address) 1733 N. Lombard St.

AACo. 5-31 250B

(Simms)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74413

CERTIFICATE OF DEATH

31 E 74413

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 548 Baker - St. 11-59 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jerry J. Simms

(a) Residence: No. 548 Baker St., — Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Eva Simms

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	67			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER Perry Simms

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Eliza Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Jonathan Williams (Address) 548 Baker St

18. BURIAL, CREMATION, OR REMOVAL. Place Laurel Date 12-2 1931

19. UNDERTAKER Jas. J. Gibson (Address) 733 Hanover

20. FILED 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-2 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-1 1931 to 12-2 1931

I last saw him alive on 12-2 1931, death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Nephritis & Uremia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) B. Luttz, M. D.

(Address) 2135 D St.

AaCo. 5-31 2908

Donohue

HEALTH DEPARTMENT—CITY OF BALTIMORE

74414

CERTIFICATE OF DEATH

131 E 74414

Registered No. 20-71

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 Yale Ave., Irvington St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Virginia Donohue

(a) Residence: No. 327 Yale Ave., Irvington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Late James J. Donohue.

6. DATE OF BIRTH (month, day, year) July 31, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME Robert T. Ryan

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Catherine H. McGann

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT William R. Donohue
(Address) 210 Mt. Holly St.

18. BURIAL, CREMATION, OR REMOVAL
Place Date 12/ 31

19. UNDERTAKER Frank A. Leigh
(Address)

20. FILED 1931 H. LINCOLN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1931, to Dec 1, 1931

I last saw her alive on Nov 30, 1931 death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1/14/31
Other contributory causes of importance: Acute Myocarditis	11/23/31

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. A. Neill M. D.

(Address) 108 N. Fulton Ave

1-30—M & T—100 B—50L

E 74115

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74115

CERTIFICATE OF DEATH

82-08

REGISTERED NO. 20-71

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 Collins Ave ST.) (WARD)

2-FULL NAME Rebecca A. Paradee

(a) RESIDENCE NO 218 Collins Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William S. Paradee

6 DATE OF BIRTH (month, day, and year) ? ? 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pocomoke City Md.

PARENTS

10 NAME OF FATHER Unknown Rockett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant William C. Paradee

(Address) 218 Collins Ave.

15 Filed DEC 2 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 2, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) Suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy Y. Cromwell M. D. Coroner

12/3. 1931 (Address) 203 Pataspsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parachute City Md. DATE OF BURIAL: Dec. 4 1931

20 UNDERTAKER: Harry H. Hertzler ADDRESS: 410 Edmondson Ave

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74416

CERTIFICATE OF DEATH

13 1/2 E 74416

Registered No.

1. PLACE OF DEATH — 3414 POwhatan Ave., St. 15-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME — Joel Gutman Straus,

(a) Residence: No. 3414 Powhatan Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single,

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 30 /1885

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	46	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Wm. L. Straus,

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Pauline Gutman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Philip Straus,
(Address) 3414 POwhatan Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Date Dec. 4th 19 31

19. UNDERTAKER Harry Goodman & Son
(Address) 1902 Eutaw Place

20. FILED Dec 4 - 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3rd, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1931, to Dec 3, 1931

I last saw h[illegible] alive on Dec 2 1931 death is said to have occurred on the date stated above, at 12 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pancreatitis	
Nephritis	5

Other contributory causes of importance:

Arteriosclerosis	5
Hypertrophy	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emma S. Krieger, M. D.

(Address) The Gladstone

1-20—M. & T.—100 B—50L

E 74417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

E 74417

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 1568 WARD)

(If death occurred in a hospitel or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Mills

(a) RESIDENCE NO. 1733 Bentalou ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	~~Widower~~ married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Celia Mills

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	67			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clothing Cutter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Grief Bros

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Samuel Mills

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah ------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Celia Mills (Address) 1733 Bentalou St

15 Filed DEC 4 - 1931 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Coronary Thrombus

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chr Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) ..... Coroner, M. D.

12/4/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship

DATE OF BURIAL 12/4 1931

ADDRESS .....

20 UNDERTAKER Jack Lewis Inc 1439 E Baltimore St

Spec.—9-30—A. & Co.—25m Blks

E 74418

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74418

CERTIFICATE OF DEATH

93-603

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1911 Ruxton ave ST. 15-68 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Kalman Feinstein

(a) RESIDENCE NO. 1911 Ruxton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Feinstein

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Harry Feinstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Louis Millman

(Address) 1547 W. Garrison Blvd

15 Filed 4 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 3, 1931

17

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931, to Dec 3, 1931

That I last saw him alive on Dec 3, 1931

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Chronic pulmonary emphysema

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? x-ray

(Signed) M. L. Levin M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale	12-5 1931
20 UNDERTAKER	ADDRESS
Jack Levin Inc	1439 E. Balto

AACo. 5-31 2500

E 74419 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74419

E 74419 CERTIFICATE OF DEATH 93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 647 Vine St. 4th Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Hillen

(a) Residence: No. 647 Vine St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lee Hillen

6. DATE OF BIRTH (month, day, year)

7. AGE

Years	Months	Days	If LESS than 1 day hrs or min.
74			

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address) Russia

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 12-4 1931

19. UNDERTAKER Incl Reuss, Inc.

(Address) 1439 E. Baltimore St.

20. FILED 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-4 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1926 to Dec. 4 1931

I last saw her alive on Dec. 4 1931 death is said to have occurred on the date stated above, at 12-30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	7
Ch. Myocarditis, Endocarditis	

Other contributory causes of importance:

Coronary Thrombosis	12/4/31 acute

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Louis J. Feuglon M. D.

(Address) 2002 E. Baltimore St

AACo. 5-31 250R

E 7442 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 99 E 74420

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3014 Northern Parkway Ward) 27-42

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eleanor F. Schuette

(a) Residence: No. 3014 Northern Parkway Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Louis H Schuette

6. DATE OF BIRTH (month, day, year) Aug 11-1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75	3	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Joshua Benzenbach

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara Fortner

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mr Louis H. Schuette

(Address) 3014 Northern Parkway.

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt Olivet Date Dec 5th 1931

19. UNDERTAKER Chas Lutteroth & Sons

(Address) 501 E Lanvale St

DEC 4 - 1931 HARRY C. JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1931, to Dec. 2, 1931

I last saw h[illegible] alive on Dec 2 1931 death is said to have occurred on the date stated above, at 3.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric Thrombosis	Nov 30 '31.
Obstruction	

Other contributory causes of importance:

Name of operation Date of Partial

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.

(Address) Med. Arts Bldg

AdCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 E 74421

Registered No. E 74421

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 N. Hare St. 1-2 Ward)

Length of residence in city or town where death occurred yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos ds.

2. FULL NAME Thomas F. Neary

(a) Residence: No. 27 N. Hare St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Rose A. Neary

6. DATE OF BIRTH (month, day, year) Feb 25 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	67	1	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chemical Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Thomas Neary

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Elizabeth Mc Guigan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Rose A Neary

(Address) 27 N. Hare St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date Dec 5th 1931

19. UNDERTAKER John Leitch & Bro

(Address) 861 Hanover St

20. FILED DEC 4 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1931, to Dec. 2, 1931.

I last saw him alive on Dec. 1, 1931; death is said to have occurred on the date stated above, at 4:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
11	
Arteriosclerosis	

Other contributory causes of importance:

Prostatitis

Name of operation none Date of

What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benj. D. Hayden, M. D.

(Address) 216 N. Caroline St.

AAGo 3-11-2008

74422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 74422

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 Hilton Road Ward 27-4L

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgeanna Gardner

(a) Residence: No. 202 Hilton Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Raphael Gardner

6. DATE OF BIRTH (month, day, year) 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME George Gardner

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Josephine Young

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Raphael Gardner
(Address) 202 Hilton Road

18. BURIAL, CREMATION, OR REMOVAL.
Place J. Wm. Cook Co. Date 12-1- 1931

19. UNDERTAKER J. Wm. Cook Co.
(Address) 1218 E. Baltimore St

FILED DEC 1 1931 19 H.C. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1931, to Dec 1 1931

I last saw h[illegible] alive on Dec 1 1931 death is said to have occurred on the date stated above, at 12 noon p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Embolism — Nov 15 37

Pneumonia

(Other contributory causes of importance:

Acute Pulmonary Edema — May 15 1931

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(2334) (Address) 850 Cumberland St.

Spec. 2-29-28—I. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74423

CERTIFICATE OF DEATH

74423

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Algene Nicholas Hamilton

(a) RESIDENCE NO. 1725 Lemon st. (WARD) Sparks Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

7 DATE OF BIRTH (month, day, and year) October 14, 1930

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓ None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore County
(State or country) Maryland

10 NAME OF FATHER Robert James Hamilton

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Maud Sugars

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

Informant Mrs. Maud Hamilton

(Address) 1725 Lemmon St.

Filed C. HAMILTON JONES, M. D. Registrar

No. 1031

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 20, 1931, to Dec 3, 1931, that I last saw h alive on Dec 3, 1931 and that death occurred, on the date stated above, at 11 45 A.M. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) J M Baumgardner, M. D.

12/5, 1931 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Johns Cemetery Ellicott City, Md.	Dec. 5 1931
20 UNDERTAKER Joseph D Cook	ADDRESS 1003 N. Baltimore St.

A&Co. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

E 74424 — 23 E 74424

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2124 Ashton st St. 20-69 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Horenstein

(a) Residence: No. 2124 Ashton St., Ward.
(usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of Shendel Horenstein

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lepton
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Enoch Horenstein
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Dorothy
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Edward Holen
(Address) 484 N. Bolton st

18. BURIAL, CREMATION, OR REMOVAL Hebrew Washington Blvd Date 12-4 1931

19. UNDERTAKER Jack Louis Inc
(Address) 1439 Pulaski st

20. FILED 12-4-1931 C. HAMPTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-4 1931

22. I HEREBY CERTIFY, That I attended deceased from 3/4 1931, to 12/4 1931
I last saw him alive on 12/4 1931 death is said to have occurred on the date stated above, at 12:02 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	3/4/31
Other contributory causes of importance: Bronchopneumonia	1 day

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Miller, M. D.
(Address) 2030 Wilkens Ave.

Spec—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74425

CERTIFICATE OF DEATH.

71-60 E 74425

REGISTERED NO.

1 PLACE OF DEATH: Sinai Hosp.

CITY OF BALTIMORE: (No.) Monument + Rutland WARD 27-57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME: Ida Isaacson

(a) RESIDENCE NO. 5030 Queensbury Av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert Isaacson

6 DATE OF BIRTH (month, day, and year): 1901

7 AGE — Years: 30 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 39

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Dave Polsky

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Albert Isaacson 5030 Queensbury Ave.

15 Filed 12-4-1931 H. Hirschfeld Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 3 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 16, 1931, to Dec. 3, 1931

that I last saw her alive on Dec 3, 1931

and that death occurred, on the date stated above, at 11:20 P m.

The CAUSE OF DEATH* was as follows:

Aplastic Anemia

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Lobar pneumonia RV

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Lab + Clinical

(Signed) Milton B Kirsh M. D.

. 19 (Address) Same Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREATION OR REMOVAL: Levindale

DATE OF BURIAL: 12-4-1931

20 UNDERTAKER: Loer Bros Inc, 1439 E Balto St

ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

93-003 E 74426

74426

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1414 Patapsco ST. 23-33 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Hofmann.

(a) RESIDENCE NO. 1414 Patapsco ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of: Anna M. Hofmann

6 DATE OF BIRTH (month, day, and year): July 5 1858

7 AGE: Years 73 Months 4 Days 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired. 073

(b) General nature of industry, business, or establishment in which employed (or employer): Engineer of

(c) Name of employer: B & O. R.R.

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Amalia Hofmann (Address) 1414 Patapsco St

15 Filed 1931 C. HAMPSON JONES, Registrar

By _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 1st 1931

17 I HEREBY CERTIFY, That I attended deceased from July 5 1931 to Dec 1 1931

that I last saw h— alive on Dec 1 1931

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. mos 9 ds.

CONTRIBUTORY (secondary) Cerebral sclerosis

Hypertension (duration) yrs. mos. ds.

18 Where was disease contracted (if not at place of death)? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John A. Schenuit M. D.

19 (Address) 1337 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem Co. DATE OF BURIAL: Dec 5 1931

20 UNDERTAKER: Ett B Hale ADDRESS 115 E West St

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003 E 74427

74427

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 6308 Belair Rd. ST. 27-42 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christina Anna Margaretha Forte

(a) RESIDENCE NO. 6308 Belair Rd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? 83 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Antoon Forte

6 DATE OF BIRTH (month, day, and year) June 24 - 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
86		6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Saxony Germany

PARENTS

10 NAME OF FATHER — Freund.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) .....

14 Informant C. B. Fowler (Address) 142 William St.

15 Filed 4 1931 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH.

16 DATE OF DEATH (month, day, and year) Dec. 2 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1931, to Dec 2, 1931, that I last saw h[illegible] alive on Dec 2, 1931, and that death occurred, on the date stated above, at 11.35 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) age (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clinical only

(Signed) C. B. Fowler M. D.

12-2-1931 (Address) 142 William St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Bm. DATE OF BURIAL 12/5-1931

20 UNDERTAKER L. Few McCully ADDRESS 130 E Fort

AdCo. 5-11-28M

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74428

Registered No. 112

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 5105 Ivanhoe Ave (St.) 27-48 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Simmons

(a) Residence: No. 5105 Ivanhoe Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Edward J. Simmons

6. DATE OF BIRTH (month, day, year): Jan 25 1866

7. AGE: Years 65 | Months 10 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Richmond Va

MOTHER FATHER

13. NAME: Jno Meadows

14. BIRTHPLACE (city or town) (State or country): Richmond Va

15. MAIDEN NAME: Louise Mc. Laurin

16. BIRTHPLACE (city or town) (State or country): Richmond, Va

17. INFORMANT (Address): Jno H. Simmons 5105 Ivanhoe Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: 12/7/31 19

19. UNDERTAKER (Address): Bradley & Appleton

20. FILED: DEC 7 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/4/31

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1931 to Dec 4 1931

I last saw her alive on Dec 3 1931 death is said to have occurred on the date stated above, at 7 1 m.

The principal cause of death and related causes of importance were as follows:

Heart failure — Date of onset

due primarily to bronchial asthma

standing

Other contributory causes of importance: Bronchial Asthma

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. M. Duncan M. D.

(Address) 5106 York Road

Spec—9-30—A. & Co.—250 Blks.

ROSS

HEALTH DEPARTMENT—CITY OF BALTIMORE

74429

CERTIFICATE OF DEATH

131 E 74429

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 Lindenau Ave St.) 11-24 (WARD)

2 FULL NAME Phoebe B. Ross

(a) RESIDENCE NO. 1002 Lindenau Ave St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Col	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nathan Ross

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	7	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Stafford Co Virginia

PARENTS

10 NAME OF FATHER Free Band

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Elmer M. Ross 1002 Lindenau Ave

15 Filed DEC 4 - 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1931 to Dec. 2, 1931

that I last saw h.e.s. alive on Dec 2 1931

and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 6 mos. — ds.

CONTRIBUTORY (secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. T. Pattison M. D.

19 (Address) 817 Hamilton Ter

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
W.D. Antrim Cem	12/6 1931
20 UNDERTAKER	ADDRESS
Samuel T Hensley	578 N Bridal St

1-30—M. & T.—100 B—50L

E 74430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178 E 74430

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 N. Carey ST.) (18 N WARD)

2-FULL NAME Alfred A. Ferry

(a) RESIDENCE NO 7 N. Carey ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Divorced

5a If ~~married, widowed~~, or divorced
HUSBAND of
(or) ~~WIFE of~~ Unknown

6 DATE OF BIRTH (month, day, and year) July ? 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer: Wilmington Del.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Thomas Ferry

11 BIRTHPLACE OF FATHER (city or town) Wilmington (State or country) Del.

12 MAIDEN NAME OF MOTHER Annie Borrell

13 BIRTHPLACE OF MOTHER (city or town) Wilmington (State or country) Del.

14 Informant Charles H. Priest

(Address) 4504 Parkview Ave.

15 Filed ..... 192 ..... Registrar

1-1021

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 2, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest + autopsy (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest + autopsy (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Inhalation of Hydrocyanic Acid Gas - Accidental

(duration) Suddenly yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Guy N. Cromwell, M. D. Coroner

12/7, 1931 (Address) 503 Patchen Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilmington Del.

DATE OF BURIAL Dec 5 1931

20 UNDERTAKER H. M. Cook

ADDRESS 217 So. Park

A4Co. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74431

E 74431

CERTIFICATE OF DEATH

X 139-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-9 Ward)

Length of residence in city or town where death occurred ... yrs ... mos 17 ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Anna L Thompson

(a) Residence: No. Whiteford Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of George L Thompson

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs or ... min.
	23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER'S FATHER'S

13. NAME Louis Kutschoff

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER'S

15. MAIDEN NAME Ella L Hamm

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Highland, Md Date Dec 7, 1931

19. UNDERTAKER C. H. Jones & Sons
(Address) 1600 Eutaw Pl.

C. HAMPSON JONES, M. D.

FILED 4 - 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1931, to Dec. 4, 1931

I last saw h alive on Dec 4 1931 death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction — Date of onset Nov 3, 1931

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of Nov 19, 1931

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Charles H McLane, M. D.

(Address) Johns Hopkins Hospital

AdCo. 5-31 2500

71432 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 13 E 71132

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 Homestead St. 9-4th Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sidney James Carpenter

(a) Residence: No. 722 E Homestead Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Carpenter

6. DATE OF BIRTH (month, day, year) Nov 11 1849

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfg of Chemicals

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

MOTHER FATHER

13. NAME John Carpenter

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Frances Carpenter

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mary Hagner

(Address) 722 E Homestead

18. BURIAL, CREMATION, OR REMOVAL.

Place Catonsville Date Dec 5 1931

19. UNDERTAKER George Keyser

(Address) 2111 Gilmore

4 DEC 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3 1931

I HEREBY CERTIFY, That I attended deceased from Jan-1st 1931 to Dec-3rd 1931

I last saw him alive on Dec-3rd 1931 death is said to have occurred on the date stated above, at 9-P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy & Hemiplegia	3 yrs ago
Nephritis	

Other contributory causes of importance:

General debility	5 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) H. Stanley Dorsey M. D.

(Address) Catonsville Md

Spec.—1-30—M. & T.—250 Blks

E 74433 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74433

CERTIFICATE OF DEATH. 118

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5210 Linden Heights) ST., (Ward) 27-55

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Finus Lee Goodwin

(a) RESIDENCE No. 5210 Linden Heights Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara K Goodwin

6 DATE OF BIRTH (month, day, and year) June 5/1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hillsboro Texas

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Clara K Goodwin (Address) 5210 Linden Heights Ave

15 Filed 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3/1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st 1931 to Dec 3 1931

that I last saw h alive on 19

and that death occurred, on the date stated above, at 4.00 P m.

The CAUSE OF DEATH* was as follows:-

Cardiac asthenia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) accidental injuries

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home of deceased

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Henry Harrell, M. D.

12-4 1931 (Address) 3902 Frontenac Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Dec 5 1931.

20 UNDERTAKER Harry M. Clemens & Son ADDRESS 2411 Edgewood Ave

Spec.—2-29-28—L. F. S.—500 Blks.

Schaich

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-081

E 74434

E 74434

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. Joseph Hospital (St.) 8-16 (WARD)

2—FULL NAME Fred Schaich

(a) RESIDENCE NO. 2107 E Lafayette Ave (St.) Balt (WARD)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Frances Schaich

7 DATE OF BIRTH (month, day, and year): July 1. 1870

8 AGE: Years 61 Months 5 Days 3 If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Christain Schaich

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Frances Schaich

(Address) 2106 Lafayette

15 FILED 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 7 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 28, 1931, to Dec 7, 1931, that I last saw him alive on Dec 4, 1931 and that death occurred, on the date stated above, at 4-05 A m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Typic Myocarditis, Chronic Nephritis (duration) ? yrs mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) [illegible], M. D.

12/4/1931 (Address) St Joseph Hospital Balt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: 12/7 1931

20 UNDERTAKER: Maurice Cook — ADDRESS: 1217 St Paul

A&Co. 5-31 250P

HEALTH DEPARTMENT—CITY OF BALTIMORE

74435

CERTIFICATE OF DEATH

82-0E 74435

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore Gen Hosp St. 24-30 Ward

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Gauss

(a) Residence: No. 1514 Williams St St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~or WIFE of~~ Elizabeth Gauss

6. DATE OF BIRTH (month, day, year) March 21, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	50	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sugar Refinery
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jacob Gauss

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Catherine Fisher

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs M. E. Butler
(Address) 212 E. Fort ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 5th 1931

19. UNDERTAKER H M Cook
(Address) 1217 E Paul St

20. FILED Dec 5 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-2-1931

22. I HEREBY CERTIFY, That I attended deceased from 11-24-31, 19 to 12-2-31, 19

I last saw h~~im~~ alive on 12-2-31, 19 death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-24-31

Other contributory causes of importance:

Hypertension & Arteriosclerosis	?

Name of operation — Date of

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ~~No~~ If so, specify —

(Signed) G. Feman, M. D.
(Address) South Balt Gen Hosp

Spec—9 30—A. A. Co.—250 Blks

Dr. Homer Todd 735 N. Fulton Ave Tel 3700 Hum 9790

74436 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 74436

CERTIFICATE OF DEATH 181

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1215 W. North Ave STREET) (WARD) 54

2 FULL NAME Andrew H. Hammond

(a) RESIDENCE NO. 1215 W. North Ave STREET WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~(or WIFE of)~~ Margaret C. Hammond

6 DATE OF BIRTH (month, day, and year) Mar 17th 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	82	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Printer

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Penna

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Sarah E. Hockenauer
(Address) 1215 W. North Ave

15 Filed DEC 4 1931, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3rd 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1931, to Dec 3, 1931

that I last saw h[illegible] alive on Dec 3, 1931

and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia
Myocardial Insuff.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (secondary) Burn of head, face & eye from Steam pipe (duration) yrs. 2 mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Homer L. Todd M. D.

(Address) 735 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lancaster, Penna

DATE OF BURIAL 12/5 19 31

20 UNDERTAKER W. M. Cook ADDRESS 1217 St Paul St

Spec.—1-10-21—MAT—1500 Bks.

E 74437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001 ✓ E 74437

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 6008 Cedonia Ave., ST. 26th WARD 42)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theodore Richard Wefer

(a) RESIDENCE NO. 6008 Cedonia Ave., Raspeburg, Md. 26th ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Wefer

6 DATE OF BIRTH (month, day, and year): Oct. 7, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	65	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foreman

(b) General nature of industry, business, or establishment in which employed (or employer): No

(c) Name of employer: Retired.

9 BIRTHPLACE (City or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John F. Wefer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Helen H. Witner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs. Margaret Wefer 6008 Cedonia Ave., Raspeburg, Md.

15 Dec. 4 - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1931, to December 3, 1931, that I last saw him alive on December 2nd, 1931, and that death occurred, on the date stated above, at 9A. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage.

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary): Cardiac Insufficiency Pulmonary Oedema-A few hrs.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) A. L. Wilkinson, M. D.

12/3, 1931 (Address) 5713 Belair Rd., Raspeburg, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenwood Cemetery

DATE OF BURIAL: 12/7 1931

20 UNDERTAKER: Wilmin Cook

ADDRESS: 1217 St Paul St

A&Co. 5-31 250B

E 71438 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71438

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Maryland St. 29-49 Ward)

Registered No. ....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Juanita Anderson

(a) Residence: No. 1640 Greenmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Anderson

6. DATE OF BIRTH (month, day, year) Dec 3, 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	-	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas

MOTHER FATHER

13. NAME John Kimbrough

14. BIRTHPLACE (city or town) (State or country) Texas

15. MAIDEN NAME Mckenzie

16. BIRTHPLACE (city or town) (State or country) Mckenzie

17. INFORMANT (Address) Baltimore City Hospital Records

18. BURIAL, CREMATION OR REMOVAL Place Monument Lawn Date 12-5 1931

19. UNDERTAKER Wilson Cook (Address) 1417 E. Oriole St

20. FILED 4 - 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-4 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-28 1931 to 12-4 1931

I last saw h[illegible] alive on 11-3 1931 death is said to have occurred on the date stated above, at 10:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma of unknown cause	
Bronchopneumonia	7 days ago
Other contributory causes of importance: Coma of unknown cause	Unknown

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

4-3-31 (Signed) Clinton Wright M.D.

(Address) Baltimore City Hospitals

Spec.—1-10-21—M&T—1500 Blks.

E 74439

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74439

CERTIFICATE OF DEATH. 131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Edgewood Sanatorium St. H-25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Willard B. Deitz

(a) RESIDENCE NO. New Howard Hotel ST., WARD

((Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Permanent yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 5-1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) East Liverpool Ohio

PARENTS

10 NAME OF FATHER Henry Deitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Runsmark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) East Liverpool Ohio

14 Informant C. B. Deaner (Address) East Liverpool Ohio

15 FILED DEC 4 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 3 1931

17

I HEREBY CERTIFY, That I attended deceased from 11.17.31. , 19 , to Dec. 3. , 1931 ,

that I last saw him alive on Dec 2. 31. , 19 ,

and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremic Convulsion Sudden

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical only

(Signed) Philip D. Towles M. D.

12-3-1931 (Address) 1423 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
East Liverpool Ohio	Dec 4 1931
20 UNDERTAKER	ADDRESS
John E. Wilson	35 E. Sixth

MORGUE

1-30—M. & T.—100 B—50L

E 74440

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74440

CERTIFICATE OF DEATH

92-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3713 Clipper Road ST. 13-57 WARD)

2-FULL NAME Jacob Winstell

(a) RESIDENCE No 3713 Clipper Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 5, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	8	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Gardener
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Wm. E. Hooper

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Harry Schmidt

(Address) 5708 Winner Ave.

Dec 5 1931 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ..... Coroner, M. D.

12/5, 1931 (Address) 7632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's, Hampden — DATE OF BURIAL Dec. 5, 1931

20 UNDERTAKER E. Leroy Stiffler, Inc. — ADDRESS 125 E. North Ave.

1-30—M. & T.--100 B—501.

71441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71441

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 E. Pratt St ST. 3-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nicola Tini

(a) RESIDENCE NO. 916 E. Pratt ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Tini

6 DATE OF BIRTH (month, day, and year) about Nov 25/1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	0	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) (common)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Atri, Italy.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Alexander Dinatale

(Address) 708 S. Paca St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Poisoning- Tube from bracket in wall in mouth.

Suicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) ..... Coroner, M. D.

Dec. 4/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 12/5/31

ADDRESS

20 UNDERTAKER Chas B Kaufmann

Spec.—2-20-28—L. P. S.—500 Blks.

E 74442

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-002

E 74442

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 530 Richmond Ave ST.) (WARD 48)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bertha B. Hopkins

(a) RESIDENCE NO. 530 Richmond Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

6 If married, widowed or divorced HUSBAND of (or) WIFE of Benj. H. Hopkins

6 DATE OF BIRTH (month, day, and year) June 1889

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
42	4	7	6

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waitress

(b) General nature of industry, business, or establishment in which employed (or employer) Grof Bros.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER George H. Tiller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mary B. Lee

(Address) 608 Aisquith ave

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2/31

17 I HEREBY CERTIFY, That I attended deceased from Nov 27 . 1931 . to Dec 2 . 1931 .

that I last saw her alive on Dec 1/31 . 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

~~Bronchial walking~~ Mild La Grippe (Influenza

2 days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation heart

Sudden death (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr W Wheeton, M. D.

. 19 (Address) 4309 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery Baltimore Md.

DATE OF BURIAL 12/5/31

20 UNDERTAKER J J Moran

ADDRESS 3555 E Baltimore

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74443

CERTIFICATE OF DEATH

12 VE 74443

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 S. East ave 2 Ward)

Length of residence in city or town where death occurred 73 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Mary Mc Adams

(a) Residence: No. 126 S. East ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Owen R. Mc Adams

6. DATE OF BIRTH (month, day, year) July 10, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
73.	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Ireland
13. NAME Thomas Price
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Kuffgris
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mrs. Ella Hennessy. 120 S. East ave.

18. BURIAL, CREMATION, OR REMOVAL. Place New Cathedral Date Dec 5, 1931

19. UNDERTAKER (Address) John F. Morgan 2000 E. Baltimore St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1931, to Dec 3, 1931

I last saw her alive on Dec 2, 1931 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Cardio-Vascular-renal disease —

Date of onset

Other contributory causes of importance:

debility of aged.

Name of operation — Date of —

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Joseph Toohey M.D.

(Address) 600 S. Ellwood Ave

Spec—9-30—A & Co—250 Blks

71444 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167 E 71444

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital (S) 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Lee J. Burnham

(a) RESIDENCE NO. 16 W. Washington St. WARD

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 days How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 2nd 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Pikesville Md
(State or country)

PARENTS

10 NAME OF FATHER Lee J. Burnham

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Grace M. Flannery

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Lee J. Burnham
(Address) 16 Reservoir Rd Pikesville

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/4/31

17

I HEREBY CERTIFY, That I attended deceased from Dec. 2 , 19 31 , to Dec. 4 , 19 31

That I last saw him alive on Dec. 4 , 19 31

and that death occurred, on the date stated above, at 9:15 P. m.

The CAUSE OF DEATH* was as follows:

Shock following operation
Dehydration

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pyloric Stenosis

(duration) yrs. 2½ mos. ds.

18 Where was disease contracted if not at place of death? at birth

Did an operation precede death? Yes Date of Dec. 3'31

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) H. Goodman M. D.

. 19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: 12/7/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 74445 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74445

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1523 McKean Ave. 45-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Thomas Ebbe

(a) Residence No. 1523 McKean Ave. St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced. HUSBAND of (or) WIFE of Pauline L. Ebbe

6-DATE OF BIRTH (month, day and year) February 1, 1860

If LESS than 1 day, ...hrs. or.....min.?

7-AGE. 70 yrs. 10 mos. 3 ds.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)..... 015

(c) Name of employer.....

9-BIRTHPLACE (City or Town) (State or Country). Elizabeth, N. J.

PARENTS.

10-NAME OF FATHER. John Thomas Ebbe

11-BIRTHPLACE OF FATHER (City or Town) (State or Country). Germany.

12-MAIDEN NAME OF MOTHER. Emma L. Schumacher

13-BIRTHPLACE OF MOTHER (City or Town) (State or Country). Germany.

14- (Informant) Pauline L. Ebbe,
(Address) 1523 McKean Ave.

15- Filed ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec. 4, 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1931 to Dec. 3, 1931

that I last saw him alive on Dec. 3, 1931

And that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) None

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) John D. Quinn, M. D.

Dec. 4, 1931 (Address) 1507 N. Fulton Ave.

*State (1) Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cemetery

DATE OF BURIAL. 12/7/..., 1931

20-UNDERTAKER. Wm. Cook

ADDRESS 1217 St Paul St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74446

CERTIFICATE OF DEATH

13 1√ E 74446

E 74446

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 N. Bethel ST. 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Thomas Hopkins

(a) RESIDENCE NO. 209 N. Bethel ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., If foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	ch	Married

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Hopkins

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) Hop

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm H. Hopkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emmitt Hopkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) D. C.

14 Informant Adelaide Quinn (Address) 242 Forest St

15 Filed 5 - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-3-31

17 I HEREBY CERTIFY, That I attended deceased from 12-1, 1931, to 12-3, 1931, that I last saw h alive on 12-3 1931 and that death occurred, on the date stated above, at 8:20 P. m.

The CAUSE OF DEATH* was as follows:

Carcin-Cranium Renal Hepatic Acute Cardiac Collapse

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) W. B. Butler M. D.

12/4, 1931 (Address) 4257 N. Carlin Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	1931
20 UNDERTAKER Chas. H. Thomas	ADDRESS 4257 N. Carlin

AACo. 5-H 2500

E 74447

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 178-08 E 74447

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 1937-38 Ward.)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sallie Knox

(a) Residence: No. 720 Richwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of William Fay Knox

6. DATE OF BIRTH (month, day, year) Dec 23, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	83	11	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Abner Mudge

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Catherine Phillips

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount 2030 Dec 5, 1931

19. UNDERTAKER Henry H. Hudson, Son & Gaither St. Mary's
(Address)

20. FILED 1931 Dec 19 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3, 1931. 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931, to Dec 3, 1931.

I last saw her alive on Dec 3, 1931 death is said to have occurred on the date stated above, at 10:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon monoxide gas poisoning	Dec 1, 1931
from Coal stove	
Accidental	
Coroner Jos. Sprigg	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) James ... M. D.

(Address) Union Memorial Hosp.

AACo. 5-31 250B

74448 HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 10 6 E 74448

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 Trinity Street St. 3-5 Ward)

Length of residence in city or town where death occurred 38 yrs mos ds. How long in U.S. If of foreign birth? 38 yrs mos ds.

2. FULL NAME John . Butta

(a) Residence: No. 909 Trinity Street St., 3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 27 1856

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	75	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Digger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Bartlet & Hayward
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Vincent . Butta
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Frank . Butta Son
(Address) 909 Trinity Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec. 7 1931

19. UNDERTAKER John H. Weber
(Address) 461 S. Chester St.

20. FILED 1931 C. HAMPSON JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1- 1931 to Dec. 4- 1931

I last saw h in alive on Dec. 4 1931 death is said to have occurred on the date stated above, at 2.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	Dec. 1-31

Other contributory causes of importance:

(over)

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. W. Brito, M. D.

(Address) 1117 St Paul

A&Co. 5-11 2502

74449 HEALTH DEPARTMENT—CITY OF BALTIMORE 74449

CERTIFICATE OF DEATH

95-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2336 E Balto St. 1-10 (Ward)

Length of residence in city or town where death occurred 75 yrs. 6 mos. 9 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leonard Butz

(a) Residence: No. 2336 E. Balto St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Johanna Wagner

6. DATE OF BIRTH (month, day, year) May 25 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 01
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cabinet Maker
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Leonard Butz
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Mary Lo- -
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Johanna Butz
(Address) 2336 E Balto St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Date 12/5/31

19. UNDERTAKER Philip Lenig
(Address) 206 Conn Ave

FILED 5-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 - 1931, to Dec 3 - 1931
that saw h— alive on Dec 2 1931 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Ren- - arteriosa	

Other contributory causes of importance:

Sub Acute Bronchi - Pneumonia 3wks -

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury —, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Frank C Bruen, M. D.

(Address) 125 S Broadway

Spec.—2-29-28—L. F. S.—500 Blks.

E 74450

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 74450

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2707 Fait ave ST. 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Maryjanna Dembinska

(a) RESIDENCE NO. 2707 Fait Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Dembinski

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Adam Shwroski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Joseph Dembinski

(Address): 2707 Fait ave

15 Filed 19 C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 4-1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 28, 1931, to Dec. 4, 1931, that I last saw h[illegible] alive on Dec. 4, 1931, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Duration of Terminal - Acute Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Medard Kwiatowski, M. D.

12/4 1931 (Address) 2577 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem.

DATE OF BURIAL: DEC 7 1931

20 UNDERTAKER: John J. Duda

ADDRESS: 2811 Hudson St

Spec.—1-30—M. & T.—250 Blks.

74451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 56 ✓ E 74451

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary ST., 64 WARD)

2-FULL NAME Marvin C. Smith Jr.

(a) RESIDENCE NO. Hurlock, Maryland. ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 4 ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 16th 1922.

7 AGE	Years	Months	Days	If LESS than 1 day, __ hrs. or __ min.
	9	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hurlock Md.

PARENTS

10 NAME OF FATHER Marvin Smith Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) East New Market Md.

12 MAIDEN NAME OF MOTHER Jesse Harrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Edward K. Woodrooffe.
(Address) Church Home and Infirmary.

Filed Dec 5 1931 . 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4th 1931.

17 I HEREBY CERTIFY, That I attended deceased from Nov 25th, 1931, to Dec 4th, 1931,
that I last saw h[illegible] alive on Dec 4th, 1931,
and that death occurred, on the date stated above, at 8.06 p. m.

The CAUSE OF DEATH[a] was as follows:

~~Endocarditis~~

Abscess of Myocardium.

(duration) yrs. 1 mos ____ ds.

CONTRIBUTORY (Secondary). Rupture, Left Ventricle C
Hemopericardium (duration) 28 hrs mos. ____ ds.

18 Where was disease contracted if not at place of death? Hurlock, Md.

Did an operation precede death? no. Date of ____

Was there an autopsy? yes.

What test confirmed diagnosis? History, Physical, Autopsy.

(Signed) J. Frank Hewett, M. D.

Dec 4. 1931 (Address) The Church Home & Infirmary

[a]State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hurlock Md	Dec 6 1931
20 UNDERTAKER	ADDRESS
E. B. Willoughby.	Hurlock Md

Spec.—2-29-28—I. F. S.—500 Blks.

74452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 VE 74452

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 Ashland Ave ST., 9-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eliza Turpin

(a) RESIDENCE NO. 1722 Ashland Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. Unknown How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Turpin

6 DATE OF BIRTH (month, day, and year) July 5, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Anne Arundel Co, Md.

PARENTS

10 NAME OF FATHER William Hall

11 BIRTHPLACE OF FATHER (city or town) Annearundel Co (State or country) Md.

12 MAIDEN NAME OF MOTHER Priscilla Boston

13 BIRTHPLACE OF MOTHER (city or town) Anne Arundel Co (State or country) Md.

14 Informant Priscilla Hall (mother)
(Address) 1722 Ashland Ave

15 Filed 5-1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 23, 1931, to Dec. 2, 1931, that I last saw h er alive on Dec. 1, 1931 and that death occurred, on the date stated above, at 8:35 A m.

The CAUSE OF DEATH* was as follows:

Chr. Endo - + myo - carditis
Arteriosclerosis + hypertension
Chr. nephritis
(duration) About 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency
(duration) yrs. 2 mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical evidence

(Signed) Geo. B. Aybert, M. D.

19 (Address) 2802 Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	Dec 6, 1931
20 UNDERTAKER Mrs. R. G. Elliott	ADDRESS 1725 Ashland Ave

1-30—M. & T.—100 B—50L.

74453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74453

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 12-19 WARD)

2-FULL NAME Harold B. Pendleton

(a) RESIDENCE NO 432 E. Federal ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Pendleton

6 DATE OF BIRTH (month, day, and year) Jan 20/1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	10	10	"

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Miller Bros.

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Jackson Pendleton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Gloucester Co., Va.

12 MAIDEN NAME OF MOTHER Esther Stubbs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Gloucester Co., Va.

14 Informant Louise Pendleton
(Address) 432 E. Federal St

15 Filed 5 - 1931, 192 C. HAMPSON JONES, M. D. Registrar

Fee _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6.55 A.M. Dec 1/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Leukemia (Probably Lymphoid)

(duration) yrs. about mos. 21 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. H. Jones, M. D. Coroner

Dec 4/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Glenwood Va — DATE OF BURIAL Dec 5 1931

20 UNDERTAKER Mrs. R. G. Elliott — ADDRESS Oakland

FRONT Very important. See instructions on back of certificate.

1-20—M & T—100 B—50L

E 74454

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74454

CERTIFICATE OF DEATH

92-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1103 Argyle ST. 11-24 (WARD)

2-FULL NAME Eva Blackwell

(a) RESIDENCE NO 1103 Argyle ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Left mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Nov 23 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	71	—	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Albert Blackwell

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Cecelia Brown

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Elenora Johnson
(Address) 1103 Argyle Ave

15 Filed ..... 192 C. HAMPSON JONES, M. D. Registrar

C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec 3 nd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) F. H. Smith, M. D. Coroner

Dec 3rd (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

20 UNDERTAKER Mrs Katie R Williams

DATE OF BURIAL Dec 5, 1931

ADDRESS 322 N Arlington Ave

THIS is very important See instructions on back of certificates.

1-30—M. & T.—100 B—50L.

E 74455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 74455

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1115 W. Lexington ST. 18-H (WARD)

2-FULL NAME Thomas H. Smith

(a) RESIDENCE NO 1115 W. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Smith

6 DATE OF BIRTH (month, day, and year) Dec. 29-1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	64	11	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Plasterer
(b) General nature of industry, business, or establishment in which employed (or employer) For Himself
(c) Name of employer Baltimore Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Henry Smith

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Mary Ann Hooper

13 BIRTHPLACE OF MOTHER (city or town) Cambridge (State or country) Md.

14 Informant Mary E. Smith

(Address) 1115 W. Lexington St.

15 Filed 5-1931, 192 C. HAMPSON JONES M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 4. 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

THE CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) Suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Cromwell M. D. Coroner

12/5, 1931 (Address) 263 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Forest Cemetery	Dec 6, 1931
20 UNDERTAKER Mrs. Katie R. Williams	ADDRESS 322 Schroeder St

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 74456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74456

1—PLACE OF DEATH 546 Lanvale street

CITY OF BALTIMORE: (No. 546 ST. (If not in a hospital or institution, give its NAME instead of street and number.)

REGISTERED NO. 9503

2—FULL NAME Jennie Etta Lewis

(a) RESIDENCE NO. 546 Lanvale ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	A. A.	Married

a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Bernard Lewis

6 DATE OF BIRTH (month, day, and year) 5/5/85

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46	46	7	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fork Union, Virginia

PARENTS

10 NAME OF FATHER Isaiah Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Fork Union Virginia

12 MAIDEN NAME OF MOTHER Ella Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Fork Union Virginia

14 Informant Mrs. Mattie Brown

(Address) 546 Lanvale street

15 Filed . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/5/31

17 I HEREBY CERTIFY, That I attended deceased from 8/3 . 1931 . to 12/5 . 1931 .

that I last saw h a alive on 12/5 . 1931

and that death occurred, on the date stated above, at 4:10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvulitis
Myo Carditis

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Carson C. Johnson . M. D.

. 19 (Address) 632 Baker street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem.	12/7 1931
20 UNDERTAKER	ADDRESS
Samuel P Hensley	578 N Bridle

F - 1025

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74457

CERTIFICATE OF DEATH

13 VE 74457

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 S. Penn St. 4-30 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura Scott

(a) Residence: No. 5. S. Penn St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, year) Nov. 12 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George C. Scott Sr.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Richardson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Martha Scott
(Address) 5 S. Penn St.

18. BURIAL, CREMATION, OR REMOVAL
Place MA Dept Cem Date 12/6 1931

19. UNDERTAKER Samuel F. Hemsley
(Address) 548 N. Middle St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/31 1931

22. I HEREBY CERTIFY, That I attended deceased from 12/11/31 to 12/31/31

I last saw ... alive on 12/29/31 death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Last
Contributory	

Other contributory causes of importance: Arterial Hypertrophy + Interstitial nephritis | Yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. Hampson Jones M. D.

(Address) 514 N. Carrollton

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74458

E 74458

CERTIFICATE OF DEATH

159

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Yokely

(a) RESIDENCE NO. 1502 Penna. Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	Infant

5a If married, widowed, or divorced WIFE of (or) HUSBAND of

6 DATE OF BIRTH (month, day, and year) 12-1-31

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel Yokely

11 BIRTHPLACE OF FATHER (City or town)

(State or country) N.C.

12 MAIDEN NAME OF MOTHER Emanley

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant—(Address) Samuel Yokely 1502 Penna Ave

15 1931 C. HAMPSON JONES, M.D. Registrar

Mar 10th

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1931

12-4-31

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931, to Dec 4, 1931, that I last saw him alive on Dec 4, 1931, and that death occurred, on the date stated above, at 12:55 a.m.

The CAUSE OF DEATH* was as follows:

Immaturity & 6 months

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? —

What test confirmed diagnosis? Microscopical

(Signed) W. B. Butler, M. D.

12/4, 1931 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. F. Anthony Cem. Date of Burial 12/7 1931

20 UNDERTAKER Samuel T. Hemsley ADDRESS 578 W. Baltimore St.

51

If DEATH is not properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. Write in plain terms, so that it may be properly classified.

1-30—M. & T.—100 B—561.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74459

CERTIFICATE OF DEATH

×210-002 E 74459

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Great Balto Gen ST. 16-L WARD)

2-FULL NAME Amos J. Warren

(a) RESIDENCE NO Guilford Md. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 da. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Warren

6 DATE OF BIRTH (month, day, and year) 4-26-18 Jamaica (Balto Co)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) 015
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co

PARENTS

10 NAME OF FATHER Isaac Warren

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co

12 MAIDEN NAME OF MOTHER Nancy Case

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Hyland R Warren

(Address) 470 Delaware ave.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above. (Inquest, autopsy or inquiry.)

The CAUSE OF DEATH* was as follows: Due to he was driving colliding with telegraph poles

(duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Fract Skull

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? Old Court Rd

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clin

(Signed) D Orane, M. D. Coroner

12/5, 1931 (Address) Drapier Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Dec 7 1931

20 UNDERTAKER: J F Elsine Restelsonn — ADDRESS: [illegible]

TION is very important See instructions on back of

k of certificates. Exact statement of OCCUPA-

AACo. 5-11 2568

Coggins

HEALTH DEPARTMENT CITY OF BALTIMORE

E 74460

CERTIFICATE OF DEATH

46 E 74460

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 N. Charles St. 12-50 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos ds.

2. FULL NAME Charles Will Coggins

(a) Residence: No. 2119 N. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Nellie B. (nee Heath)

6. DATE OF BIRTH (month, day, year) April 25, 1859.

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
72	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Charles Coggins

14. BIRTHPLACE (city or town) Garland
(State or country)

MOTHER

15. MAIDEN NAME Martha Denny

16. BIRTHPLACE (city or town) Balto.
(State or country)

17. INFORMANT T. Heath Coggins
(Address) 2117 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 12/7/31 19

19. UNDERTAKER Wm. J. Butler
(Address) 401 Eutaw Place

DEC 6 1931 HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1931, to Dec 4, 1931

I last saw him alive on Dec 3, 1931 death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach -	
metastasis to Colon	1927
(Operation 1927, Carcinoma of Stomach removed)	
Other contributory causes of importance:	

Name of operation - Date of -

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) J. C. Riddle M. D.

(Address) 317 Medical Arts Bldg.

OCCUPATIONS IS VERY important. See instructions

Spc—12-23-21—E.B.R.S.—400 Blks.

E 74461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 74461

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 350 S Greenmount av St. 9-47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... John W. Atkinson

(a) Residence No..... Port Deposit Md St.,..... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7d ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Hattie Cornell Atkinson

6-DATE OF BIRTH (month, day and year) Aug 31, 1853

7-AGE. 78 yrs. 4 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Stone Cutter

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer..... Self

9-BIRTHPLACE (city or town). (State or Country). North East Md

PARENTS.

10-NAME OF FATHER. Henry Atkinson

11-BIRTHPLACE OF FATHER (city or town) (State or Country). dont Kno

12-MAIDEN NAME OF MOTHER. Sarah Vanort

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Portdeposit Md

14- (Informant)..... Wife

(Address).....

15- [illegible] HAMPSON JONES, M. D. Registrar.

DEC 6 - 1931.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Dec 6, 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 3 1931 to Dec 6 1931

that I last saw h[illegible] alive on Dec 5 1931

and that death occurred, on the date stated above, at 2.10 A m.

The CAUSE OF DEATH* was as follows:

Hypertrophied & Enlarged Prostate

dont Know

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Port Deposit Md

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W J Leedell M. D.

, 19 (Address) 335 S. 31st St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holeswell Cemetery, Baltimore Co. Md

DATE OF BURIAL. Dec 8 1931

20-UNDERTAKER. Frank R Warren Co.

ADDRESS 108 W North Ave

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—9-30—A. & Cn.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74462 — REGISTERED NO. E 74462

1 PLACE OF DEATH: Sinai Hospital — WARD: 15-57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St. ... Ward)

2 FULL NAME: Ella Williman

(a) RESIDENCE NO. (Usual place of abode): 717 Norfolk St. — WARD

(If non-resident give city or town and state)

Length of residence in city or town where death occurred: 42 yrs. mos. ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Late Michael

6 DATE OF BIRTH (month, day, and year): 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0 3/1

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

11 Informant (Address): Robert Williman 3805 Forest Park Ave

6-1931 — HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from November 19, 1931, to December 7, 1931

that I last saw h[illegible] alive on December 7, 1931

and that death occurred, on the date stated above, at 2:00 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Chronic Nephritis & Uremia

Hypertension (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Archie Robert Cohen M. D.

12/4/31 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Cemetery

20 UNDERTAKER: Sol Silverson & Bro

DATE OF BURIAL: 12/5 1931

ADDRESS 1127 E Balto St

Spec.—9 30—A. & Co.—250 Blks

Henry a Boan ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74463

CERTIFICATE OF DEATH

56 E 74463

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 2414 E. Monument ST. 7-12 WARD)

2 FULL NAME Henry G. Boan

(a) RESIDENCE No. 2414 E. Monument ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	W.	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 29-1926

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	5	4	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Harry F. Boan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Fort Delaware Delaware.

12 MAIDEN NAME OF MOTHER Agnes Rufel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Harry F. Boan
(Address) 2414 E. Monument St.

15 Filed C 6 - 1931 C. HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-4-31

17
I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1931, to Dec 4, 1931
that I last saw him alive on Dec 3, 1931
and that death occurred, on the date stated above, at 8.30a

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. mos. 3-4 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of heart. (duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Illness of Endocarditis

(Signed) Harold C. Bacon M. D.

19 (Address) 100 E. 20th St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	12-7 1931
20 UNDERTAKER Leonard J. Ruck	ADDRESS 5305 Harford Rd.

FROM IS very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74464

CERTIFICATE OF DEATH

23 E 74464

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3528 Elm Ave. 13-53 Ward)

Length of residence in city or town where death occurred 1 yrs 8 mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Charles Donaldson Arminger

(a) Residence: No. 3528 Elm Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 23 1904

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	27	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

MOTHER FATHER

13. NAME Charles W. Arminger
14. BIRTHPLACE (city or town) (State or country) Baltimore City Md
15. MAIDEN NAME Lillian M Kane
16. BIRTHPLACE (city or town) (State or country) Baltimore City Md

17. INFORMANT Charles D. Arminger
(Address) 3528 Elm Ave

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Dec 7 1931

19. UNDERTAKER D. S. Marshall
(Address) 3529 Eastern Ave

20. FILED Dec 7 1931 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1931 to 12/4 1931

I last saw him alive on 12/3 1931 death is said to have occurred on the date stated above, at 7 50 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phthisis Pulmonalis	1½ yrs
At State Sanatorium	
Md.	
Other contributory causes of importance:	
Throat + Intestinal involvement,	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify —

(Signed) Murray Hall, M. D.

(Address) 2020 No Charles

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74465 — 107-001 — E 74465

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital ST., 7-9 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME North H. Johnson, Jr.

(a) RESIDENCE NO 1616 Jefferson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 3/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		8	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER North H. Johnson, Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Viola Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant North H. Johnson, Sr
(Address) 1616 Jefferson St

15 Filed 12/5/31 19 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4/31 4.30 A.M.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Lobular Pneumonia with Abcess

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) Joseph Walker, M. D. Coroner

(Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery DATE OF BURIAL Dec 6 1931

20 UNDERTAKER Chas. H. Johnson & M. Courtney ADDRESS

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-004

E 74466

E 74466

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 2230 N. Mayto Ave (Street) 5-6 (WARD)

2-FULL NAME Emma Josephine Fowler

(a) RESIDENCE NO. 2230 N. Mayto Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE Female White

5 Single, Married, Widowed, or Divorced (write the word) Widowed

5a If married, widowed, or divorced (HUSBAND of) or (WIFE of) Joshua N. Fowler died 1865

6 DATE OF BIRTH (month, day, and year) Jan 3, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	63	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retail Head

(b) General nature of industry, business, or establishment in which employed (or employer) Millinery Store

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balt. Co. Md.

PARENTS

10 NAME OF FATHER Jacob Sanger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Susan Willett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs. L. Fowler 2230 N. Mayto Ave

15 Filed DEC 6 - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4th 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 26th 1931 to Dec 4th 1931.

that I last saw her alive on Dec 4th 1931.

and that death occurred, on the date stated above, at 1600 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Insufficiency

(duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Geo. N. Lauenstein M. D.

(Address) 2225 N. Mont. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem. Co. Laurel Md.

DATE OF BURIAL Dec. 7 1931

20 UNDERTAKER H. E. Ehlen

ADDRESS 17 W. Fort Ave

TION is very important. See instructions on back of certificate.

A&C Co. JAN 2508

74467

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 74467

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 709 N. Fagaut St. (or Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Franza R. Poole

(a) Residence: 709 N. Fagaut St., Ward.

(If not in place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of J. George Poole

6. DATE OF BIRTH (month, day, year) May 4. 1846.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85.	6.	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At John Strohmeier.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County.

MOTHER FATHER

13. NAME S. Washington Bull

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Lydia Anna Taylor

16. BIRTHPLACE (city or town) (State or country) Baltimore County

17. INFORMANT (Address) Fannie Leichmann 709 N. Fagaut St

18. BURIAL, CREMATION, OR REMOVAL. Place Baltimore Co. Date Dec. 7. 1931.

19. UNDERTAKER (Address) Arnold Dolfield 300 N. Eden St.

FILED 1933 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3 1931

I HEREBY CERTIFY, That I attended deceased from May 1 1931 to Dec 3 1931

I last saw h m alive on Dec 2 1931 death is said to have occurred on the date stated above, at 5 a m

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset May 1/31

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John T. Avery M. D.

(Address) 1603 Bruce Ave

State CAUSE OF DEATH in plain terms. DISEASE CONDITION OR MODE OF INJURY. Statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74468
1. PLACE OF DEATH

CERTIFICATE OF DEATH

167 E 74468
REGISTERED NO.

CITY OF BALTIMORE: (No. Sinai Hospital St.) 5-8 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Anna Hart

(a) RESIDENCE NO. 118 Augusta St. WARD
(If usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Davis Hart

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS
10 NAME OF FATHER: Hart —
11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia
12 MAIDEN NAME OF MOTHER: Rivia —
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Mrs. J. Weidler
(Address): 1 N. Eden St.

15 Filed 6-1931 H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-5-31

17
I HEREBY CERTIFY, That I attended deceased from 11-30, 1931, to 12-5, 1931
that I last saw h[illegible] alive on 12-5, 1931
and that death occurred, on the date stated above, at 12 [illegible] M.
The CAUSE OF DEATH* was as follows:
Cellulitis of face and scalp.

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary): Bronchopneumonia
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? 118 Aisquith St.
Did an operation precede death? Yes Date of 12-4-31.
Was there an autopsy? No.
What test confirmed diagnosis? Culture.
(Signed) J. E. Friedman M. D.
19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemet.
DATE OF BURIAL: 12-7-1931

20 UNDERTAKER: Jos. Weis, Jr.
ADDRESS: 1437 E. Baltimore St.

TION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74469

REGISTERED NO. E 74469

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hosp ST. 26-31 WARD)

2-FULL NAME Jacob Burzyk.

(a) RESIDENCE NO Lykens Pa. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 da. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Sept-4-1912.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	3 4mo	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Coal Co
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Donaldsons Pa

PARENTS

10 NAME OF FATHER Micheal Burzyk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER .....

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Donaldsons Pa

14 Informant Wife & Relt.
(Address) Lykens Pa.

Filed 12-8-1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/4 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck & knocked down by a Ext & run down unapprehended

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Fract Skull

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Phila Pa & Reading R.R.

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clin

(Signed) H. L. Frain, M. D.
Coroner

12/6, 1931 (Address) Traffic Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Millersburg Pa.	12/8 1931

20 UNDERTAKER Leo J Cook ADDRESS 1723 Patterson Pk

TION is very important See instructions on back of certificates. ... may be properly classified. Exact statement of OCCUPA-

AACo. 5-31 250B

E 74470 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

23 E 74470

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 11-26 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Adella Bland

(a) Residence: No. 1629 Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theodore Bland

6. DATE OF BIRTH (month, day, year) Jan. 29, ?

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	22	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Moses Ewell

14. BIRTHPLACE (city or town) (State or country) ? Va.

15. MAIDEN NAME Hattie Richardson

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT Records of

(Address) ~~Balto. City Hosp.~~

18. BURIAL, CREMATION, OR REMOVAL

Place Lane Date 12/6 1931

19. UNDERTAKER Mrs. Ida C. Holland

(Address) 163 Druid Hill

FILED C. HAMILTON JONES, M.D. Registrar

C 6 - 1931.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-30-31, 19 to 12-2-31, 19

I last saw her alive on 12-2-31 19 death is said to have occurred on the date stated above, at 6:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Bronchial lobar pneumonia + generalized peritonitis	2 days prior
Other contributary causes of importance: Bilateral pulmonary TBC - 6 mos?	

Name of operation Cesarean section Date of 11-30-31

What test confirmed diagnosis? ? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Luther Leale, M. D.

(Address) Balto. City Hospitals

INSTRUCTIONS ON BACK OF CERTIFICATE. OCCUPATION IS very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 74471 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74471

CERTIFICATE OF DEATH.

139-00

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 4800 Homer Ave 27-56 WARD)

2 FULL NAME Frances F. Moore

(a) RESIDENCE No. 4800 Homer Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

3a If ~~married, widowed, or divorced~~ ~~Husband of~~ (or) WIFE of Henry C. Moore

6 DATE OF BIRTH (month, day, and year) Aug 3rd 1851

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Conrad Dahle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Krumacher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) F. M. Moore 3734 Virginia Ave

15 Filed DEC 6 - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4th 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct 6th, 1931, to Dec 4, 1931

that I last saw her alive on Dec 4, 1931

and that death occurred, on the date stated above, at 6.45 P.M.

The CAUSE OF DEATH* was as follows:

Ovarian Cyst

(duration) 11 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. A. Bevan, M.D.

, 19 (Address) 752 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL 12/7 1931

20 UNDERTAKER Wm M Cook — ADDRESS 1217 Bond St

ATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 74472 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH.

131 E 74472

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 W. Fairmount Ave. WARD 7)

2 FULL NAME Mary E. Lyons

(a) RESIDENCE NO. 1921 W. Fairmount Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If ~~married, widowed, or divorced~~ (or) WIFE of George W. Lyons

6 DATE OF BIRTH (month, day, and year) Aug 16th 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co Md

PARENTS

10 NAME OF FATHER Wm Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Maud L. Schultz
(Address) 1921 W. Fairmount Ave

15 Filed [illegible] 1931 H. M. JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4th 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 2nd, 1931, to Dec 4th, 1931, that I last saw h[illegible] alive on Dec 10 Oct, 1931, and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows:

Cellulitis of right leg

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic nephritis + Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. E. Boulton M. D.

12/5, 1931 (Address) 3909 Gamson Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. London Park Cemetery — DATE OF BURIAL 12/7/1931

20 UNDERTAKER Wm Cook 1217 St Paul St — ADDRESS

ATION is very important. See instructions on back of certificates.

Spec—1-30—M.A.T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74473

Hb E 74473

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST., 10-14 WARD)

2-FULL NAME Catherine Barth

(a) RESIDENCE NO. Preston + Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 26 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER George Barth

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Catherine Seller

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Little Sisters of the Poor Preston + Valley St.

15 Filed DEC 6 - 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 5th 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 21 1931 to Dec 5 1931, that I last saw her alive on Dec 4 1931, and that death occurred, on the date stated above, at 3. a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) ? yrs. ? mos ? ds.

CONTRIBUTORY (Secondary) Asthma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) L. M. C. Carter, M. D.

12/6, 1931 (Address) 111 + Lanvale Sts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Govans — DATE OF BURIAL Dec 8 1931

20 UNDERTAKER Rita Mudefield — ADDRESS 714

Spec.—1-30—M. & T.—250 Bks

E 74474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 B 74474

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Lee

(a) RESIDENCE NO. Fulton & Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Benjamin Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor (Address) Fulton & Valley Ave

15 Filed DEC 8 - 1931 .19 HARRY JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4th 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 27th, 1931, to Dec 4th, 1931, that I last saw h alive on Dec 4th, 1931, and that death occurred, on the date stated above, at 2. 2. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Asthenia and dilatation heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. [illegible] M. D.

12/9, 1931 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Dec 7 1931

20 UNDERTAKER Rita Wendelfelt Greenmount

ADDRESS 919

TION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74475

CERTIFICATE OF DEATH

23 E 74475

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No 5213 Ready Ave. ST. 27-43 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jacob M. Foster.

(a) RESIDENCE No. 5213 Ready Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie E. Foster

6 DATE OF BIRTH (month, day, and year) Nov. 14 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	—	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Car Inspector

(b) General nature of industry, business, or establishment in which employed (or employer) Penn. Railroad.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford. Md.

PARENTS

10 NAME OF FATHER Darby Foster.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary Vance.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant (Address) Mrs. Lillie E. Foster 5213 Ready Ave.

15 Filed 1931 C. HARRISON JONES, M. D. Registrar

DEC 6 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 3. 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug 28, 1931, to Dec 3, 1931

that I last saw him alive on Dec 2, 1931

and that death occurred, on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Laryngeal Tuberculosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John D. Peck M. D.

12/5, 1931 (Address) 9368 Harmans Md.

*State the Disease Causing Death, or If Deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore County Hereford Cemetery.

DATE OF BURIAL Nov. 7 1931

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

74476

HEALTH DEPARTMENT—CITY OF BALTIMORE E 74476

CERTIFICATE OF DEATH.

97-001

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No.) Fayette & Calhoun Sts (WARD) 21-24

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Jennie F. Walsh.

(a) RESIDENCE NO. 1132 Scott Street ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 5 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Joseph F. Walsh.

6 DATE OF BIRTH (month, day, and year): June 29 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43	43	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: William Falk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Snow Walters

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Florida

14 Interment (Address): Joseph F. Walsh 1132 Scott St

15 Filed DEC 5 - 1931 E. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 3 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 17, 1931, to Dec 3, 1931, that I last saw her alive on December 3, 1931, and that death occurred, on the date stated above, at 10 30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Vascular Heart Disease

not determined (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) Eldred R. Lentz, M. D.

Dec 5, 1931 (Address) Franklin Square Hospital Fayette & Calhoun Sts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem. Assn.

DATE OF BURIAL: Dec 7, 1931

20 UNDERTAKER: John F. Denny

ADDRESS: 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

Mastrianni

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

674477

93-003 E 74477

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. 3706 Claremont St. 7th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephini Mastrianni

(a) RESIDENCE NO. 3706 Claremont St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced (or) WIFE of: Pasquale Mastrianni

6 DATE OF BIRTH (month, day, and year): Feb. 21 — 1863

7 AGE: Years 68 | Months 9 | Days 15 | IF LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Italy

PARENTS

10 NAME OF FATHER: Francesco Cimmaro

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Italy

12 MAIDEN NAME OF MOTHER: Rosa Morio

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Italy

14 Informant (Address): Tony Dimartino 3706 Claremont St

Filed, DEC 6 1931 C. HAWKINS JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) 19

Dec. 6 / 31

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1 , 1931 , to Dec. 6 , 1931 ,

that I last saw h— alive on Dec. 6 , 1931 ,

and that death occurred, on the date stated above, at 8.45A m.

The CAUSE OF DEATH* was as follows:

Asthmi Edema

Myocarditis

(duration) 2 yrs. ___ mos. ___ ds.

CONTRIBUTORY (secondary) Acute Myocarditis

(duration) ___ yrs. ___ mos. 6 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No clinical

What test confirmed diagnosis?

(Signed) Philip Artigiani, M. D.

, 19 (Address) 2942 E Fayette L

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Peter Cemetery. Danbury Conn. Date of Burial 12/10 1931

20 UNDERTAKER: Chas B. Ruchaudo ADDRESS 632 S. Pacca

Very important. See instructions on back of certificates.

Spec—9-30—A & Co—250 Blks

74478

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74478

CERTIFICATE OF DEATH

108 **E 74478**

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Hulland Alley ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lillian O Brien

(a) RESIDENCE NO. 604 Hulland alley WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	C.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 5 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) 187

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Freddie O Brien

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Daisy Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address) Freddie O Brien 604 Hulland Alley

DEC 6 - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2-31

17

I HEREBY CERTIFY, That I attended deceased from Nov 27, 1931, to Dec 2, 1931

that I last saw h-e alive on Dec 2, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hm

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Leo Tall M. D.

(Address) 52 Jacquith

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary — DATE OF BURIAL Dec 6 1931

20 UNDERTAKER Mrs R. A. Elliott — ADDRESS 215 Ashland Ave

TION is very important. See instructions on back of certificates.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74479

CERTIFICATE OF DEATH

E 74479

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 427 Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Ivy Ed Baker

(a) Residence: No. Nashville NC St., Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 21, 1930

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	1	20	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nashville NC

MOTHER FATHER

13. NAME Ivy Joseph Baker

14. BIRTHPLACE (city or town) (State or country) Nashville NC

15. MAIDEN NAME Evelyn Whitley

16. BIRTHPLACE (city or town) (State or country) Nashville NC

17. INFORMANT Evelyn Whitley

(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Nashville NC Date Dec 7 1931

19. UNDERTAKER Stewart and Mann
(Address) 108 W North Ave

FILED DEC 8 1931 D. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1931, to Dec 6, 1931

I last saw him alive on Dec 6 1931 death is said to have occurred on the date stated above, at 11.45 p m.

The principal cause of death and related causes of importance were as follows:

Foreign Body in left Lung — Bronchial Pneumonia

Date of onset Dec 4

Other contributory causes of importance:

Name of operation Tracheotomy Date of Dec 4

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. L. Chambers, M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 74480. HEALTH DEPARTMENT—CITY OF BALTIMORE E 74480.

CERTIFICATE OF DEATH

Registered No. ....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Street or Ward) Apt 30

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruby Mong Stearns

(a) Residence: No. Jessups, Md Street, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 29 - 31

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	0	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Warren Stearns
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER
15. MAIDEN NAME Mary Ridgley
16. BIRTHPLACE (city or town) (State or country) Jessups Md

17. INFORMANT Lawrence Stearns
(Address) Jessups Md

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 12-7-1931

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Baltimore St

20. FILED 1931. 19 ... M. ... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12/5/31, 19..., to 12/6, 1931
I last saw him alive on 12/6, 1931 death is said to have occurred on the date stated above, at 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	11/29/31

Other contributory causes of importance:

Name of operation none Date of ...
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph F. Arenga, M. D.
(Address) University Hospital

1-30—M & T—100 B—601.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74481

REGISTERED NO. E 74481

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital WARD 15-21)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lethia Brady.

(a) RESIDENCE NO. 1736 N. Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Col 5 Single, Married, Widowed, (or Divorced) (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jas Brady

6 DATE OF BIRTH (month, day, and year) 1838

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	93			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Jacob Hunt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs Nelson (Address) 1734 N. Calhoun

15 Filed Dec 1 1931 192 HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: 1st and 2nd degree Burns (Duration) 1 day

CONTRIBUTORY (Secondary) Clothes caught fire from oil stove (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. McGuire, M. D. Coroner

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cemetery	Dec 7 1931
20 UNDERTAKER	ADDRESS
Virginia G. Brooks	1413 Carey

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74482

CERTIFICATE OF DEATH

REGISTERED E 74482

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-68 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Nettie Goldstein

(a) RESIDENCE No. 2128 Walbrook Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

6 DATE OF BIRTH (month, day, and year) Dec 19 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph Schweisir

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Amelia Kaufman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Joseph Goldstein

(Address) 2128 Walbrook ave

15 Filed Dec 7 1931 C. HAMPTON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 5 31

17

I HEREBY CERTIFY, That I attended deceased from Dec 3, 19 31, to Dec 5, 19 31

That I last saw her alive on Dec 5, 19 31

and that death occurred, on the date stated above, at 12 10 9. m.

The CAUSE OF DEATH was as follows:

Acute Intestinal Obstruction

CONTRIBUTORY (Secondary) P.O. shock + Exhaustion (duration) yrs. mos. 2 ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Dec 4 1931

Was there an autopsy?

What test confirmed diagnosis?

(Signed) K. Goodman M. D.

Dec 5. 1931 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Hebrew Cemetery

DATE OF BURIAL 12/7 1931

20 UNDERTAKER Jos Levinson + Bro

ADDRESS 1127 E Balto st

TION is very important. See instructions on back of certificates.

AaCo. 5-31 250B

E 74483

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74483

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 Ashland Ave (Ward) 20-14

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bella Thompson

(a) Residence: No. 1203 Ashland Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Charles Thompson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Pearl Ruff

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Pearl Thompson
(Address) 1203 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Petersburg Va. Date 12-7- 1931

19. UNDERTAKER Byron Wright
(Address) 218 McElderry St

20. FILED ..., 19... J. H. JONES, M. D.
Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-4 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 15-31, 19.., to Dec 4, 1931
I last saw h[illegible] alive on Dec 4, 1931 death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Lobar Pneumonia	11d.
Other contributory causes of importance:	
Pulmonary Tuberculosis	Chronic

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? — If so, specify ...

(Signed) [illegible], M. D.
(Address) 150 [illegible]

1-30—M & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74484

CERTIFICATE OF DEATH

E 74484

1-PLACE OF DEATH — Enroute

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 2-14 WARD)

REGISTERED NO. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME — Catherine Panzer

(a) RESIDENCE NO 1818 E. Lombard ST., ____ WARD ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 31/1931

7 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	6	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Henry Panzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Marie Kirby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Henry Panzer
(Address) 1818 E. ~~Fayette~~ Lombard St

15 Filed DEC 1 1931 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6/31 19 6.20 P.M.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Pneumonia (Lobar)

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)
(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? no Date of ____

Was there an autopsy? no

What test confirmed diagnosis? ____

(Signed) Jos. J. Cain, Coroner, M. D.

Dec 7/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Valley Rdemer — DATE OF BURIAL Dec 7 1931

20 UNDERTAKER M. J. E. Appel — ADDRESS 31 Penn

N.B.—WRITE mation CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74485 — REGISTERED NO. E 74485

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St.) (If death occurred in a hospital or institution, give its NAME instead of street and number.) WARD 1

2. FULL NAME Joseph Brashears

(a) RESIDENCE NO. 12 S. Castle St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) April 7 - 31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Charles Brashears

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Margaret Beran

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (Address) Father 12 S Castle St

15 Filed ..... 19 ..... (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-6-31

17 I HEREBY CERTIFY, That I attended deceased from 11/24, 19 31, to 12/6, 19 31

that I last saw him alive on 12/6, 19 31

and that death occurred, on the date stated above, at 6 o'clock P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Type IV) Pneumo.
Emphysema

(duration) yrs. mos. 28 ds.

CONTRIBUTORY (Secondary) Pul. Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Yes. Date of Dec. 4 '31

Was there an autopsy?

What test confirmed diagnosis? X-Ray

(Signed) J. E. Goodman M. D.

12/6/31 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Dec 7 1931

20 UNDERTAKER M. H. E. Deppe Inc — ADDRESS 37 Lam

TION is very important. See instructions on back of certificates.

AACo. 5-11 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 74486

CERTIFICATE OF DEATH

V 159 E 74486

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3408 St. Paul St. 12-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant of Louise Farran & James Powell

(a) Residence: No. 3408 St Paul St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/4 - 31

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME James Powell

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Louise Farran

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Maud Farran
(Address) 3408 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Dec 7 1931

19. UNDERTAKER Sam'l M. Chase & Son
(Address) 638 N. Gilmor

20. FILED ... 19 ... Registrar.

DEC 1 - 1931 H. HOWARD JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/4 . 1931

22. I HEREBY CERTIFY, That I attended deceased from 12/4 - 31 to 12/4 31

I last saw h[illegible] alive on 12/4 1931 death is said to have occurred on the date stated above, at 5a. m.

The principal cause of death and related causes of importance were as follows:

Seven Mo. Child
Born of the Dead & - Premature Birth

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Bruce Clutts, M. D.

(Address) 2137 Dr[illegible]

OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74487

E 74487

CERTIFICATE OF DEATH

Registered No. 46-71

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 S. Monastery Ave) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 0 mos. 27 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Johanna Scheidt

(a) Residence. No. 125 S. Monastery St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry A. Scheidt.

6. DATE OF BIRTH (month, day, year) Nov. 7, 1865

7. AGE	Years	Months	Days	If LESS than 1 day: hrs. or min.
	66	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME August Becker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Fellmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mr. Jacob Wells Scheidt 102 N. Linkingstone Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Baltimore Co. Date Dec 7 1931

19. UNDERTAKER (Address) [OM] Walker Bros 1011 W. Lexington Ave.

Filed Dec. 10, 1931 GATHER JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from April-27, 1931, to Dec 7, 1931.

I last saw h[illegible] alive on Nov 27, 1931. Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

Cancer of Stomach — Date of onset 4-27-31

Other contributory causes of importance: Myocarditis, Chronic

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) J. Lloyd Johnson M. D.

(Address) 420 Frederick Ave

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74488

CERTIFICATE OF DEATH

1931

REGISTERED NO. E 74488

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3615 Wabash Ave ST., 15-62 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Mary S. Faib

(a) RESIDENCE NO. 3615 Wabash Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed.

5a If ~~married, widowed, or divorced~~ ~~Husband~~ ~~Wife~~ of ~~late~~ ~~Husband~~ of Charles F. Faib

6 DATE OF BIRTH (month, day, and year) July 12. 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~H.W.~~ Off

(b) General nature of industry, business, or establishment in which employed (or employer) ———

(c) Name of employer ———

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER Jno. F. DeVes

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Eliz Monks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Maryland

14 Informant Mrs. Emma B Mahlin
(Address) 740 St Paul St.

15 Filed ——, 19—— Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 4. 1931, to Dec 4, 1931

that I last saw h[illegible] alive on Dec 4 1931

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension - Chronic Nephritis
Myocarditis.

(duration) ? yrs. mos. da.

CONTRIBUTORY (Secondary) Acute Cardiac Collapse.

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? ———

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) O. W. Spurrier, M. D.

19 (Address) 330 Wabash Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Dec 7 1931
20 UNDERTAKER Wm. J. Hackner Sons	ADDRESS North & Pa

Important. See instructions on back of certificate.

Spec.—2-30—A. & Co.—250 lbs

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74439

CERTIFICATE OF DEATH

82-E 74439

1 PLACE OF DEATH

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. Greenway Aparts St. 12-16 WARD)

2 FULL NAME Katherine E. West

(a) RESIDENCE NO. Greenway Aparts ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 77 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Christopher West

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Catherine Tough

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.Y.

14 Informant (Address): Jno E. West 1313 Mt. Royal Ave

15 Filed DEC 7 - 1931 Registrar: J. H. C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 6-1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1931, to Dec 6, 1931

that I last saw him alive on Dec 6, 1931

and that death occurred, on the date stated above, at 3 P M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage 5 hrs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Marshall B Lovett M. D.

Dec 6 1931 (Address) Catonsville Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount — DATE OF BURIAL: Dec 8 1931

20 UNDERTAKER: John D. Mulders & Sons — ADDRESS: 100 Eutaw Place

TION is very important. See instructions on back of certificate. Property of Baltimore City Health Department. Bureau of Vital Statistics

1-30—M. & T.—100 B—50L

E 74490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

E 74490

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2620 Springhill ave ST., 15-58 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Mendelson

(a) RESIDENCE NO. 2620 Springhill ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mr.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hetta Mendelson

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Western Md Dairy

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Harry Mendelson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Fannie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jacob Lewis Son

(Address) 1499 E. Baltimore St

Filed 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulation
Hung By Neck with Rope
Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) John J. Mooney, M. D.
Coroner

12/6 1931 (Address) 1672 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rawak	12/2 1931
20 UNDERTAKER Jacob Lewis Son	ADDRESS 1434 E. Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—1-30—M. & T.—250 Blks

Rettew.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74491

CERTIFICATE OF DEATH.

E 74491

1-PLACE OF DEATH Johns Hopkins Memorial Hospital

CITY OF BALTIMORE: (No. Ward Cancer Case) ST. 25 WARD 72

2-FULL NAME Elsie Rettew

(a) RESIDENCE NO. 2966 Carleton Ave N.E. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

PARENTS

10 NAME OF FATHER James W. McDermott
11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass.
12 MAIDEN NAME OF MOTHER Sara Quigg
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Johns Hopkins Memorial Hosp. Cancer Case

15 Filed 7 1931 19 CHARLES JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to December 7, 1931,
that I last saw her alive on , 1931,
and that death occurred, on the date stated above, at 3:45 P. m.

The CAUSE OF DEATH* was as follows:
(1) Hypertension - Malignant
(2) Cardiac Deg. & Decomp.

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2966 Carleton Ave N.E. (Wash. D. C.)
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical findings
(Signed) Thomas Foreman, M. D.
, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington D.C. DATE OF BURIAL: Dec 7 1931

20 UNDERTAKER: Martin W. Nyong Co ADDRESS: 1300 N st. N.W. Wash. D.C.

TION is very important. See instructions on back of certificates.

AaCo. 5-11-2-08.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74492

CERTIFICATE OF DEATH

V 82 E 74492

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 611 Brune St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Snowden

(a) Residence: No. 611 Brune St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Melinda Snowden

6. DATE OF BIRTH (month, day, year) Feb 3 1885

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
46	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocahontas Co. Va.

MOTHER FATHER

13. NAME Easter Snowden
14. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.
15. MAIDEN NAME Lillian Willig
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Melinda Snowden
(Address) 611 Brune St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Dec 6 1931

19. UNDERTAKER Thomas C. Kelson
(Address) 1503 Pennsylvania Ave

DEC 7 - 1931

Filed Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1931, to Dec 4 1931

I last saw him alive on Dec 3 1931, death is said to have occurred on the date stated above, at 12:30 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/1

Other contributory causes of importance:

Hypertension	year ago

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. 611 Brune St

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. Cossey, M. D.

(Address) 1503 Penna Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 74493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

E 74493

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 Mount ST. 15-21 WARD)

2-FULL NAME Millie Adams

(a) RESIDENCE NO. 1401 N. Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Adams

6 DATE OF BIRTH (month, day, and year) June 29 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Warrenton Va

PARENTS

10 NAME OF FATHER Edward Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Millie Foster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Richard Ward

(Address) 555 Carlton St.

15 Filed DEC 7 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12—5—31

17 I HEREBY CERTIFY, That I attended deceased from 11—21, 1931, to 12—5—, 1931, that I last saw her alive on 11—28—, 1931, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary phthysis

Probly (duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) unknown

unknown (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Frank A Saunders, M. D.

12-6-1931 (Address) 1024 N. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Dec 8 1931

20 UNDERTAKER Thomas E. Kelson — ADDRESS 1303 Pressman St

TION is very important See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

E 74494

Royal Mark Branch

HEALTH DEPARTMENT—CITY OF BALTIMORE

62 E 74494

CERTIFICATE OF DEATH

1-PLACE OF DEATH City of BALTIMORE: (No. Providence Hospital 16-22 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymark Branch

(a) RESIDENCE NO. 1012 Mount St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug — 1892

7 AGE: Years 39 Months 4 Days

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Richmond (State or country) Va

PARENTS

10 NAME OF FATHER Archer Branch

11 BIRTHPLACE OF FATHER (City or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lucy Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Walter Branch.

(Address) 1015 N. Mount St

Filed DEC 7 - 1931 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 4 1931

17 I HEREBY CERTIFY, That I attended deceased from November 14 1931 to December 4 1931

that I last saw h[illegible] alive on December 4 1931

and that death occurred, on the date stated above, at 11.35 p.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 9 da.

CONTRIBUTORY (Secondary) Pellagra

(duration) yrs. mos da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Hamilton Hagner M. D.

19 (Address) Resident Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetary Date of Burial 12/7 1931

20 UNDERTAKER Thomas E. Kelson ADDRESS 1307 Freeman St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 74495 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74495

CERTIFICATE OF DEATH. 23V

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2538 Wilkens Ave (Ward) 20-69

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John J. Friedel

(a) RESIDENCE No. 2538 (Usual place of abode) Wilkens Ave ST. WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine C. Friedel

6 DATE OF BIRTH (month, day, and year) Feb. 7-1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	9	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Candy
(b) General nature of industry, business, or establishment in which employed (or employer) Salesman
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS
10 NAME OF FATHER John C. Friedel
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Mary Bloberger
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs. Katherine C. Friedel 2538 Wilkens Ave.

15 Filed . 19 C. H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 4-1931

17
I HEREBY CERTIFY, That I attended deceased from June 15, 1931, to Dec 2, 1931
that I last saw h[illegible] alive on Dec 2, 1931
and that death occurred, on the date stated above, at 9 P m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical signs

(Signed) Harry Glassman M. D.
Dec 19 31 (Address) 2681 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Dec. 8 1931

20 UNDERTAKER	ADDRESS
George L. Schwab	2101 Rid K. Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DEC 7 - 1931

1-30—M. & T.—100 B—50L

E 74496 HEALTH DEPARTMENT—CITY OF BALTIMORE **E 74496**

92-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5606 Maidfield Rd ST. ..... WARD .....

2-FULL NAME Lorraine Douglas Fields

(a) RESIDENCE NO. 5606 Maidfield Rd ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harges X.

6 DATE OF BIRTH (month, day, and year) 3-12-70

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38.	8	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co Md

PARENTS

10 NAME OF FATHER H. C. Fields

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lauretta Elwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Lauretta Fields

(Address) Balto Co Md

15 Filed ... 192 ... Registrar

DEC 7 - 1931 C. HAMPTON HOWES M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) H. H. Monroe, M. D.
Coroner

12/7/1931 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	12/8 1931
20 UNDERTAKER	ADDRESS
Chas A. Meyer	Pikesville Md.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-11 2508

E 74497 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74497

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General St. 95 Ward) 17

Registered No. 176

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Matilda E Johnson

(a) Residence: No. 753 Gator Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 7, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME William Thomas Davidson

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

MOTHER

15. MAIDEN NAME Julia Gravling

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Cedar Hill Date 12/7 1931

19. UNDERTAKER J. A. Morgan
(Address) 3600 E Baltimore

20. FILED DEC 7 1931 G. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-22, 1931, to 12-7, 1931

I last saw her alive on Dec 4, 1931 death is said to have occurred on the date stated above, at 6.05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	1 yr
" Cholelithiasis	

Other contributory causes of importance:

Chronic Myocarditis	?

Name of operation Cholecystectomy Date of 12-1-31

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) Joseph V. Chesnutt M. D.

(Address) Ind. Commercial Bldg

OCCUPATION is very important. See instructions on back of certificate. Exact statement of CAUSES OF DEATH must be given. Terms like heart disease, cancer, etc., alone are not sufficient and may be properly classified.

AdCo. 5-11 2508

E 74498 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74498

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals V46

CITY OF BALTIMORE: (No. Baltimore Md St. 22-33 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Reynolds

(a) Residence: No. 26 E Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 4 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Ireland

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Catherine Lambert

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Baltimore City Hospitals
(Address) Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Date 12-8 1931

19. UNDERTAKER John J Townsend Sons 12 S
(Address) 20 E Fallsway

20. FILED DEC 7 - 1931 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 5 , 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-4, 1931, to 12-5, 1931

I last saw him alive on 12-5, 1931 death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	2 months ago
Pulmonary	6 months ago
Pneumonia Lobar	5 days ago

Name of operation None Date of —

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. H. Slater M. D.
(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 74499. **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ E 74499.

CERTIFICATE OF DEATH 108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 945 N. Collington St. 7-12 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Puma

(a) Residence: No. 945 N. Collington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Barbara Puma

6. DATE OF BIRTH (month, day, year) May 3 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Joseph Puma
14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Catherine Pochoda
16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Barbara Puma
(Address) 945 N. Collington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 8. 1931

19. UNDERTAKER Frank Brachetta
(Address) 1420 Eastern Ave

DEC 7 - 1931 FILED ..., 19 C. HARRISON JONES Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 - 31, 19.. to Dec 4, 31
I last saw him alive on ... Dec 4 - 31, 19.. death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 days
Acute Cardiac Dilatation	1 day.

Other contributory causes of importance:

Name of operation Tapping Date of ... 19..

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19..
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.
(Address) 945 N. Collington Ave

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks.

E 74500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74500

CERTIFICATE OF DEATH.

93-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 4008 Chesmont Ave. ST. 27-41 WARD)

REGISTERED No

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie E. Henderson

(a) RESIDENCE No 4008 Chesmont Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Henderson

6 DATE OF BIRTH (month, day, and year) Mch. 2, 1854.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John C. Sinclair

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Porter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Lillie M. Willing

(Address) 4008 Chesmont Ave.

15 Filed DEC 7 - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 5th 1931

17

I HEREBY CERTIFY, That I attended deceased from Dec 4th, 1931, to Dec 5th, 1931

that I last saw h[illegible] alive on Dec, 1931

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure (Decompensation) Secondary Pulmonary Oedema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis + Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Smith M. D.

12/5/31 (Address) 4706 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cemetery DATE OF BURIAL Dec. 7 1931

20 UNDERTAKER Wm. A. Black ADDRESS 427 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 1000

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74501

CERTIFICATE OF DEATH

93-003 V

E 74501

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3012 Rayner Ave. Ward 67)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John P. Neal

(a) Residence: No. 3012 Rayner Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Kate Neal

6. DATE OF BIRTH (month, day, year) May 20th 1841

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Bessie Conrad

(Address) 3012 Rayner Ave

18. BURIAL, CREMATION, OR REMOVAL

Place H & W Ho & Cemetery Date 12/9/1931

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED DEC 7 - 1931 BY HUGH OR JONES M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15th, 1931, to Dec 5, 1931

I last saw h[illegible] alive on Dec 5, 1931 death is said to have occurred on the date stated above, at 3 1/2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Acute Cardiac Dilatation and Pulmonary Edema	Dec 5-31

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No. 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) B. Kadon M. D.

(Address) 2306 Eutaw Place

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

14

1-30—M. & T.—100 B—50L

E 74502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74502

104-002

12-20

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & In firmary ST. 12 WARD)

2-FULL NAME John Trent

(a) RESIDENCE NO. 2464 Greenmount Ave ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 31/1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	4	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimote, Md.

PARENTS

10 NAME OF FATHER John A. Trent

11 BIRTHPLACE OF FATHER (city or town) (State or country) Missouri.

12 MAIDEN NAME OF MOTHER Helen Wimbrough

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Dr. W.H. Wimbrough

(Address) 2464 Grenmount Ave

15 Filed DEC 7 - 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 5/31 3.30 A.M.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Meningitis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Rt. Ethmoid Sinusitis

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? unknown at home

Did an operation precede death? no Date of

Was there an autopsy? Yes at Church Home & In

What test confirmed diagnosis? Autopsy, Lumber pun

(Signed) R.R. Allen, M. D. Coroner

Dec 5/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemetery — DATE OF BURIAL 12/8/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

AACo. 5-31 2508

E 74503 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74503

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. 15 E. 6 St., Ward)

Registered No. 160
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Baby Girl Brown (BROWN)

(a) Residence: No. 3319 Saint Paul Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 30, 1931

7. AGE Years	Months	Days	If LESS than 1 day hrs or min
		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles H. Brown

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Edna Kline

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hosp. record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 12/7th 1931

19. UNDERTAKER William Cook
(Address) 1875 E. Pratt St.

No. FILED DEC 7 - 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from 11/30/31, 19 31, to 12/2/31, 19 31

I last saw h[illegible] alive on 12/2/31, 19 31 death is said to have occurred on the date stated above, at 12:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	6 days?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Robert H. Chevalier, M. D.

(Address) Md. General Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74504

CERTIFICATE OF DEATH

E 74504

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2470 Druid Hill Ave) (Ward) 13-59

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Ann Lipton

(a) Residence: No. 2470 Druid Hill St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Isaac

6. DATE OF BIRTH (month, day, year) 12/4/31

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79 Yrs.		1	31 hrs

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Clarence Lipton
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER
15. MAIDEN NAME Mathilda Lipton
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Lillian Lipton
(Address) 2470 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date DEC 7 - 1931

19. UNDERTAKER ...
(Address) ...

20. FILED DEC 7 1931 C. Hunter Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5-31

22. I HEREBY CERTIFY, That I attended deceased from Dec. 04, 1931, to Dec 5, 1931

I last saw h[illegible] alive on Dec 4, 1931 death is said to have occurred on the date stated above, at 1 S. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) M. Alexander Morley M. D.

(Address) 1476 Madison Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

NOTE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74505

CERTIFICATE OF DEATH.

E 74505

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 5605 Key Av ST., 27 WARD)

2-FULL NAME Gregory Dean Howard

(a) RESIDENCE NO. 5605 Key Ave ST., WARD 27
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO. 97-55
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 7, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	3	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Seattle Wash.

PARENTS

10 NAME OF FATHER Paul Howard

11 BIRTHPLACE OF FATHER (city or town) Johnstown (State or country) Pa

12 MAIDEN NAME OF MOTHER Mabel

13 BIRTHPLACE OF MOTHER (city or town) N. B (State or country)

14 Informant Mildred E. Howard
(Address) 5605 Key ave

15 Filed DEC 7 - 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC 7 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1931, to Dec. 7, 1931,
that I last saw him alive on Dec. 7, 1931,
and that death occurred, on the date stated above, at 4 a m.
The CAUSE OF DEATH* was as follows:
Mitral Regurgitation

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? usual

(Signed) E. C. Wurth, M. D.
12/7, 1931 (Address) 2601 Manhattan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL Dec 8 1931

20 UNDERTAKER Chas S. Traub & Son ADDRESS 1141 W. Royal Ave

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74506

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital | WARD)

2-FULL NAME Frank J. Seyfferth

(a) RESIDENCE NO. 707 S. Robinson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1861 001

E 74506
REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Seyfferth

6 DATE OF BIRTH (month, day, and year) Sept. 7, 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	2	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer) Construction work
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William Seyfferth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. Ethel Seyfferth
(Address) 707 S. Robinson St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 5th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fall and Collapse of Scaffold - Accidental

(duration) Suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture of Skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Riggs Ave & Mount St.

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell, M. D. Coroner

12/6, 1931 (Address) 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lawn Cemetery

DATE OF BURIAL Dec 8th 1931

20 UNDERTAKER John Lucas

ADDRESS 2008 Eutaw

DEC 7 - 1931

AaCo. 5-61 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74507

99 E 74507

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 N Bouldin St. 26-K Ward)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ..... L. Harry Garrett .....

(a) Residence: No. 433 N Bouldin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Garrett

6. DATE OF BIRTH (month, day, year) Oct 26 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Can Company

10. Date deceased last worked at this occupation (month and year) 2 yrs ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Levi Garrett

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Rachael Thornton

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs. W. Spies

(Address) 6508 Beverly Road

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Dec. 8th, 1931

19. UNDERTAKER John Gelnick & Sons

(Address) 1210 Eastern Ave

20. FILED ..... 19 ..... C. HAMPSON JONES, M. D. Registrar.

DEC 7 - 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from November 19, 1931, to December 6, 1931

I last saw him alive on December 5 1931 death is said to have occurred on the date stated above, at 1-30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	

Other contributory causes of Importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Isabel N. Athey, M. D.

(Address) 100 E. Patterson Park Ave

Spec.—9-30—A. & Co.—250 Blks

E 74508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74508

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 129 N. Collington Ave. ST. WARD) 1093-03

REGISTERED No

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George B. Wilson

(a) RESIDENCE No. 129 N. Collington Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (~~or WIFE of~~) Bertha Wilson

6 DATE OF BIRTH (month, day, and year) March 11 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Marine Engineer

(b) General nature of Industry, business, or establishment in which employed (or employer) 030

(c) Name of employer Balto City

9 BIRTHPLACE (city or town) (State or country) Penna.

PARENTS

10 NAME OF FATHER Samuel Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Bertha Wilson 129 N Collington Ave

15 DEC 7 - 1931

16 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 5 1931

17

I HEREBY CERTIFY, That I attended deceased from July 17 1931, to Dec 5 1931

that I last saw him alive on Dec 5 1931

and that death occurred, on the date stated above, at 6 1/2 P.M. on

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis & Hypertension

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward L. Wood M. D.

12/5 1931 (Address) 413 Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Dec 8 1931

20 UNDERTAKER: John Leeds — ADDRESS: 20 Chelsea

B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONS RESPONSIBLE FOR ERRORS

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74509

E 74509

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore St.) (Ward 20-37)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Powell

(a) Residence: No. 111 Penn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Balto City Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date DEC 7 - 1931 19

19. UNDERTAKER 12-4-31
(Address)

20. FILED DEC 7 1931 19 1 P.M. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-4-1931

22. I HEREBY CERTIFY, That I attended deceased from 11-17-1931 to 12-4-1931

I last saw h[illegible] alive on 12-4-1931 death is said to have occurred on the date stated above, at 1:40 [illegible]

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	2 days
Other contributory causes of importance: Myocarditis Chronic	Unknown

Name of operation None Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elmer Hughbert, M. D.

(Address) Baltimore City Hospitals

E. 74509

3.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1-30—M & T—100 B—501.

E 74510

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74510

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE—No. St Agnes Hosp ST. 25-72 WARD

2-FULL NAME Edw N. Stone

(a) RESIDENCE NO. 1302 Morgan ST. Tampa Fla WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Stone

6 DATE OF BIRTH (month, day, and year) 3-5-1891 Done from

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fla

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs Stanley

(Address) Tampa Fla

15 Filed DEC 7 1931, 192 C. HARRISON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/5 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Auto accident in which he was riding, ran from road

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Wash Blvd & Bath Co

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clin.

(Signed) C. H. Jones, Coroner, M. D.

12/7, 1931 (Address) Traffic Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL	DATE OF BURIAL
	12/7 1931
20 UNDERTAKER The Frayser Co	ADDRESS 314 E. 9th St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74511

CERTIFICATE OF DEATH

34 E 74511

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 7-24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Hill

(a) Residence: No. 937 Pennsylvania Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 22, 1892

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	39	?	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Hill
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma McElvee
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Niece - Sarah Wright
(Address) 937 Penna ave

18. BURIAL, CREMATION, OR REMOVAL.
Place National Date 12-8, 1931

19. UNDERTAKER John H Toadvine
(Address) 1037 Druid Hill

20. FILED DEC 7 1931, 19... C. FERGUSON JONES, M. D. Registrar
RRH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-4-31, 19... to 12-5, 1931

I last saw him alive on 12-5 1931 death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Luetic Cardio-Vascular Disease	?
Luetic Aortitis	?
Aneurysm of Aorta	?

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) Mercy Hospital

A4Co. 5-31 2508

E 74512 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9 E 74512

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2443 Barclay St. 12-50 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Jean Dolores Robertson

(a) Residence: No. 2443 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 18 1931

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER FATHER

13. NAME Bennett Robertson
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Mary Woodell
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Mary Robertson
(Address) 2443 Barclay St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Dec 8 1931

19. UNDERTAKER Rita Wiedefeld
(Address) 114 Greenmount Ave

20. FILED DEC 7 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7R, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28R, 1931, to Dec 7R, 1931

I last saw ... alive on Dec 6R, 1931 death is said to have occurred on the date stated above, at 9A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping Cough	about Nov 15/31

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred Fuggemann M. D.

(Address) 401 E 25th St.

B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Blks.

E 74513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

E 74513

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 4025 Falls Road St. 13-52 (Ward)

2-FULL NAME Walter C. Heubeck

(a) RESIDENCE NO. 4025 Falls Road St., I3 Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 4 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Jessie M. Heubeck

6 DATE OF BIRTH (month, day, and year)
July I3, I886

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	45	4	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Electrician
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry D. Heubeck

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER
Mollie M. Demory

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) West Virginia

14 Informant Mrs. Jessie M. Heubeck
(Address) 4025 Falls Road

15 Filed DEC 7 - 1931 G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 5, I931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tabacular Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

(Address) 3632 Falls Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine	Dec. 8, 1931.

20 UNDERTAKER Horace F. Burgee ADDRESS 3631 Falls Rd.

Spec—0-30—A. & Co.—200 Blks

Dr Buck 7844 St Paul St
Lecture 3-4

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74514

CERTIFICATE OF DEATH

131 E 74514

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 532 W University Pkwy St. 3 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emma E Buckheimer

(a) RESIDENCE NO. 532 W University Pkwy ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Buckheimer

6 DATE OF BIRTH (month, day, and year) May 31-1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS
10 NAME OF FATHER Peter Lipshard
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Elizabeth Schupfer
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

11 Interment Trinity Church yd Peters
(Address) 532 W University Pkwy

15 Filed DEC 7 - 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7-1931

17
I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1931, to Dec 7, 1931
That I last saw h alive on Dec 6, 1931
and that death occurred, on the date stated above, at 4.20 a m.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis
Chronic Valvular Endocarditis
Unknown
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) Jefferies Buck M. D.
12/7 1931 (Address) 5. Club Rd Balto

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem — DATE OF BURIAL Dec 9 1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul

N B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74515

CERTIFICATE OF DEATH

46 E 74515

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals 6-24

CITY OF BALTIMORE: (No.) St. 18 (Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret McKenzie

(a) Residence: No. 36 S. Poppleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: James

6. DATE OF BIRTH (month, day, year): Aug. 12, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): ? Scotland

FATHER

13. NAME: John ?

14. BIRTHPLACE (city or town) (State or country): ? Scotland

MOTHER

15. MAIDEN NAME: Margaret Bonnie

16. BIRTHPLACE (city or town) (State or country): ? Scotland

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Cemetery Date 12/4/31

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

20. FILED DEC 7 1931 C. HAMILTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1931 to Dec. 6, 1931

I last saw her alive on Dec. 6, 1931 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis of Peritoneum	Probably the month

Other contributory causes of importance:

Adenocarcinoma	unknown
Secondary tumors	

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Thos. C. Hunter Jr., M. D.

(Address) Balto. City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo 1-31-2168

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74516

CERTIFICATE OF DEATH

82-08

E 74516

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 97-53

Length of residence in city or town where death occurred 73 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Estelle Dodson

(a) Residence: No. 5003 Roland Ave. St., ... Ward, ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 1, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	72	10 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME John W. Dodson
14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER
15. MAIDEN NAME Anna Walters
16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Loraine Cemetery Date 12/8/1931

19. UNDERTAKER (Address) Wm. Cook 1217 E. Fayette St.

20. FILED DEC 7 1931 C. HAMPSON JONES, M. D. Registrar
Per .....

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1931 to Dec. 6, 1931

I last saw h dr alive on Dec. 6, 1931 death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia & Cerebral Hemorrhage	Nov 11, 31
Other contributory causes of importance: Bronchopneumonia	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. K. Johnson Jr. M. D.
(Address) Balto. City Hosp.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74517

CERTIFICATE OF DEATH

E 74517

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3411 Ewing (Kenhucky) Ave ST. 46-40 WARD)

2—FULL NAME Herbert Jeanne Madigan

(a) RESIDENCE NO. 3411 Ewing (Kenhucky) Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 4, 1931

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Donald D. Madigan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Nellie McNulty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Donald D. Madigan

(Address) 3411 Ewing Ave.

15 Filed DEC 7 1931, 19 C. HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1931, to Dec. 7, 1931,

that I last saw him alive on Dec 7, 1931

and that death occurred, on the date stated above, at 3 30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Whooping Cough (duration) yrs. about 1 mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical evidence.

(Signed) Geo. B. Sybert, M. D.

, 19 (Address) 2802 Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Dec 9, 19 31

20 UNDERTAKER: Ernest W. Compton — ADDRESS: 824 E Eager St

DEC 7 1931

E 74517 ✓

9

E 74517

All items must be stated EXACTLY. PHYSICIANS should be careful to see that AGE is correctly stated. AGE should be stated in years, months and days. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T—100 B—50L

E 74518

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74518

CERTIFICATE OF DEATH

REGISTERED NO. 186

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital) 15-63 WARD

2-FULL NAME Charles W. Stone

(a) RESIDENCE No. 3943 Boarman Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs? mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Nettie M. Stone

6 DATE OF BIRTH (month, day, and year) Sept.24,1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	2	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stone Mason
(b) General nature of industry, business, or establishment in which employed (or employer) ------
(c) Name of employer ------

9 BIRTHPLACE (city or town) (State or country) -- Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) ---- (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) --- (State or country) Maryland

14 Informant Mrs. Nettie M. Stone

(Address) 3943 Bourman Ave.

15 Filed DEC 3 1931

16 Registrar H. [illegible] JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 5th. 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fall when scaffold upon which he was working collapsed--accidental. (duration) yrs. mos. 3-4 hrs. ds.

CONTRIBUTORY (Secondary) Fracture of skull (duration) yrs. mos. 3-4 hrs. ds.

18 Where was disease contracted if not at place of death? New school at Mount St. & Riggs Ave.

Did an operation precede death? No Date of ----

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell, M. D. Coroner

12/7 1931 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	12/8/31
20 UNDERTAKER	ADDRESS
Walter S. Boulton	223 E. Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T—100 B—501.

74519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

E 74519

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 938 W Lexington ST. 18-26 WARD)

2-FULL NAME Ruth Carroll

(a) RESIDENCE NO 938 W Lexington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): About 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Abt 72	-	-	-	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Home
(c) Name of employer: formerly Tottle family

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: C. W. Tottle

(Address) 1012 W Biddle St City

15 Filed DEC 8 - 1931 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 7 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry, find that said deceased came to last death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Feller M. D. Coroner

12/7 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Dec 8 1931
20 UNDERTAKER	**ADDRESS**
Laurence Hooper Co.	Balto.

H. HAMPSON JONES, M. D.

U. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AsCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74520

CERTIFICATE OF DEATH

E 74520

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 281 W. Fairmount Ave St. 18th Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Beatrice Albright

(a) Residence: No. 281 W. Fairmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 30, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Albright

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Wyatt

16. BIRTHPLACE (city or town) (State or country) Hampton Va

17. INFORMANT John Albright
(Address) 281 W. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 12-8 1931

19. UNDERTAKER James Carter
(Address) 916 Edmondson Ave

20. FILED DEC 8 1931 Harry S. Jones, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1931, to Dec 6 1931

I last saw h alive on Dec 5 1931 death is said to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	12-4-31
Whooping Cough	11-27-31

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harry S. Jones, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-11-2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 74521 — CERTIFICATE OF DEATH — E 74521

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) Registered No. 1734

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Glen Smith

(a) Residence: No. 562 St. Mary's st. St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 17, 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
26		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) UNKNOWN

11. Total time (years) spent in this occupation UNKNOWN

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Fred Smith

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Brosie Hall

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 12-8- 1931

19. UNDERTAKER C. Lewis Carter (Address) 916 Pennsylvania

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1931, to Dec. 6, 1931

I last saw him alive on Dec. 6, 1931 death is said to have occurred on the date stated above, at 10.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Caseous pneumonia	Unknown

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Lawrence R. Jones M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS RECORD BECOMES A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FC 8 - 1931 -

AaCo. 5-11 2108

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74522

E 74522

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 16-23 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Asbury Shepherd

(a) Residence: No. 1030 E. Stockton st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Henry Shepherd

14. BIRTHPLACE (city or town)
(State or country) Maryland

MOTHER

15. MAIDEN NAME Carrie Fields

16. BIRTHPLACE (city or town)
(State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 12-8 1931

19. UNDERTAKER Bowie Easton
(Address) 916 Ba Ave

20. FILED C. H. Jones, M. D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20 1931 to Dec. 6 1931

I last saw h in alive on Dec. 6 1931 death is said to have occurred on the date stated above, at 5.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lawrence M. Sc[illegible] M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74523 E 74523

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital 1449-002

CITY OF BALTIMORE: (No. 1512 N. Gilmor St. 11-24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hazel C Chase

(a) Residence: No. 1105 Madison ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm.

6. DATE OF BIRTH (month, day, year) Dec. 28 1878

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
52	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper**, etc. Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank**, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME ? Hicks
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Maria Robinson
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Maria Hicks
(Address) 1105 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Auburn Date Dec. 9 1931

19. UNDERTAKER Wm. Lee H. Holland
(Address) 1631 Druid Hill Ave

20. FILED DEC 8 - 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5- 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-3- 1931 to 12-5- 1931

I last saw her alive on 12-5- 1931 death is said to have occurred on the date stated above, at 10:25 PM

The **principal cause of death** and related causes of importance were as follows:

Acute Cardiac Dilatation
2nd Stage of labor.

Date of onset

Other contributory causes of importance:

Child Birth

11-30-31 was first date of Dyspnea due to Mitral Regurg.

Name of operation — Date of

What test confirmed diagnosis — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in **industry, in home, or in public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. R. Boykin, M. D.
(Address) 1512 N. Gilmor

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AsCo. 5-11 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74524 E 74524

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 W. Lombard St. 18-79 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. Is How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert B. Stickman

(a) Residence: No. 1035 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white.	married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary A Stickman

6. DATE OF BIRTH (month, day, year) Jan 19th 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63.	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. car builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

13. NAME Ephraim Stickman

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

15. MAIDEN NAME Ann Steuer

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Mary Stickman
(Address) 1035 W Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12/9/1931

19. UNDERTAKER John J. Cowan & Son
(Address) 1800 Pulaski St.

20. FILED DEC 9 - 1931, 19 . R. LEE JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/6/, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1931, to Dec 6, 1931

I last saw him alive on Dec 5, 1931 death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	10 yr
Other contributory causes of importance: Coronary thrombosis	Dec 6

Name of operation None Date of

What test confirmed diagnosis? X-ray Was there an autopsy? X-ray

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify. No

M. D. (Signed) H S Jones M. D.

(Address) 720 N. North Ave

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74525

CERTIFICATE OF DEATH

E 74525

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 N. Payson St., 21 Ward)

Length of residence in city or town where death occurred 67 yrs. 11 mos. 12 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Seager

(a) Residence: No. 122 N. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mc Cle Anthony Seager

6. DATE OF BIRTH (month, day, year) Dec 25th 1863

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
67	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Kapfel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katerowsi

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Catherine A Seager.
(Address) 122 N Payson St

18. BURIAL, CREMATION, OR REMOVAL.
Place Lorraine Cem Date 12/9/ 1931

19. UNDERTAKER John F Cowan & Son
(Address) 1911 Pulaski Hwy

DEC 8 1931

C. HARRISON JONES, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/5/ 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1931 to Dec 5 1931

I last saw her alive on Dec 5 1931 death is said to have occurred on the date stated above, at 11.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12/2/31
Other contributory causes of importance: Arteriosclerotic Cardiovascular Disease	5 yrs
Toxic Ileus	3 days

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

M. D. (Signed) H. Raymond Peters M. D.

(Address) 1908 W. Lexington St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250R

E 74526

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74526

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 18-29

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Joseph A. Burrows

(a) Residence: No. 1021 W. Lombard St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Burrows

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. out of work

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Wash. D.C.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Wash. D.C.

17. INFORMANT Records of
(Address) Balto. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Dec 9. 1931

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave

20. FILED Dec 10 1931 C. HUBERT JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1931 to Dec. 6, 1931

I last saw him alive on Dec. 6, 1931 death is said to have occurred on the date stated above, at 8:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr	Apr 1931

Other contributory causes of importance:

Hypertension	
Arteriosclerosis	Unknown

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. ...

(Signed) E. L. Lundy, M. D.

(Address) Balto. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74527

CERTIFICATE OF DEATH

1-14-001 E 74527

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., 16-34 (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U. S. If of foreign birth? yrs mos ds

2. FULL NAME Martin Eugene Hahn

(a) Residence: No. 1339 Ramsay St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 8, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	0	28 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jerome Hahn
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Helen Titlow
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Father
(Address) 1339 Ramsay St.

18. BURIAL, CREMATION, OR REMOVAL Immaculate Conception Date Dec 10, 1931

19. UNDERTAKER Henry B. Whitehead
(Address) 4101 Edmondson Ave

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to Dec 7, 1931

I last saw him alive on Dec 7, 1931 death is said to have occurred on the date stated above, at 3.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Meningitis	Sept 1930?

Other contributory causes of importance:

None

Name of operation Exploratory Craniotomy Date of 12-7-31

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Bevans Jr. M. D.
(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74528

V 82-001

E 74528

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Franklin Square Hospital St., 20-69 Ward)

2-FULL NAME Howard Lee Pitts

(a) RESIDENCE NO. 512 S. Pentalou St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle A. (nee Carter)

6 DATE OF BIRTH (month, day, and year) Jan. 27, 1888

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
43	10	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Police Officer
(b) General nature of industry, business, or establishment in which employed (or employer) 661
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Va.

PARENTS

10 NAME OF FATHER Wm. Pitts

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va.

12 MAIDEN NAME OF MOTHER Virginia V. Jackson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va.

14 Informant Estelle A. Pitts
(Address) 512 S. Pentalou St.

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

suddenly (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Bromwell M. D.

12/7 1931 (Address) 203 Patapsco Ave Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Parkwood

DATE OF BURIAL 12/9/31

20 UNDERTAKER Harry F. Mitzke

ADDRESS

DEC 8 - 1931 Health Commissioner of Baltimore

Amended

AACo. 5-11 2508

E 74529 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 74529

V 117-01

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital — Registered No. 20-28

CITY OF BALTIMORE: (No. 33rd & Calvert St., ... Ward.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs 1 mos 26 ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Henry C. Thompson

(a) Residence: No. 1120 W. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.M.	Married

3a. If married, widowed, or divorced (or) HUSBAND of Mary E. Thompson Née Fee

6. DATE OF BIRTH (month, day, year) Oct 11th 1884

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	47	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Thompson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Elizabeth Butler

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Son

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL. Place Bay View Date 12/10 1931

19. UNDERTAKER Guy F. Turpin

(Address) 1101 Edmondson Ave

20. FILED DEC 10 1931 THOMAS J. JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 4th, 1931, to Dec 7th, 1931

I last saw h 1 ive on Dec 7th, 1931 death is said to have occurred on the date stated above, at 10:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism (Complete)	
Essential Hypertension	

Other contributory causes of importance:

Postoperative shock

Generalized peritonitis

Name of operation Exploratory laparotomy Date of Dec 4th

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify.

(Signed) Edwin B. Harrold M. D.

(Address) 1115 St. Paul St.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74530

CERTIFICATE OF DEATH

119 E 74530

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 525 N Caulton St. 18-26 (WARD)

2-FULL NAME Filmie R Ennis

(a) RESIDENCE NO 525 N Caulton St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 20/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		3	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Fulton Ennis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mabel Small

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mabel Ennis
(Address) 525 Caulton

15 Filed DEC 5 - 1931 16 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) ..... yrs. ..... mos 5 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Leslie Brown, M. D.
Coroner

(Address) 1 E. 19th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	12-10 1931
UNDERTAKER Saml W Hagerstown	ADDRESS 658 N Eutaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T—100 B—60L

E 74531

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74531

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Enroute St. Joseph Hpsoital St., 12-50 WARD)

2-FULL NAME Philip Johnson

(a) RESIDENCE NO 433 21 1/2 St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Deliah Johnson

6 DATE OF BIRTH (month, day, and year) Nov 12/1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	0	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Caroline Co., Va

PARENTS

10 NAME OF FATHER Philip Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Betty------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Deliah Johnson
(Address) 433 21 1/2 st St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4/31 6.30 P.M.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Intracranial Hemorrhage

(Cause undetermined)

(duration) yrs. mos ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Waters Coroner, M. D.

Dec 5/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ft Lincoln — DATE OF BURIAL 12-8 1931

20 UNDERTAKER Wm. H. Chase & Sons — ADDRESS 638 N. Gilmor

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74532

V 93-003

E 74532

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St Agnes Hospital 5-73 Ward)

2-FULL NAME Andreini Paul

(a) RESIDENCE NO. St Agnes Hospital St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Paul

6 DATE OF BIRTH (month, day, and year) About 1880

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	51	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Worked at

(b) General nature of industry, business, or establishment in which employed (or employer) Hospital

(c) Name of employer Labor Work

9 BIRTHPLACE (city or town) _____

(State or country) Howard Co. Md

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Not Known

14 Interment (Address) Martin Paul Funeral Station Md

Dec 9 1931 H. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Myocardial Degeneration

(duration) ? yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____ (duration) ____ yrs. ____ mos. ____ ds.

(Signed) Guy N. Cromwell M. D. (Coroner)

12/8 1931 (Address) 263 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

New Cathedral Cemetery Dec 9 1931

20 UNDERTAKER ADDRESS

Edward W. Conklin 924 E. Eager St

DEC 8 1931

Be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74533

E 74533

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto Md. St. 26 WARD)

REGISTERED NO.

2 FULL NAME Joseph Hagan

(a) RESIDENCE NO 3721 Leslie Ave St. 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 4 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Hagan

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Mary Jane Carr

13 BIRTHPLACE OF MOTHER (city or town) Balto Md (State or country)

14 Informant Records (Address) Balto City Hospitals

15 Filed Dec 9 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 31

17 I HEREBY CERTIFY, That I attended deceased from 6-19-, 1929, to 12-4-, 1931

that I last saw him alive on 12-3-, 1931

and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

General Paralysis of Insane

Luetic Infection (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) Horace Bowers, M.D. 1931

(Address) Baltimore, Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery

DATE OF BURIAL Dec 9th 1931

20 UNDERTAKER Lilly & Zeller Inc.

ADDRESS 403 N Wolfe St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 74534

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 74534

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2017 Bank St., 2-W Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Anna E Helm

(a) Residence: No. 2017 Bank St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late John F Helm

6. DATE OF BIRTH (month, day, year) February 7, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Ward

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Rebecca

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Anna E. Helm (Wife)
(Address) 2017 Bank St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Dec 9 1931

19. UNDERTAKER Lilly & Zeller Inc.
(Address) 1611 E. Baltimore St.

20. FILED DEC 9 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5 1931

22. I HEREBY CERTIFY, That I attended deceased from 12/12/30 1930 to 12/5/31 1931

I last saw h[illegible] alive on 12/4 1931 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Intestinal Nephritis	
Cardiac Hypertrophy with Decompensation	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Daniel Fisher M. D.

(Address) 816 S Patterson Pk

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 9 1931

AaCo. 5-31 2105

E 74535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#6 E 74535

Registered No. 7465

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances B. Clark

(a) Residence: No. 5822 Ethelbert Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Francis H. Clark

6. DATE OF BIRTH (month, day, year) April 3, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done as silk mill, saw mill, bank, etc. Plumbing Material

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER FATHER

13. NAME Herbert L. Clark

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Ella E. Ogle

16. BIRTHPLACE (city or town) (State or country) Wilmington Del.

17. INFORMANT Frances H. Clark

(Address) 5822 Ethelbert Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 8 1931

19. UNDERTAKER George J. Smith

(Address) 1532 Hollins St

20. FILED DEC 9 1931 T. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from December 2, 1931, to Dec. 6, 1931

I last saw h in alive on Dec. 6, 1931 death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Fatal
Generalized Arteriosclerosis	1931
Gastric Carcinoma IV c	

(Other contributory causes of importance)

Name of operation None Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph T. Deenga M. D.
(Address) University Hospital

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74536

CERTIFICATE OF DEATH

23 E 74536

1. PLACE OF DEATH Baltimore City Hospitals (Thc.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 17-21

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Myrtle Haymon

(a) Residence: No. 238 N. Mount st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 17, 1917

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	14	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Buster Haymon

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Hebron

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Dec 8th 1931

19. UNDERTAKER A. Jones
(Address) W. L. Pine St.

20. FILED ..... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1931, to Dec. 2, 1931

I last saw her alive on Dec. 2 1931 death is said to have occurred on the date stated above, at 6.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Caseous pneumonia	Aug. 1931
Other contributory causes of importance:	

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lawrence M. Sena M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 8 1931 C. H. SAINT ROSARY

Spec.—9-29—A. A. Co.—250 Blks.

E 74537 ✓ E 74537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3330 Edmondson Ave. 16-78 WARD)

2 FULL NAME Mary Elizabeth Kaufman

(a) RESIDENCE NO. 3330 Edmondson Ave. ST. WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frederick D. Kaufman

6 DATE OF BIRTH (month, day, and year) June 13, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: George Roth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Akers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Miss Mary Kaufman 3330 Edmondson Ave.

Filed DEC 8 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 6 1931

17

I HEREBY CERTIFY, That I attended deceased from Dec 6, 1931, to Dec 6, 1931

that I last saw her alive on Dec 6, 1931

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Senile Degeneration

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) L. A. Lacy M. D.

19 (Address) 3517 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Dec. 9, 1931.

20 UNDERTAKER: Martin Dickey & Sons — ADDRESS: 1807 N. North Ave

STATE NO.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

Katharine Foley ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

53

E 74538

CERTIFICATE OF DEATH

E 74538

1—PLACE OF DEATH Mercy Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. St. Joseph's Ave ST. 601 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katherine Foley

(a) RESIDENCE NO. 1501 N Caroline St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11/1/1864

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	67	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) 068

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Patrick Foley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Annie M. Flynn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Mary F Foley

(Address) 1501 N. Caroline St

15 Filed DEC 8 1931, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-6-31

17 I HEREBY CERTIFY, That I attended deceased from Oct 28 1931 to Dec 6, 1931.

that I last saw her alive on Dec 6, 1931

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Bladder

(duration) yrs. 2 mos. 7 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 4 Pk ds. +

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) W B Bullock M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	12/9/31
20 UNDERTAKER	ADDRESS
Geo J Kelly Jr & Sons	1735 Hanover

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2M8

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74539

23 E 74539

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 N. Rose St 6-10 St. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Moltz

(a) Residence: No. 428 N Rose St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cigar maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 4

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME George Moltz

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Caroline Rice

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis Moltz
(Address) 428 N Rose St

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt. Carmel Date Dec 9 1931

19. UNDERTAKER George W Zinkan
(Address) 157 E Eager St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec — 1931, to Dec 6 1931

I last saw him alive on Dec 6 1931, death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Arteritis	
Left Lung	1-25-1927
Miliary Tuberculosis	

Other contributory causes of importance:

Myocardial Insufficiency	
Edema	9 days.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify.

(Signed) Wm. R. Geyer. M. D.

(Address) 1516 N. Milton Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-33—M&T—500 Blks.

E 74540 HEALTH DEPARTMENT—CITY OF BALTIMORE 13 E 74540

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 3300 Old Annapolis Rd. (St.) 25-24 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob F Miller

(a) RESIDENCE No. 3300 Old Annapolis Rd. (Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Josephine Doble

6 DATE OF BIRTH (month, day, and year): March 6 1860

7 AGE: Years 71 Months 9 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Gardener

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: William Miller (Address): Govans

DEC 8 1931 Filed

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 7 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 22, 1931, to Dec 7, 1931, that I last saw him alive on Dec 6, 1931, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis (duration) 1 yrs. 2 mos — ds.

CONTRIBUTORY (Secondary) Apoplexy (duration) no yrs. no mos. 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Pathological Examination

(Signed) R J Gleim, M. D.

Dec 7 1931 (Address) 3708 Hollins Ferry Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: 12/9/1931

20 UNDERTAKER: Wm Cook 1247

ADDRESS: St Paul St

mation should be carefully supplied. AGE should be
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificates.

1-20—M & T—100 M—50L.

E 74541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 001
186- E 74541

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 3 WARD)

2-FULL NAME Elizabeth Ortt

(a) RESIDENCE No 2733 Eastern Ave St. WARD :
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Ortt

6 DATE OF BIRTH (month, day, and year) July 31 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Family Work
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER William Henkel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Europe

12 MAIDEN NAME OF MOTHER Mary Michael

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Europe

14 Informant Louisa Bowen

(Address) 146 N East Ave

15 Filed 1931 G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Uraemia
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Fractured Hip Accidental
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2733 Eastern Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B P Herzog MD M. D.
Coroner

12/8, 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel	Dec 10 1931
20 UNDERTAKER Harry N. Armacost & Son	ADDRESS 4204 Reisterstown Ave.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of O
TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74542

CERTIFICATE OF DEATH

E 74542

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, No. Provident Hosp. ST. 14-20 WARD)

2-FULL NAME Bradley Williams

(a) RESIDENCE NO. Pelham Howard Co Md ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Loretta Williams

6 DATE OF BIRTH (month, day, and year) Jun 22-1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45	5	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co Md

PARENTS

10 NAME OF FATHER Wallace Williams

11 BIRTHPLACE OF FATHER (city or town) Howard Co (State or country) Md

12 MAIDEN NAME OF MOTHER Laura Davis

13 BIRTHPLACE OF MOTHER (city or town) Howard Co (State or country) Md

14 Informant Horace Williams

(Address) Howard Co Md

15 Filed ..... 1931 ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) Inquest thereon and obtained the evidence obtained by said (Inquest, autopsy or inquiry) Autopsy and find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide

Hemorrhage due to Stab wound of Shoulder

Penetrating (duration) yrs. mos. ds. (Pocket Knife Blade)

CONTRIBUTORY (Secondary)

Where was disease contracted (if not at place of death)? Pimlico

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. Lee Smith, M. D. Coroner

19 (Address) Dr 6

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: E.L. Hyattstown Md

DATE OF BURIAL: Ellicott City Md

20 UNDERTAKER: Alpha Howard Co Md

ADDRESS: 12-11-31

mation should be carefully supplied. AGE should be
CAUSE OF DEATH in plain terms, so that it may be
TION is very important. See instructions on back of

1-30—M. & T.—100 B—60L.

E 74543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74543

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) Provident Hosp. 14-20 (WARD)

2-FULL NAME Dennis Parker

(a) RESIDENCE NO. Cooksville Howard Road.
(Usual place of abode) ST., ... WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 1 ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Nov 9-1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	1	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co Md

PARENTS

10 NAME OF FATHER Winfield Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Winfield Parker
(Address) Ellicott City Md

15 Filed DEC 8 1931, 192.. C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

Influenza (duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Abscess of Chest (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. Leith Bowie, M. D. Coroner

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dorsey Park Cemetery	Dec 10 1931
20 UNDERTAKER	ADDRESS
C. M. Watts	Elkridge Md.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 9-30 A & Co. 250 Blks

E 74544 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74544

CERTIFICATE OF DEATH.

108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 143 S. Bouldin St. 7-7 WARD)

2 FULL NAME Ernst Peters

(a) RESIDENCE NO 143 S. Bouldin ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE of~~ Elizabeth Peters

6 DATE OF BIRTH (month, day and year) Dec 20th 1855

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carriage Builder

(b) General nature of industry, business, or establishment in which employed (or employer) 00 1/2

(c) Name of employer Self

9 BIRTHPLACE (City or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Florence E Myrick
(Address) 143 S. Bouldin St

15 Filed DEC 8 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7th 1931

17

I HEREBY CERTIFY, That I attended deceased from Dec 1 1931 to Dec 7 1931

That I last saw h[e] alive on Dec 7 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed William Bryan M. D.

19 (Address) 801 N Calhoun

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: 12/10/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 E Paul St

INFORMATION HERE TO BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 74545

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74545

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1374 N. Fremont ST. 15-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Moore

(a) RESIDENCE No. 1374 N. Fremont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fmal	Col	Widow

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Danl. J. Moore

6 DATE OF BIRTH (month, day, and year) July 3 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic. 0/0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Leonardtown Md

PARENTS

10 NAME OF FATHER Chas Hebb

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Marys Co Md

12 MAIDEN NAME OF MOTHER Mary L Mattingly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Marys Co Md

14 Informant (Address) Mary Campbell 1374 N. Fremont St.

Filed DEC 8 - 1931 W. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 5. 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 19 31, to Dec 5, 19 31, that I last saw h[illegible] alive on Dec 5, 19 31, and that death occurred, on the date stated above, at 11. P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. E. Lewis, M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetery - DATE OF BURIAL Dec 9 1931

20 UNDERTAKER Thomas E Kelson ADDRESS 1363 Pennsylvania Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

1-30—M. & T.—100 B—501.

E 74546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74546

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Dakota Ground (Hospital) ST. (Institution)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Kemp

(a) RESIDENCE NO. 1104 E. Fort Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Elizabeth Ruckling

6 DATE OF BIRTH (month, day, and year) May 9th 185

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Louis Kemp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wehrmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Guillermo Kemp

(Address) 1226 E Baltimore St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/1/ 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck and knocked down by a moving auto.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia (duration) 5 yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Received at Fort

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) L. Krause, M. D.

19 31 (Address) Franklin Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Old Town Cemetery	12/11/31
20 UNDERTAKER	ADDRESS
F. S. Hepfield	1150 W. Baltimore St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

8-1931 C. HAMPSON JONES, M. D.

AACo. 5-31 2108

E 74547 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

CERTIFICATE OF DEATH X 23 E 74547

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22 Ward)

Length of residence in city or town where death occurred 2 yrs. 6 mos. 1 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Konski

(a) Residence: No. Elkridge Md St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 24 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Tobias Konski
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Frances
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Celia Konski
(Address) Main Court

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 12. 9. 1931

19. UNDERTAKER F. B. Wright
(Address) 1601 Eutaw Place

20. FILED 1931 C. HARRISON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/6 . 1931

22. I HEREBY CERTIFY, That I attended deceased from December 5 . 1931 to Dec. 6 . 1931
I last saw h IM alive on Dec. 6 . 1931 death is said to have occurred on the date stated above, at 1.00 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	12/5/31
Longitudinal Bilateral Polycystic Kidneys; Hydronephrosis; Chronic Bilateral Tuberculosis; Tuberculous Pneumonia	

Other contributory causes of importance

Name of operation None Date of

What test confirmed diagnosis Clinical—Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph F. Orenga M. D.
(Address) University Hospital

C 8

Information required in all cases must be answered in full so far as known. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks

E 74548 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74548

CERTIFICATE OF DEATH

126

1 PLACE OF DEATH

CITY OF BALTIMORE (No 5812 York Rd. ST. 12-7-48 WARD 6)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Fayette Bigby

(a) RESIDENCE NO 5812 York Rd. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6a If married, widowed, or divorced HUSBAND of (~~wife of~~) the late Carrie

6 DATE OF BIRTH (month, day, and year) Jan 7th 1848

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	9	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): New York

PARENTS

10 NAME OF FATHER: Edgar Bigby

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York

12 MAIDEN NAME OF MOTHER: Mary Ely

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna

14 Informant: Harry F Bigby
(Address) 5812 York Rd

15 Filed DEC 8 - 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8th 1931

17
I HEREBY CERTIFY, That I attended deceased from Nov 21 1931 to Dec 8. 1931

that I last saw h[illegible] alive on Dec 8. 1931

and that death occurred, on the date stated above, at 7.0 m.

The CAUSE OF DEATH* was as follows:
Chronic Cholecystitis.

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Hypertension.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. H. Hawkins, M. D.

12/8. 1931 (Address) 5836 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Dec 10 1931

20 UNDERTAKER: Tom Cook

ADDRESS: 1317 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74549

CERTIFICATE OF DEATH

92 E 74549

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 S. Bond Street St., 2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U. S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Adam . WEBER

(a) Residence: No. 522 S. Bond Street St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male .	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maryanna . WEBER

6. DATE OF BIRTH (month, day, year) October 11 1886

7. AGE	Years	Months	Days	If L. S. than 1 day ... hrs. or ... min.
	45	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Ship Chandler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME August . Weber

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Constance . Marska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Maryanna . Weber
(Address) 522 S. Bond Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Dec 9 . 1931

19. UNDERTAKER John J. Weber
(Address) 402 Chester St.

20. FILED DEC 8 - 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5 . 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 . 1931 to Dec 5 . 1931

I last saw h— alive on Dec 4 1931 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dis - Valvular	

Other contributory causes of importance:

Bronchi - Pneumonia (Pulmonary Edema)

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Ernest Brown, M. D.

(Address) 125 W Mt Vernon

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

E 74550

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74550

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hosp St. 16-22 WARD)

2-FULL NAME Millie Jane Smith

(a) RESIDENCE NO 805 Harlem Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Smith

6 DATE OF BIRTH (month, day, and year) How known

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Work
(b) General nature of industry, business, or establishment in which employed (or employer) 031
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unk

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mary Brown

(Address) 501 Burgundy alley

15 Filed DEC 9 - 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck and Knocked down by a moving auto

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Falls Rd & Hanover Rd

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) _____, M. D. Coroner

12/9 1931 (Address) Traffic Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cem	12-9 1931
20 UNDERTAKER John H Trodrin	ADDRESS 1027 Hanover

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful that
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

Max Lassens or Lisansky

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74551

CERTIFICATE OF DEATH

E 74551

93 1-3 09

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 1-3 WARD)

2-FULL NAME Max Lassens

(a) RESIDENCE NO 2221 E. Lombard St., ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Miriam Lassens

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER David Lassens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Samuel Lassens (Son)

(Address) 2221 E. Lombard St.,

15 Filed DEC 9 - 1931 HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [signature] Coroner, M. D.

Dec 8/31 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery DATE OF BURIAL 12-9-1931

20 UNDERTAKER Ace Reins, Inc. ADDRESS 1439 E. Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74552

CERTIFICATE OF DEATH

E 74552

1—PLACE OF DEATH Cardinal Gibbons — REGISTERED NO.

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST. 13-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha Huntley

(a) RESIDENCE NO. 1536 W. North Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of James Munday

6 DATE OF BIRTH (month, day, and year) Nov 2 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	0	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Robert Delaney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Margt. O'Connor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Helen Beckett

(Address) 1534 W. North Ave.

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 2, 1931 to Dec 8, 1931

that I last saw h e alive on Dec 8, 1931

and that death occurred, on the date stated above, at 7.45 A m.

The CAUSE OF DEATH* was as follows:

Cholelithiasis

(Duration) 2 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hom

Did an operation precede death? Yes Date of 12/7/31

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) Wm Kennedy M. D.

19 Address 1600 Jas St Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, State (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Dec 11 19 3

20 UNDERTAKER Rita Wiedefeld — ADDRESS 914 Fremont Ave

E 5 - 1054

IF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 250B

E 74553 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 74553

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6217 Biltmore Ave. St. 27-55 Ward) 43

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lydia L. Hoofnagle

(a) Residence: No. 6217 Biltmore Ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 3 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Andrew J. Hoofnagle

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Elizabeth Donohue

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Florence Ross
(Address) 6217 Biltmore Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec. 10 1931

19. UNDERTAKER John F. Denny
(Address) 715 Light St.

20. FILED ..... 19.. C. H... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.., to Dec. 8, 1931.

I last saw h&c alive on Dec. 7, 1931, death is said to have occurred on the date stated above, at 8.20 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocarditis

Arteriosclerosis

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph Sonnebo, M. D.
(Address) 224 E. North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 74554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

E 74554

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 Covington St ST. 24-34 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha A. Keys

(a) RESIDENCE NO. 1825 Covington St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

(a) If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas R. Keys

6 DATE OF BIRTH (month, day, and year) April 28 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	7	9	

8 OCCUPATION OF DECEDENT

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) None 037

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Hillary Eure

11 BIRTHPLACE OF FATHER (City or town) (State or country) N. C

12 MAIDEN NAME OF MOTHER Elmira Gallop

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Va.

14 Interment Mrs. Thomas
(Address) 1825 Covington St

15 Filed 19 A. M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12.7.31.

17 I HEREBY CERTIFY, That I attended deceased from 1925 19 to Dec. 7 19 31.

That I last saw h-e alive on Dec. 7 19 31

and that death occurred, on the date stated above, at 6.35 P. m.

The CAUSE OF DEATH* was as follows:

(a) Chronic Interstitial Nephritis

(duration) 7 yrs. mos. ds

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) — yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Filip B. Fowler M. D.

12.9 1931 (Address) 1032 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL 12/10 1931

20 UNDERTAKER L. Few McCully

ADDRESS 130 E. Fort

Classified. Full address of occupation is very important. See instructions on back of certificate.

AACo. 5-11 250B

254945

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74555

CERTIFICATE OF DEATH

71-001

E 74555

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 1800 Ward)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip Jones

(a) Residence: No. 758 Lane & St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Daniel Jones

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Martha Braddock

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Auburn Cem. Date 12/10 1931

19. UNDERTAKER Samuel E. Kemp & Son
(Address) 125 W. Baltimore St. B.

DEC 9 1931 FRANK D. JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 7 1931 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1931 to Dec. 7, 1931

I last saw him alive on Dec 7, 1931 death is said to have occurred on the date stated above, at 5.15 P. m.

The principal cause of death and related causes of importance were as follows:

Aplastic Anemia — Date of onset Jan 1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alan Brooke M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—501.

E 74556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V-001

8? E 74556

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 26 N. Bruce ST., 427 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E. Riley

(a) RESIDENCE NO 26 N. Bruce ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) ? ? 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Maid
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Alexander Hopkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sallie Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Margaret Collins

(Address) 507 W. Cross St.

15 Filed 12/8, 1931 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 7, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) Suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy T. Cromwell M. D. Coroner

12/8, 1931 (Address) 203 Stapleton, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
MY Auburn Cem	12/10 1931
20 UNDERTAKER	ADDRESS
Samuel T. Kemsley	578 W. Biddle St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A&Co. 5-31 1908

E 74557 **HEALTH DEPARTMENT CITY OF BALTIMORE**

CERTIFICATE OF DEATH

50 V E 74557

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hospital St. 15-65 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Julia A. Dorsey

(a) Residence: No. 2317 Eyesbluff Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Decatur H. Dorsey

6. DATE OF BIRTH (month, day, year) Nov. 26, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Dr. Wm. E. Waterhouse
14. BIRTHPLACE (city or town) (State or country) Norwich, Conn.

MOTHER

15. MAIDEN NAME Margaret A. Geisey
16. BIRTHPLACE (city or town) (State or country) Shrewsbury Penn.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Loudon Park Cemetery Date 12/10/1931

19. UNDERTAKER W. Maurice Pontier
(Address) 2118 W. North Ave

DEC 9 - 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8th 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-6 1931, to 12-8 1931

I last saw her alive on 12-8 1931 death is said to have occurred on the date stated above, at 7:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Pulmonary Embolism)	
Carcinoma of breast ?	
(Recurrent)	
Other contributory causes of importance:	
Chr. Myocarditis	?
(Arteriosclerosis)	
Pulmonary Edema	2 mo ?

Name of operation Radical Mastectomy Date of 12-7-31

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert E. Chenoweth M. D.
(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

E 74558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1861-001

E 74558

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 46-41 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry W. Gunther

(a) RESIDENCE No. 4709 Greenhill Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Gunther

6 DATE OF BIRTH (month, day, and year) March 26/1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	9	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry Gunther

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore., Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Geo. W. Zirkler

(Address) 1737 E. Eager St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7/31 9.30 P.M. 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Terminal Pneumonia

(Accidentally tripped on cellar steps)

CONTRIBUTORY (Secondary) Fractured left neck of femur. (duration) Dec 4/31 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature], Coroner, M. D.

Dec 9/31 (Address) 908 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetary	12/10 1931
20 UNDERTAKER	ADDRESS
George W. Zirkler	1737 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250M

E 74559 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 74559

CERTIFICATE OF DEATH

6-11 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2809 Orleans St St.) Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Nieberding

(a) Residence: No. 2809 Orleans St St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Katherine Nieberding

6. DATE OF BIRTH (month, day, year): May 19 th 1861

7. AGE: Years 70 | Months 6 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: cigar maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): 8yrs
11. Total time (yrs) spent in this occupation: 37

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Frank Nieberding
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Dont know
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Katherine Radke
(Address): 2809 Orleans St

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Cem. Dec 9th 1931

19. UNDERTAKER: John Wenrich
(Address): 2002 Orleans St

20. FILED: DEC 9 - 1931 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 7th 1931

22. I HEREBY CERTIFY, That I attended deceased from 11/27 1931, to 12/7 1931.
I last saw him alive on 12/2 1931 death is said to have occurred on the date stated above, at 12 20 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia.
Paralysis

Other contributory causes of importance:

Coma

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? — Date of injury — 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Alex S Gogel, M. D.
(Address) 707 N Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74560

CERTIFICATE OF DEATH

92-02

E 74560

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 236 W. Chase ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John T. Smith

(a) RESIDENCE NO. : 236 W. Chase ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	C.	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Smith

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butler

(b) General nature of industry, business, or establishment in which employed (or employer) Private Family

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Port Royal Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Ella Smith

(Address) 236 W. Chase St.

15 Filed DEC 8 - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1931

17 I HEREBY CERTIFY, That I attended deceased from June 1 1931 to Dec 7 1931.

that I last saw him alive on Dec 7 1931.

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Broken Compression

(duration) yrs. mos. 28 da.

CONTRIBUTORY (Secondary) Cardio Valvular Disease

(duration) yrs. 6 mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thos. Woolridge Jr. M. D.

12/9 1931 (Address) 765 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	12/10 1931
UNDERTAKER	ADDRESS
Mrs. R. G. Ellis	1125 Eastern Ave

important. See instructions on back of certificates.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74561

CERTIFICATE OF DEATH

50E 74561

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 11-37

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Winifred Shanahan

(a) Residence: No. No home St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Patrick Brannan

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~. D
10. Date deceased last worked at this occupation (month and year) 47
11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER
13. NAME Michael Shanahan
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Margaret Buckley
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Sacred Heart Date 12/7/31

19. UNDERTAKER John J. Fahey & Sons
(Address) 1318 Light St

20. FILED 12-4-31 HARRY JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-1-31, 19... to 12-4-31, 19...
I last saw h[illegible] alive on 12-3-31 19... death is said to have occurred on the date stated above, at 7:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breasts	(?) 1924
Uremia	11-20 31

Other contributory causes of importance:

Name of operation Removal of Breasts Date of 1924 (?)

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] Physician
(Address) Baltimore City Hospl

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 74562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. E 74562

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 15-19

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katie King

(a) Residence: No. 1364 N. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John King

6. DATE OF BIRTH (month, day, year) ?

7. AGE: Years 45 | Months ? | Days ? | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?
10. Date deceased last worked at this occupation (month and year): ?
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Richmond, Virginia

FATHER
13. NAME: Patrick ?
14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER
15. MAIDEN NAME: Susie Jones (Farnel)
16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Rosene Goddin
(Address) 1364 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Date: Dec 9, 1931

19. UNDERTAKER: Thomas E. Kelson
(Address) 1303 Pressman St

20. FILED DEC 9 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-7-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-16-31, 19 ... to 12-7-31, 19 ...

I last saw h[illegible] alive on 12-6-31, 19 ... death is said to have occurred on the date stated above, at 7:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	Nov. 1930
Other contributory causes of importance: Uremia	11-25-31

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Luther E. Leide M. D.
(Address) Baltimore City Hosps.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 2M8

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74563

CERTIFICATE OF DEATH

23 E 74563

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Bond Gen Hosp St. 2-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Phillip Boleta Jon Teofil Boleta

(a) Residence: No. 212 S Chester St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Pelagia Boleta.

6. DATE OF BIRTH (month, day, year) 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O Railroad
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Walenty Boleta
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Pelagia Boleta.
(Address) 212 S. Chester street

18. BURIAL, CREMATION, OR REMOVAL
Place Ct. Stanislaus Cem. Date Dec 14 1931

19. UNDERTAKER George A. Weber
(Address) 721 S. Ann Street

20. FILED DEC 9 1931, 19..

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-9-1931

22. I HEREBY CERTIFY, That I attended deceased from 11-30-31, 19.., to 12-9-31, 19..

I last saw him alive on 12-9-31, 19.. death is said to have occurred on the date stated above, at 1:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculer Meningitis	12 days

Other contributory causes of importance:

Pulmonary Tuberculosis	?

Name of operation: — Date of ...

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) G. Feenan, M. D.

(Address) South Bond Gen Hosp

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 9 - 1931

AdCo. 5-31 2108

E 74564 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74564

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. K-29 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 30 yrs. ... mos. ... ds.

2. FULL NAME John Adams (Adamatis)

(a) Residence: No. 821 Hollins st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Patronia Adams

6. DATE OF BIRTH (month, day, year) Jan. 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation? Unknown

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rutland Date December 1 1931

19. UNDERTAKER Jno. Trebilcock
(Address) 423 S. Pica St.

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22 1931 to Dec. 8 1931

I last saw h in alive on Dec. 8 1931 death is said to have occurred on the date stated above, at 1.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1925
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Laurence H. Sens, M. D.

(Address) Baltimore City Hospitals

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 2502

E 74563 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74565

Kirschbaum

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital, Ward)

Registered No. 8 [illegible]
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. 3 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Felix Kirschbaum

(a) Residence: No. 2540 W. Pratt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/5/24

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Felix Kirschbaum

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Sophie Pavilnitsky

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Felix Kirschbaum
(Address) 2540 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date December 9, 1931

19. UNDERTAKER J. Roy McGuire
(Address) 2300 Pennsylvania Ave.

DEC 9 - 1931 C. HARRISON JONES

20. Filed [illegible], 1931 Registrar

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/8, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12/4, 1931, to 12/8, 1931.

I last saw him alive on 12/8, 1931. death is said to have occurred on the date stated above, at 6:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	11/24/31
Lobar Pneumonia	11/29/31

Other contributory causes of Importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. V. Jackson, M. D.
(Address) Sydenham Hospital

AACo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74566 — 46 E 74566

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2856 W. Mt. Royal Ave. 15-68 Ward)

Length of residence in city or town where death occurred 5 yrs 8 mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME William T. Thatcher

(a) Residence: No. 2856 W. Mount Royal Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary R. Thatcher

6. DATE OF BIRTH (month, day, year): Apr. 7, 1860

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	71	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Postal Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U. S. P.O. Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town: (State or country): Md.

FATHER

13. NAME: Isaac R. Thatcher

14. BIRTHPLACE (city or town) (State or country): Balto.

MOTHER

15. MAIDEN NAME: Matilda Hamick

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Fraser Thatcher

(Address) 2856 W. Mount Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place: Loraine Cem. Date: Dec 10, 1931

19. UNDERTAKER: Wm. J. Pickard Son

(Address) Mount & Fremont, Balto. Md.

20. FILED Dec 9 1931 HARRISON, JONES, M. D. Registrar

DEC 9 - 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1931, to Dec 8, 1931.

I last saw him alive on Dec 8 1931, death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	Unknown

Other contributory causes of importance: none

Name of operation None Date of

What test confirmed diagnosis? Exp Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Thatcher, M. D.

(Address) 819 Light St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 74567

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 74567

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2320 Eames ST. 25-72 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexandria Puszaitis

(a) RESIDENCE NO. 2320 Eames ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ~~Female~~ ~~Male~~ Female

4 COLOR OR RACE ~~Black~~ White ~~Mulatto~~ ~~Quadroon~~ ~~Octoroon~~

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Adam Puszaitis

6 DATE OF BIRTH (month, day, and year) 1870.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant John Puszaitis (Address) 2320 Eames St.

15 Filed 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 7, 1931

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1931 to Dec. 7, 1931.

that I last saw h[illegible] alive on Dec. 6, 1931.

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Bronchitis.

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm A Stearns M. D.

12/7, 1931 (Address) 1901 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 12/10 1931

20 UNDERTAKER Chas B. Kuchmueller

ADDRESS 634 S. Paca

TION is very important. See instructions on back of c

Spec.—9-30—A. & Co.—250 Blks.

E 74568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74568

REGISTERED NO. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3030 Belmont St. Ward 6)

2 FULL NAME Andrew Klages

(a) RESIDENCE NO 3030 Belmont Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Goldie Klages

6 DATE OF BIRTH (month, day, and year): Nov 2 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Andrew Klages

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Sarah Houston

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Goldie Klages

(Address) 3030 Belmont Ave

15 Filed Dec 9 1931 C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 8 1931

17

I HEREBY CERTIFY, That I attended deceased from 3-7-25, 19 , to 12-8-31, 19

That I last saw h 1m alive on 12-8-31, 19

And that death occurred, on the date stated above, at 1 45 m.

The CAUSE OF DEATH* was as follows:

Reno Cardiac Complex

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Acute Cardiac Dilitation

(duration) yrs. mns. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Laboratory & Physi CalExam

(Signed) [illegible] M. D.

19 (Address) 3400 Talbpook Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: Dec 10 1931

20 UNDERTAKER: Jos Joerdens Son — ADDRESS: 217 S Bon

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74569 ✓ E 74569

CERTIFICATE OF DEATH

131

E 74569

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5211 Hudson Mill Road ST.) (WARD) 8-16

2—FULL NAME Mary Ellen Heagerty

(a) RESIDENCE NO. 5211 Hudson Mill Road ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Heagerty

6 DATE OF BIRTH (month, day, and year) Mar 23 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	6	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Thomas Dunn
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland
12 MAIDEN NAME OF MOTHER Mary Holland
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Dr. W. K. Heagerty
(Address) 511 Winans Ridge Road

Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8/31

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 1931 to Dec 8 1931
that I last saw her alive on Dec 8 1931
and that death occurred, on the date stated above, at 9.55 A. m.

The CAUSE OF DEATH* was as follows:
Arteriosclerosis Endocarditis
Chronic Interstitial Nephritis
(duration) Unknown yrs.

CONTRIBUTORY (Secondary) Pulmonary Edema
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Yes
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis? Clinical
(Signed) Herbert C. Mitchell, M. D.
(Address) 2115 Mitchell ave 12/9/31

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery DATE OF BURIAL Dec 10 1931

20 UNDERTAKER Frank Mitchell ADDRESS Pikesville Place

Important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 74570 HEALTH DEPARTMENT—CITY OF BALTIMORE

107 E 74570

CERTIFICATE OF DEATH

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 706 Gosuch Alley St. 9-44 WARD)

2 FULL NAME Edward Hayes

(a) RESIDENCE NO. 706 Gosuch Alley ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 6 mos. 26 ds. How long in U. S., if of foreign birth? 64 yrs. 6 mos. 26 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ella P. Hayes

6 DATE OF BIRTH (month, day, and year) May 13-1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	6	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clergyman 018
(b) General nature of industry, business, or establishment in which employed (or employer): Religious
(c) Name of employer: Self.

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Edw Hayes
11 BIRTHPLACE OF FATHER (city or town) (State or country): Albany N.Y.
12 MAIDEN NAME OF MOTHER: Mary Foxie
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant (Address): Mrs Ella P. Hayes (wife) 706 Gosuch Ave.

15 Filed ..... 19 ..... Registrar

S - 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-8-31

17
I HEREBY CERTIFY, That I attended deceased from Dec 3rd 1931 to Dec 8. 1931
that I last saw him alive on Dec 8. 1931
and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:
Myocardial Thrombus.
Arterial Sclerosis.
Terminal Pneumonia.
(duration) mos. 6 ds.,

CONTRIBUTORY (Secondary) Arterial Sclerosis
(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Paralysis intestinum

(Signed) H H Dade M. D.
(Address) 2105 Eutaw Pl
Dec 9 1931

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: Dec 11 1931

20 UNDERTAKER: Edward Moore — ADDRESS: Forest

TION is very important. See instructions on back of certificate.

Spec—9-30—A. & Co.—250 Blks.

E 74571 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 74571

CERTIFICATE OF DEATH

1 PLACE OF DEATH Home for Incurables — REGISTERED NO

CITY OF BALTIMORE: (No 700 W. 40th St — St 13th WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Helen J Hatliston

(a) RESIDENCE NO Home for Incurables ST WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Hatliston

6 DATE OF BIRTH (month, day, and year) May 31 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Del.

PARENTS

10 NAME OF FATHER George Wallace

11 BIRTHPLACE OF FATHER (city or town) Phila. (State or country)

12 MAIDEN NAME OF MOTHER Elenor J Hatliston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Shrewsbury Pa.

14 Informant Hospital Records (Address)

15 Dec 9 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-8-31

17 I HEREBY CERTIFY, That I attended deceased from Oct 29 1930 to Dec 8 1931

that I last saw her alive on Dec 8 1931

and that death occurred, on the date stated above, at 6:20 P.M.

The CAUSE OF DEATH* was as follows:

Hemiplegia, following a Cerebral hemorrhage

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cerebral oedema

(duration) — yrs. — mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Wm B Mayo M. D.

12/8 1931 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Greenmount Cemetery — Dec 10 1931

20 UNDERTAKER — ADDRESS

Edward Pinnell — Bmore

TION is very important. See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Blks.

E 74572

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74572

CERTIFICATE OF DEATH

108

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 322 S. Eutaw St. (Ward) 12-30

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Susan Harvey

(a) RESIDENCE NO. 322 S. Eutaw ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 15 53

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): House Keeper

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Edward Harvey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Martha Brent

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

11 Informant: Mrs M. Bowmkelman

(Address) 322 S. Eutaw St.

15 Filed: 9-1931 C. HAMPSON JONES, M. D. City Registrar

By: H. P. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 7 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1931, to Dec. 7, 1931, that I last saw h[illegible] alive on Dec. 7, 1931, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

a Coronary Thrombosis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Roby Strong, M. D.

12-31-31 (Address) 24 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dallo Cemty

DATE OF BURIAL: 12/10 1931

20 UNDERTAKER: L. P. Fusselbaugh

ADDRESS: 26 West Ave

Important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Bks

E 71573 HEALTH DEPARTMENT—CITY OF BALTIMORE D 71573

CERTIFICATE OF DEATH

8-09

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 211 E. 25th St.) (12-50 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lilly V. Peters

(a) RESIDENCE NO. 211 E. 25th St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Peters

6 DATE OF BIRTH (month, day, and year) July 19-1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER James H. Fowler

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary E. Sinstack

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D. C.

14 Informant Bertha Jarvis
(Address) 211 E. 25th St.

15 Filed 9-1931 C. HAMPSON JONES, M. D. Registrar
By ROR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 9, 1931.

17
I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1931, to Dec. 9, 1931
that I last saw her alive on Dec. 8, 1931
and that death occurred, on the date stated above, at 5 A. m.
The CAUSE OF DEATH* was as follows:
Cerebral thrombosis.

(duration) — yrs. 4 mos. — ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death
Did an operation precede death? No Date of No
Was there an autopsy? No
What test confirmed diagnosis? Clinical symptoms
(Signed) Frank N. Ogden M. D.
19 (Address) 2701 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Dec. 11 1931

20 UNDERTAKER Isaac F. Evans & Son ADDRESS 118 W. Mt. Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74574

E 74574

REGISTERED NO. 161-004

1-PLACE OF DEATH

City of BALTIMORE: (No. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Jackson

(a) RESIDENCE NO. 531 S. Caroline St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	col	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12-4-31

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Arden Jackson

11 BIRTHPLACE OF FATHER (City or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Washington

13 BIRTHPLACE OF MOTHER (city or town) Catonsville

(State or country) Maryland

14 Informant

(Address)

15 DEC 9 - 1931 C. HAMPSON JONES, M.D. Registrar

(6392)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 31

12-7-31

17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1931, to Dec 7, 1931, that I last saw her alive on Dec 7, 1931, and that death occurred, on the date stated above, at 7.20 a.m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of Bowels

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Wm B. Butler M. D.

12/8. 1931 (Address) Provident Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial DEC 9 - 1931

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAN

Department of Vital Statistics

Use of this certificate...

...DEATH...

...very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 74575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 V

E 74575

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1630 N. Broadway ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gustav C. Grolock

(a) RESIDENCE No. 1630 N. Broadway ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Grolock

6 DATE OF BIRTH (month, day, and year) 12-9-1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
76		11	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Dairyman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Herman Grolock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Brusky

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Herman A. Grolock (Son)
(Address) 1630 N. Broadway

15 Filed 12-9-1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1.30 A.M. Dec 8/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cardiac Insufficiency-Probably Myocardial

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] M. D.
Coroner

Dec 8/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	12-11 1931
20 UNDERTAKER	ADDRESS
Albert L Hilz	1606 N Chester Street

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74576

CERTIFICATE OF DEATH

E 74576

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry K. Brooks

(a) RESIDENCE NO. Sparks, Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years: About 50 Months: Days: If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

0472

9 BIRTHPLACE (City or town) (State or country): Unknown

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " "

14 Informant: Hospital Record

(Address)

15 [illegible] 19 [illegible] R. O. H. Registrar

9 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-9 1931

17

I HEREBY CERTIFY, That I attended deceased from 12-5 1931 to 12-9 1931.

that I last saw alive on 12-9 1931,

and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH was as follows:

Carbuncle Neck

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Excision Carbuncle

Did an operation precede death? Yes Date of 12-5-31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. W. Peake M. D.

19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem. DATE OF BURIAL: Dec 10 19 3[illegible]

20 UNDERTAKER: A. D. Marshall ADDRESS: 3539 Falls Rd

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74577

CERTIFICATE OF DEATH

45 E 74577

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Julian Rudinger

(a) Residence: No. 1535 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Mar.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Rudinger

6. DATE OF BIRTH (month, day, year) 6-27-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	6-9	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brass worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 010

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER / FATHER

13. NAME Julian Rudinger

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Jane Watts

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Mrs Emma J. Rudinger

(Address) 1712 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Dec. 12, 1931

19. UNDERTAKER Edward W. Conklin

(Address) 924 E. Eager St

FILED 9-1931 C. HARRISON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-8, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-17, 1931 to 12-8, 1931

I last saw h-m alive on 12-5, 1931 death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Tonsil with Metastasis to Neck.	8 mo

Other contributory causes of importance:

Broncho-pneumonia	11-27-31

Name of operation Excision of Tumor of neck Date of 7-23-31

What test confirmed diagnosis? Clinical Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify ...

(Signed) Eustace E. Finke, M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

AoCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74578

CERTIFICATE OF DEATH

234

E 74578

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5501 Elsrode Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town, where death occurred 27 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME William Joseph Kirwin

(a) Residence: No. 5501 Elsrode Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Elizabeth M. L. Kirwin

6. DATE OF BIRTH (month, day, year) March 1st 1903

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	28	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Maryland RR

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation 5½ yrs.

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Wm P. L Kirwin

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary E Braddock

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wm P L Kirwin
(Address) Balto Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Dec 11 1931

19. UNDERTAKER Haughey-Mackey Co
(Address) Ed Carey Baltimore

20. FILED DEC 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8th 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1929 to Dec 8th 1931

I last saw him alive on Dec 8th 1931, death is said to have occurred on the date stated above, at 8.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
For 4th stage.	Jan 1928

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. N. Magruder M. D.

(Address) 14 East Read St

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. Do not report OCCUPATION as laborer, clerk, or housewife. Omissions or errors in any important particular may greatly delay burial. See instructions on back of certificate.

A&Co. 5-31 250B

E 74579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9½ E 74579

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1041 N Monument St. 11-24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Washington Keyser

(a) Residence: No. 1041 N Monument St., 11 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of H. Irvine Keyser

6. DATE OF BIRTH (month, day, year) June 1st 1841

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Lovell Washington
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary E. Barroll
16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mary Washington Thom
(Address) 651 Mendota Road

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmt Date DEC 10 1931

19. UNDERTAKER Kelly & Jenkins Bros
(Address) 1111 Eutaw Place

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8 , 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 , 1931, to Dec 8 , 1931

I last saw h.. alive on Dec 8 , 1931 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary artery Thrombosis (angina pectoris)	Nov 25/31
Other contributory causes of importance: Myocardial Insufficiency	Nov 25/31
Arteriosclerosis, senile	90 yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. ...

(Signed) Louis P Hamburger , M. D.

(Address) 1207 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74580

1-PLACE OF DEATH

CERTIFICATE OF DEATH

92-001 E 74580

REGISTERED NO.

CITY OF BALTIMORE: (No. Union Memorial ST. 13-52 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank F. Carrigo.

(a) RESIDENCE NO. 842 W 37th St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hester Carrigo.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58.			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stone Mason
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer 045 Wash. D. C.

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Esther Alban

(Address) 842 W 37th St.

15 Filed ..... Registrar

C 10 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia
Pneumonia
Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

Dec 9, 1931 (Address) 502 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	Dec 11, 1931
20 UNDERTAKER	ADDRESS
Thanhouser Son	3615 Clarks

TION is very important. See instructions on back of certificate.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74581

CERTIFICATE OF DEATH

82-E 74581

Registered No. 1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital, Baltimor St., Ward 7 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Dobson William J

(a) Residence: No. 2751 Tivoli Ave., Baltimore, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Annie Dobson

6. DATE OF BIRTH (month, day, year) April 20, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman 186

10. Date deceased last worked at this occupation (month and year) 9-30-29

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset Co. Maryland

MOTHER FATHER

13. NAME Ben Dobson

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Sally Lyford

16. BIRTHPLACE (city or town) (State or country) Somerset Co. Maryland

17. INFORMANT Records; U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Dec. 12, 1931

19. UNDERTAKER [illegible]
(Address) [illegible]

[illegible] 12 1931 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from September 9, 1931, to December 9, 1931

I last saw him alive on December 9, 1931 death is said to have occurred on the date stated above, at 12:40 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac hypertrophy and dilatation	over 2yr
Cardiac arrythmia, auricular fibrulation	over 1 yr/

Other contributory causes of importance:

Cerebral hemorrhage	4 days
Pneumonia lobular	2 w

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Gordon A. Abbott M. D.

(Address) U.S. Marine Hospital, Balto. Md

OCCUPATION is very important. See instructions on back of certificate.

DEC 10 1931

Spec.—1-10-21—M&T—1500 Blks.

E 74582

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 93-E 3 74582

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 319 Fruit Ave. (ST.) 76-37 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Veronica Showalter

(a) RESIDENCE NO. 319 Fruit Ave. ST. WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. 3 mos. 10 ds. How long in U. S., if of foreign birth? 1/2 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Robert Milton Showalter

6 DATE OF BIRTH (month, day, and year): Aug 28 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66.	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: James Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Mr. Milton Showalter
(Address) 735 S. Linwood Ave

Filed DEC 10 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/8 1931

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1925, to Dec. 7, 1931, that I last saw her alive on Dec. 7, 1931, and that death occurred, on the date stated above, at 3:00 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Chronic Myocarditis

(duration) 6. yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocardial failure.

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) C. Worden Stewart, M. D.

12/8, 1931 (Address) 1738 E. 28th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Dec. 10. 1931

20 UNDERTAKER: Henry Sander & Sons, Inc. — ADDRESS: Baltimore St & Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 74583

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74583

CERTIFICATE OF DEATH

108

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2830 Harlem Ave ST. 16-68 (WARD)

2-FULL NAME Donald C. Lauterbach

(a) RESIDENCE NO 2830 Harlem Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 30 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	6	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Maynard Lauterbach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mayme Chapman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Maynard Lauterbach

(Address) 2830 Harlem

15 Date Oct 10 1931 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Coroner, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) [illegible], Coroner, M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL 12/11/1931

20 UNDERTAKER Geo. Weber & Son — ADDRESS 2503 E Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74584

CERTIFICATE OF DEATH

10 E 74584

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Hospital 14-20 St., ... Ward)

Length of residence in city or town where death occurred 5 yrs. 1 mos 19 ds. How long in U.S. If of foreign birth? ... yrs. ... mos ... ds.

2. FULL NAME Albert Batty

(a) Residence: No. 1509 Brevard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 20, 1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	5	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Howard Batty

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Clara Williams

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Howard Batty
(Address) 1509 Brevard Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Dec 10, 31

19. UNDERTAKER Reynolds & Hamblett
(Address) 1515 N. Gilmor St.

FILED DEC 10 1931 FRANCIS E. JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1931, to Dec. 9, 1931

I last saw him alive on Dec 9, 1931 death is said to have occurred on the date stated above, at 6 55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nasal, Faucial and Laryngeal Diphtheria	12/3/31
Other contributory causes of importance:	
Diphtheritic Myocarditis	12/5/31

Name of operation None Date of .....

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Peter Mesaros M. D.

(Address) Lyden Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Beaman Lawrence

HEALTH DEPARTMENT—CITY OF BALTIMORE

74585

93-003

E 74585

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 15-61

CITY OF BALTIMORE: (No. 3608 Springdale Av ST. (LAWRENCE) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Beaman Lawrence

(a) RESIDENCE NO. 3608 Springdale ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	88			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Boston Mass

PARENTS

10 NAME OF FATHER Richard Lawrence

11 BIRTHPLACE OF FATHER (city or town) (State or country) Salem

12 MAIDEN NAME OF MOTHER Elizabeth Lawrence

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Salem

14 Informant Miss Mary Buck

(Address) 3608 Springdale

15 Filed DEC 10 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9-/31

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1921, to Dec 9, 1931,

that I last saw h alive on Dec 8, 1921

and that death occurred, on the date stated above, at 9 30 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John F Dennis, M. D.

Dec 9 1931 (Address) 617 W 40

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Dec 10 1931
20 UNDERTAKER	ADDRESS
John F. Dennis	715 Light St

E 74586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

106 E 74586

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Volunteer Hospital ST. 2-4 WARD)

2-FULL NAME Mrs Katherine Vaught

(a) RESIDENCE NO. 17 S. Durham ST. 2 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Edw Vaught. 1913

6 DATE OF BIRTH (month, day, and year) March 5, ~~1890~~

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41 yrs.	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt. Md.

PARENTS

10 NAME OF FATHER Wm F. Price.

11 BIRTHPLACE OF FATHER (city or town) Harford Co. (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Margaret Kelly

13 BIRTHPLACE OF MOTHER (city or town) Balt. (State or country) Md.

14 Informant Mary M. Price Mother (Address) 24 S. Durham St.

15 Filed 10 1931 19 11 A.M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-8-31 19

17 I HEREBY CERTIFY, That I attended deceased from 11-12-1931, 19 to 12-8-31, 19

that I last saw h alive on 12-8-31, 19

and that death occurred, on the date stated above, at 4:25 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home (13 S. Durham)

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Hilderus, M. D.

12-8-31 (Address) 721 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cemetery	Dec 11 1931
20 UNDERTAKER Lilly & Zilian	ADDRESS 40 S. Wolfe St

CAUTION is very important. See instructions on back of certificates.

1-20—M. & T.—100 B—50L

E 74587

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74587

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 Ashland Ave ST. 7-13 WARD)

2-FULL NAME Robert Hudson

(a) RESIDENCE NO. 902 N. Dallas ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 19/1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	0	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Public

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John E. Hudson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Cassie Washington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Bessie Comeges (Aunt)

(Address) 902 N. Dallas St

15 Filed ..... 192 .... Registrar

C 10 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Epilepsy

(Interval) since youth-several yrs. yrs. mos. ds.

CONTRIBUTORY (Secondary), (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) ..... Coroner, M. D.

Dec 20/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL Dec 10 1931

20 UNDERTAKER Mrs. R. A. Elliott

ADDRESS 1120 Ashland Ave

TION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 74588 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74588

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Augusta St. 5-8 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. Crew

(a) Residence: No. 207 Augusta St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Crew

6. DATE OF BIRTH (month, day, year): 1847

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Linsey

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): St Marys Co Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Timothy Chase 638 N. Gilmor St

18. BURIAL, CREMATION, OR REMOVAL. Place: National Date: Dec 11 1931

19. UNDERTAKER (Address): Sam'l M Chase & Son 638 N. Gilmor St

C19 HAMPSON JONES Registrar

FILED DEC 10 1931 -

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1931, to Dec 7, 1931

I last saw her alive on Dec 7 1931 death is said to have occurred on the date stated above, at 11.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Cerebral Hemiplegia	Nov 25
Arteriosclerosis	Nov 25

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Charles H Hawkins, M. D.

(Address) 712 S. Ninth St

AACo. 5-31 250B

E 74589

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74589

CERTIFICATE OF DEATH

Registered No. 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 17-25 Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie Weaver

(a) Residence: No. 641 W. Mulberry St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 5 1902

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
29		6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John Weaver

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Louise Faust

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Fanny Weaver (Address) 641 W Mulberry St

18. BURIAL, CREMATION, OR REMOVAL Place Johnson Date 12-10 1931

19. UNDERTAKER Landy Carlin (Address) 246 Lewis

20. FILED DEC 10 1931 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/6/31. 19

22. I HEREBY CERTIFY, That I attended deceased from 11/28/31. 19 to 12/6/31. 19

I last saw her alive on 12/6/31 19 death is said to have occurred on the date stated above, at 7.55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

1/- Hysteria

3) Terminal Broncho-Pneumonia

2) Acute Cystitis + Acute Pyelonephritis

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) E. L. Thompson, M. D.

(Address) Mercy Hosp.

Spec.-7-17-36—A Co.—200 Bks.

E 74590

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74590

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp St. 12-51 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Smith

(a) RESIDENCE NO. 2734 Fox St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	57	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hostler

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co' Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country) Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wm Smith (Address) 1121 Davis Av

15 Filed DEC 10 1931 C. HAMPSON LEE, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 19 37

17 I HEREBY CERTIFY, That I attended deceased from 10-24, 19 37, to 12-6, 19 37, that I last saw h— alive on Dec 6, 19 37, and that death occurred, on the date stated above, at 10 41/a m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yr. mos. 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) unknown yr. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? Yes Date of 11-21-37

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) B Stamm M. D.

12-9-1931 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 12-9-1937

20 UNDERTAKER Daniel Carter ADDRESS 916 Pa ave

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 74591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-004

E 74591

REGISTERED NO. 20-64

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 Stinson ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME J. Fred Mahle

(a) RESIDENCE NO. 324 Stinson ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 2 mos. 24 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 14, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Butcher

(b) General nature of industry, business, or establishment in which employed (or employer): 0/3

(c) Name of employer: Balto City

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER: Fred J. Mahle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Schultz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Catherine Wigley

(Address) 324 Stinson St.

Filed DEC 10 1931 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1931, to Dec 8, 1931, that I last saw h alive on Dec 8, 1931, and that death occurred, on the date stated above, at 9.20 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia Left side (duratinn) yrs mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Raymond Kalb M. D.

(Address) 3727 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery. DATE OF BURIAL: Dec. 11-1931.

20 UNDERTAKER: Charles J. Schwab. ADDRESS: 505 N. Monroe St.

AACo. 5-31 250B

E 71592 HEALTH DEPARTMENT CITY OF BALTIMORE E 71592

CERTIFICATE OF DEATH X 108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for Women of St. ..... Ward)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ELEANOR Thomas-

(a) Residence: No. Burrwood, Catonsville, Md- St. ..... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) JUNE 5, 1892

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
39	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School- 65
10. Date deceased last worked at this occupation (month and year) Nov, 1929
11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md-

MOTHER FATHER

13. NAME Dr. George Thomas-
14. BIRTHPLACE (city or town) (State or country) St. Mary County. Maryland-
15. MAIDEN NAME Elizabeth M. Hammond-
16. BIRTHPLACE (city or town) (State or country) Howard County. Maryland.

17. INFORMANT Mrs. Elizabeth M. Taylor-
(Address) Burrwood, Catonsville, Md-

18. BURIAL, CREMATION, OR REMOVAL.
Place Loudon Park- Date Dec, 12, 1931-

19. UNDERTAKER Chas. P. Mitchell & Son
(Address) [illegible]

20. FILED DEC 14 1931 19 MAR. [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC, 10, 1931-

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28. 1931. to DEC. 10. 1931
I last saw HER alive on DEC. 10, 1931 death is said to have occurred on the date stated above, at 2.50 P.M.-

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia - Date of onset 11/24/31-

Other contributory causes of importance
Acute Nephritis - 12/8/31-

Name of operation None - Date of
What test confirmed diagnosis? Clinical Laboratory Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? NONE Date of injury ..... 19 ....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No or no, specify

(Signed) Rudolph J. Schoek M. D.
(Address) Homeopathic Hospital

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74593

CERTIFICATE OF DEATH

93-003

8-45

REGISTERED NO. E 74593

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 Cliftview Ave. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Edward Puckle

(a) RESIDENCE NO. 1627 Cliftview Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 9. 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Asst. Supt.

(b) General nature of industry, business, or establishment in which employed (or employer) Public Building

(c) Name of employer City of Baltimore

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Edward Puckle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Ann Clemmons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Miss Beulah Wakeman

(Address) 1627 Cliftview Ave.

15 Filed DEC 10 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 8, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 24 . 1931 . to Dec. 8 . 1931 .

that I last saw him alive on Dec. 6 . 1931

and that death occurred, on the date stated above, at 7:50 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Arterial Hypertension
Myocardial degeneration

(duration) 3 yr. mos. ds.

CONTRIBUTORY (Secondary) Coronary occlusion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Joseph P. Feeney M. D.

. 19 (Address) 220 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Dec 11 1931

20 UNDERTAKER Hughes Funeral Home

ADDRESS 424 N. Broadway

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74594

87-901 E 74594

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 839 Linden ave 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ellen Nelson

(a) RESIDENCE NO. 839 Linden av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Nelson

6 DATE OF BIRTH (month, day, and year) Mar 17-1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Eleanor Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Sarah Saunders (Address) 839 Linden ave

15 Filed DEC 10 1931 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/7/31

17 I HEREBY CERTIFY, That I attended deceased from 11/27, 1931, to 12/7, 1931, that I last saw h alive on 12/5, 1931 and that death occurred, on the date stated above, at 4.35 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage + left hemiplegia

(duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary) None known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Physical

(Signed) Chas J Keller, M. D.

12/7, 1931 (Address) 222 W. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Dec. 10, 1931
20 UNDERTAKER Mrs. Katie F. Williams	ADDRESS 322 N. Schroeder St

A&Co. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74595

Registered No. E 74595

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1038 Sarah Ann St. 18th Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Leana Jefferson

(a) Residence: No. 1038 Sarah Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced (or) WIFE of Edward Jefferson

6. DATE OF BIRTH (month, day, year) Oct 4 1886

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	45	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

MOTHER FATHER

13. NAME Henry Dorsey

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Emma Dacy

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edward Jefferson

(Address) 1038 Sarah Ann

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt Auburn Cemetery Date Dec 11, 1931

19. UNDERTAKER Mrs Peter R. Williams

(Address) 322 Lexington St.

20. FILED DEC 10 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 1931

25. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1931, to Dec 8, 1931

I last saw her alive on Dec 7 1931 death is said to have occurred on the date stated above, at 3.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Peritonitis	1930

Other contributory causes of importance:

Pneumonia (terminal)	12/7/31

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W J Revell M. D.

(Address) 604 Cathedral St

AACo. 5-31 2500

Stewart

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74596 E 74596

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 8-45 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Caroline G. Stewart

(a) Residence: No. 2118 N. Wolfe St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) August 19, 1853

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	78	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER FATHER

13. NAME Jno. W. Wolfe
14. BIRTHPLACE (city or town) (State or country) Balto, Md.
15. MAIDEN NAME Caroline G. Cox
16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Hospital record.
(Address) Mercy Hospital Cal. & Saratoga Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Dec 11, 1931

19. UNDERTAKER J. Kerrigan Eschner
(Address) 532 Hollins St.

DEC 10 1931 HAMPTON JONES, M. D. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/9, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12/3, 1931, to 12/9, 1931

I last saw ... alive on 12/9 1931 death is said to have occurred on the date stated above, at 6:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Pyuria - Bed Sep	
Gen. Atrophy and Marasmus	
Other contributory causes of importance:	
Bronchopneumonia	12/6/31
Cystitis & Pyelitis	12/4/31

Name of operation — Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) ..., M. D.
(Address) Mercy Hospital

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74597

CERTIFICATE OF DEATH

131 E 74597

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 W Fayette St. 20-21 Ward)

Length of residence in city or town where death occurred 67 yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Annie Unauer

(a) Residence: No. 1915 W. Fayette St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced (or) WIFE of John Unauer

6. DATE OF BIRTH (month, day, year) Sept 16 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	67	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME John Shenner
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Margaret Herman
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Unauer
(Address) 1915 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Park Date Dec 9. 1931

19. UNDERTAKER F. Vernon Kechner
(Address) 433 Collins Ave

20. FILED DEC 10 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/7/1931

22. I HEREBY CERTIFY, That I attended deceased from 11/30/1931 to 12/7/1931

I last saw h[illegible] alive on 12/7/1931 death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Chr. Diff Nephritis	
Other contributory causes of importance: Cerebral Apoplexy	11/30/31

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Thomas A. Levy, M. D.

(Address) 910 W. Lombard

OCCUPATION is very important. See instructions on back of certificate.

Spez.—9-30—A. & Co.—250 Blks.

E 74598 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 74598

CERTIFICATE OF DEATH

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 2802 Parkwood Ave. ST. 13-59 (WARD)

2 FULL NAME Mary Casey

(a) RESIDENCE NO. 2802 Parkwood Ave. ST. ..... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	Married

5a If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of John L. Casey

6 DATE OF BIRTH (month, day, and year) July 17 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Glenns.

PARENTS

10 NAME OF FATHER Bethias Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Wilks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant John L. Casey
(Address) 2802 Parkwood Ave.

15 Filed DEC 10 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 8, 1931

17

I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1931, to Dec. 8, 1931

that I last saw h~~er~~ alive on Dec. 8, 1931

and that death occurred, on the date stated above, at 1:30 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Metastasis to liver

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Primary Carcinoma of Rectum

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of ?

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Solomon Sherman M. D.

, 19 (Address) 1814 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Dec. 11, 1931

20 UNDERTAKER: Martin Daley & Sons — ADDRESS: 1827 N. North Ave.

TION is very important. See instructions on back of certificate.

AaCo. 5-H 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74599 48 E 74599

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 Eastern ave 3 Ward)

Length of residence in city or town where death occurred 40 yrs mos ds How long in U.S. If of foreign birth? 40 yrs mos ds.

2. FULL NAME Filomena Martucci

(a) Residence: No. 813 Eastern ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anto Martucci

6. DATE OF BIRTH (month, day, year) Sept 10 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	52	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Jesus Rongony

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rose Disetti

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mitchell Martucci
(Address) 813 Eastern ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Dec 12 1931

19. UNDERTAKER M. W. E. Zuppel Inc
(Address) 32 S Amity St

20. FILED DEC 10 1931 C. HAMPSON JONES, M. D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1931 to Dec 8, 1931

I last saw h alive on Dec 8, 1931 death is said to have occurred on the date stated above, at 7:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine cancer -	Est
+ general abdominal	2 yrs.
Metastasis —	1 yr.

Other contributory causes of importance:
Hemorrhage from
necrosis of uterus -

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.
(Address)

Spec—9-30—A & Co—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

74600 CERTIFICATE OF DEATH 46 E 74600

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE (No 3117 Barclay St (Hosp. WARD)

2. FULL NAME Maggie Canander

(a) RESIDENCE NO 3117 Barclay St WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C.	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Louis Canander

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS
10 NAME OF FATHER Louis Vaught
11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.
12 MAIDEN NAME OF MOTHER Lankford
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lankford

14 Interment (Address) Nat. Vaines 3117 Barclay St

15 DEC 10 1931, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/7/31

17
I HEREBY CERTIFY, That I attended deceased from Dec 1 , 1931 , to Dec 7 , 1931
that I last saw her alive on Dec 6 , 1931
and that death occurred, on the date stated above, at 8:30 p. m.

The CAUSE OF DEATH* was as follows:
Acute Peritonitis caused by Ectopic Pregnancy

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Surgical Examination
(Signed) H. Hall M. D.
, 19 (Address) 926 E Baltimore, Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rexera N. C. DATE OF BURIAL Dec 10 1931

20 UNDERTAKER Mrs. M. A. Elliott ADDRESS 1225 Eastlund Ave

TION is very important. See instructions on back

AACo. 5-31 250B

E 7601 HEALTH DEPARTMENT—CITY OF BALTIMORE E 7601

CERTIFICATE OF DEATH

93-603

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen. Hos. A7-51 (Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Mr. John J. Woolsey

(a) Residence: No. 2202 Maryland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 14, 1873

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	58	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Financial Executive
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 056
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John N. Woolsey
14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Margaret Curran
16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mt. Cem. Date 12/12, 1931.

19. UNDERTAKER Harry G. Whitaker
(Address) 1 W. Centre St.

20. FILED 10-1931 19 H. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-8, 1931, to 12-9, 1931

I last saw him alive on 12-7, 1931 death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	?
Coronary occlusion	3 days

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. J. Chassaid, M. D.

(Address) Md. General Hospital

1-30—M. & T.—100 B—50L

E 74602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 74602

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3511 Hanover St. ST. 25-76 WARD)

2-FULL NAME Andrew McAllister.

(a) RESIDENCE NO 3511 Hanover St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs ---------- How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) January 19, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50	10	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Shoemaker.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charlottsville, Va.

PARENTS

10 NAME OF FATHER David McAllister.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Mary Blake.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Lillian McAllister. (sister)

(Address) 3511 Hanover St.

15 10 1931 C. HAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 9, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Wm M Reinhardt, M. D. Coroner

12/10/31 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross — DATE OF BURIAL: Dec 11 1931

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

TION is very important. See instructions on back of certificates.

Spec.—1-3-A—M. & T.—250 Blks

E 74603

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74603

CERTIFICATE OF DEATH.

97

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 5206 Hamptonett Ave) WARD 6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie S. Ekern

(a) RESIDENCE NO. 5206 Hamptonett Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Gottlieb F. Ekern

6 DATE OF BIRTH (month, day, and year) November 5-1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Coburg Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Gottlieb F. Ekern

(Address) 5206 Hamptonett Ave

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8-1930

17 I HEREBY CERTIFY, That I attended deceased from Jan 1926 .19 ... to 12/8 .19 30.

that I last saw h~~e~~ ~~alive~~ on 12/8 .19 30.

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Arteria - Sclerosis

Hypertension.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? Clinical

(Signed) Tyler W. Dolby, M. D.

, 19 (Address) 5703 Wayne Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Moreland Park

DATE OF BURIAL 12/11 1930

20 UNDERTAKER Leonard J. Rauch

ADDRESS 5305 Harford Rd.

1-20—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74604 ✓ 186-001 E 74604

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 74604

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital WARD)

2-FULL NAME Fannie Gaithers

(a) RESIDENCE NO 2143 Druid Hill ST., ... WARD Govan A.A. Co.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem 4 COLOR OR RACE Col 5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	87			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Govan A.A. Co. Md

PARENTS

10 NAME OF FATHER Unk

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Govan A.A. Co. Md

14 Informant Fannie B. Smith

(Address) 2402 Druid Hill

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and hour) Dec 6th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) 2 yrs. 4 mos. 4 ds.

CONTRIBUTORY (Secondary) Fracture Femur

(duration) 1 yrs. 7 mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Thos. F. Kelly Coroner, M. D.

(Address) Dead

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gaithers A.A. Co. Md DATE OF BURIAL 12-13 19 31

20 UNDERTAKER John H Bradenbaugh ADDRESS 1027 Druid Hill

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 74605 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 74605

CERTIFICATE OF DEATH 122-002L

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. Sinai Hospital ST. 27-56 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Abraham Bezenberg

(a) RESIDENCE NO. 5005 Cordelia Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Bezenberg

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Proprietor 45

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Confectionery Store

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Harry Bezansky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Ida R

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Rose Bezanesky

(Address) 5005 Cordelia Ave

15 DEC 11 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-10-31

17

I HEREBY CERTIFY, That I attended deceased from 12-1, 1931, to 12-10, 1931

that I last saw h, i alive on 12-10, 19 1

and that death occurred, on the date stated above, at 12.55A m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? YES Date of 12-9-31.

Was there an autopsy? no.

What test confirmed diagnosis? Operation

(Signed) J. Goodman M. D.

(Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem., Holy Int. Carmel	12-11-1931

20 UNDERTAKER Pace Heirs, Inc., 1439 E. Balto. St.

ADDRESS

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74606

CERTIFICATE OF DEATH

× 126E 74606

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-90 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Bertha Doerr

(a) Residence: No. 57 Hawthorn Rd-Dundalk Md Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis J. Doerr

6. DATE OF BIRTH (month, day, year) Jan 10 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Louisville Ky

13. NAME Henry Haupt

14. BIRTHPLACE (city or town) (State or country) Louisville Ky

15. MAIDEN NAME Anna Weigel

16. BIRTHPLACE (city or town) (State or country) Louisville Ky

17. INFORMANT Mrs Anna Haupt
(Address) 57 Hawthorn Rd Dundalk

18. BURIAL, CREMATION, OR REMOVAL
Place Louisville Ky Date Dec 11 1931

19. UNDERTAKER John Ulrich
(Address) 2224 Foot Ave

20. FILED Dec 11 1931 Registrar

C 11 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 10 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1931, to Dec 10, 1931

I last saw h[illegible] alive on 12 - 10 1931 death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	1 year (?)
Cholelithiasis	" "

Other contributory causes of importance:

Post operative pneumonia, bilateral	2 days

Name of operation Cholecystectomy Date of 12-7-31

What test confirmed diagnosis? Signs, symptoms & pathology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. St. Homebaker, M. D.

(Address) University Hosp.

AACo. 5-31 2500

Dr Campbell Hanover st

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74607

CERTIFICATE OF DEATH

94-001 E 74607

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 213 Dickerman St. 23 Ward) 32

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August R. Laisner

(a) Residence: No. 213 Dickerman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~
HUSBAND of (or ~~WIFE of~~) Emma Laisner

6. DATE OF BIRTH (month, day, year) 4 2 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME August Laisaer
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Frank Laisaer
(Address) 213 Dickerman St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 12/11/1931

19. UNDERTAKER W. M. Cook
(Address) 1217 E Paul St

20. FILED C. HAMILTON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8th, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 2, 19.., to Dec. 8, 1931
I last saw him alive on Dec. 7, 1931 death is said to have occurred on the date stated above, at 12:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris Indefinite	

Other contributory causes of importance:

Extravasation	11/7/31

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. H. Campbell M. D.
12/10/31 (Address) 644 Hanover St

Spec.—9-30—A. & Co.—250 Blks.

E 74608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

E 74608

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3204 Hayward Ave ST. 27-5 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Walter C. Mitchell

(a) RESIDENCE NO. 3204 Hayward Ave

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married, Widowed, or Divorced~~ (write the word)
M.	White	Married.

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Pearl H. Mitchell

6 DATE OF BIRTH (month, day, and year) Dec 5th 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	-	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer Stanley Theatre

9 BIRTHPLACE (city or town) (State or country) Hoffmans Co Md.

PARENTS

10 NAME OF FATHER George H. Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Amanda Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Mrs Pearl Mitchell 3204 Hayward Ave

DEC 11 1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9th 1931

17

I HEREBY CERTIFY, That I attended deceased from ~~Sept~~ Dec 10 1931 to Dec 9th 1931

that I last saw h living alive on Dec 9th 1931 and that death occurred, on the date stated above, at 11:30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis and Cardiac Hypertrophy

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical diagnosis

(Signed) I. F. Hurtman M. D.

(Address) 1401 Eutaw Pl 12/10/31

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Dec 14th 31

20 UNDERTAKER Kertzer's Inc ADDRESS 1924 N. CHARLES ST.

Spec.—9 30—A 4 Co—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74609

E 74609

50 V

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 510 Chapel Gate Lane (WARD) 28-71

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Katie Knabe

(a) RESIDENCE NO. 510 Chapel Gate Lane (ST.) (WARD)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F | 4 COLOR OR RACE: W. | 5 Single, ~~Married, Widowed, or Divorced, write the word~~: Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 11-1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Home
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Charles Knabe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Schneider

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Tom Knabe
(Address): 520 Edmondson Road

15 Dec 1 1931 C. H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9th 1931

17
I HEREBY CERTIFY, That I attended deceased from ~~June~~ Nov 4, 1931, to Dec. 9th, 1931

that I last saw h Er alive on Dec. 7, 1931

and that death occurred, on the date stated above, at 11 50 P.M.

The CAUSE OF DEATH* was as follows:
Cancer. Breast & uterus.

Several (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edward H. Condon M. D.

19 (Address) 3707 Calloway Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Dec 12-1931

20 UNDERTAKER: Putnam & Sons — ADDRESS: 2224 N. CHARLES ST.

AaCo. 5-11 2M-R

HEALTH DEPARTMENT—CITY OF BALTIMORE

74610 74610

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 12-007
CITY OF BALTIMORE: (No. Balto. Md Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Summerville

(a) Residence: No. Register was not sought Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rag Picker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 86
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Philip
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Record
(Address) Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Loud Hart Date 12/11 1931

19. UNDERTAKER Wm. J. Fahey
(Address) 1 E. Eager St.

DEC 11 1931

20. FILED 19 THOMAS JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5-31

22. I HEREBY CERTIFY, That I attended deceased from 12-2 1929 to 12-5 1931
I last saw h[illegible] alive on 12-5 1931 death is said to have occurred on the date stated above, at 1:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-1-31
Other contributory causes of importance: Hemiplegia Cerebral Hemorrhage Arteriosclerosis	[illegible]

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

I D. (Signed) [illegible] M. D.
(Address) Balto City Hospitals

AACo. 1-31-1930

Maciejeska

74611 HEALTH DEPARTMENT CITY OF BALTIMORE 74611

108

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 S. Lakewood Ave. St. 1-3 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michalina Maciejeska

(a) Residence: No. 519 S. Lakewood Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jozef Maciejeski

6. DATE OF BIRTH (month, day, year) June 29 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Michal Nawrocznik
14. BIRTHPLACE (city or town) (State or country) Poland
15. MAIDEN NAME Unk.
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT (Address) Mrs Maciejeska Daughter 519 S. Lakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Holy Rosary Date Dec. 12 1931

19. UNDERTAKER Zurawski (Address) 1330 Edalton Ave.

Rec'd Oct 1 1931. 19 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9 1931

22. I HEREBY CERTIFY, That I attended deceased from 12/1 1931, to 12/9 1931

I last saw h-e alive on 12/8 1931, death is said to have occurred on the date stated above, at 4:45 a. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Duration 12/1/31

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Pathogen Were an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. H. Jones, M. D.

(Address) 316 S Patterson

1-30—M & T—100 B—501.

E 74612

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74612

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 S. Sharp St. ST. 03-31 WARD)

2-FULL NAME Samual Wilkes.(C)

(a) RESIDENCE NO 1121 S. Sharp St. ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married XXXXXXXXXXXXX
HUSBAND of
XXXXXXXX Florence Wilkes.(C)

6 DATE OF BIRTH (month, day, and year) March 1, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	9	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina.

PARENTS

10 NAME OF FATHER Charles Wilkes.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina.

12 MAIDEN NAME OF MOTHER Jane Grant.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina.

14 Informant Florence Wilkes.(C) wife.

(Address) 1121 S. Sharp St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 8, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D.
Coroner

12/9/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
My Auburn Cemy.	12-11-31
20 UNDERTAKER	ADDRESS 916
Dunn Eaton	Balto

TION is very important See instructions on back of certificates.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

74613

CERTIFICATE OF DEATH

159 VE 74613

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1215 N. Bond St. 8-13 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant Olen

(a) Residence: No. 1215 N. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12/9/31

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... mins.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Albert Olen

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Jones

16. BIRTHPLACE (city or town) (State or country) Wash. D.C.

17. INFORMANT Martha Olen
(Address) 1215 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY OF MARYLAND Date DEC 14 1931
Commissioner Health

19. UNDERTAKER
(Address)

20. FILED DEC 14 1931 C. HAMILTON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/14/31, 19 31

22. I HEREBY CERTIFY, That I attended deceased from 12/9/31, 19 31, to 12/14/31, 19 31

I last saw him alive on 12/9/31, 19 31 death is said to have occurred on the date stated above, at 12:30 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Labor about 6 mos.	
Contracted Pelvis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Bowley, M. D.

(Address) 1215 N. Carrollton

AaCo. 5-31 2508

74614

HEALTH DEPARTMENT—CITY OF BALTIMORE

X23E 74614

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 10-14 St. Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Young

(a) Residence: No. 922 Harford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 23, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME Nathaniel Young

14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER

15. MAIDEN NAME Agnes Frances

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

20. FILED 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1931 to Dec. 7, 1931

I last saw him alive on Dec. 7, 1931 death is said to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Nov 1931
Miliary	

Other contributory causes of importance: Amputation, Secondary

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos Thwaite Jr, M. D.

(Address) Balto. City Hosp.

UNIVERSITY OF MARYLAND

AdCo. 5-31 250B

E 74615 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 74615

82-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 27-31 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Meyers

(a) Residence: No. 812 Leadenhall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	?

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ? ? 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Ed. Meyers

14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Date 19

19. UNDERTAKER C. Harrison Jones, M. D. Commissioner Health

(Address)

20. FILED 11 1931 ..... 19 ..... Registrar

UNIVERSITY OF MARYLAND DEC 11 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1928 to Dec. 6, 1931

I last saw him alive on Dec. 6, 1931 death is said to have occurred on the date stated above, at 7:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into Cerebrum	Dec 6, 1931

Other contributory causes of importance:

Arteriosclerosis	unknown

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas. E. Ehrenfeld Jr. M. D.

(Address) Balto. City Hosp.

1-30—M & T—100 B—50L

E 74616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

E 74616

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 3509 Rogers Ave. ST. 27-55 (WARD)

2-FULL NAME Harry Silverman

(a) RESIDENCE NO 3509 Rogers Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Silverman

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

8 OCCUPATION OF DECEASED
(a) Trade, particular kind of work Clothing Jumper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Morris Aaron -

11 BIRTHPLACE OF FATHER (City or town) (State or country) - Russia

12 MAIDEN NAME OF MOTHER Caine -

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Russia

14 Informant Esther Silverman

(Address) 3509 Rogers Ave.

15 Filed 1931 HAROLD JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. H. Norris, Coroner, M. D.

12/11/31 (Address) 3632 Orland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Levi Friendship	12-11- 1931
20 UNDERTAKER	ADDRESS
Pace Bros. Inc. 1479 E	Balto. Md

DEC 11 1931

C 11 1931

See instructions on back. IMPORTANT is very important.

AaCo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74617

CERTIFICATE OF DEATH

1 108 E 74617

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital 20-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Honorine Williams (Honorina Wanda Williams)

(a) Residence: No. 2418 Webster St. St., Washington, D. C. Ward.
(Usual place of abode) Bon Secours Hospital (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Williams

6. DATE OF BIRTH (month, day, year) February 3, 1844

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	87	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Quebec (State or country) Canada

FATHER
13. NAME Joseph Smolinski
14. BIRTHPLACE (city or town) Platz (State or country) Poland

MOTHER
15. MAIDEN NAME Mary Kane
16. BIRTHPLACE (city or town) England (State or country)

17. INFORMANT Rev. Father Thomas D. Williams (Address) 4330 Old Frederick Road

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery, D. C. Date Dec. 14 19 31

19. UNDERTAKER Ruth D Cook (Address) 1003 E. Baltimore Street

20. FILED DEC 14 1931 C. HAMPTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov - 14, 1931, to Dec 11, 1931

I last saw her alive on Dec 11, 1931 death is said to have occurred on the date stated above, at 4.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Conjuntivitis, acute -	2 weeks
Cartnic myocarditis	
Senility	

Other contributory causes of importance:

Lobar pneumonia - Right base	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Andres E. Calad, M. D.

(Address) Bon Secours Hospital

AdCo. 5-31 2500

74618 ~~74613~~ HEALTH DEPARTMENT CITY OF BALTIMORE ✓

253 ~~1613~~

CERTIFICATE OF DEATH

23 E 74618

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL 16-25 Ward)

CITY OF BALTIMORE: (No. ..... St., ...

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Beatrice Carter

(a) Residence: No. 708 N. Strieker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Black	married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John

6. DATE OF BIRTH (month, day, year) March-23-1900

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	31	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bedford

MOTHER FATHER

13. NAME Charles Edward

14. BIRTHPLACE (city or town) (State or country) Easton

15. MAIDEN NAME Susie Wilson

16. BIRTHPLACE (city or town) (State or country) Cabarrus

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Date Dec 13th 1931

19. UNDERTAKER Samuel Gilmore
(Address) 700 N. Carrollton Ave

FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec-10 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec-8 1931 to Dec 10 1931
I last saw her alive on Dec 10 1931 death is said to have occurred on the date stated above, at 1245 mAM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Yellow Atrophy of Liver	12/4/31

Other contributory causes of importance

? Pulmonary tuberculosis with Pelvic Disease and Psoas Abscess	1 year

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Caroline C. Bedell M.D.

(Address) Johns Hopkins Hospital

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74619 ✓ E 74619

E 74619

CERTIFICATE OF DEATH

180

25-27

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. B. & O.R.R.Coal Pier Curtis Bay. WARD)

2-FULL NAME Unknown.(C)

(a) RESIDENCE NO. Do not know. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 30 ?				

Adult, do not know age.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

040

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. S.D.

(Address)

Filed DEC 11 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Missing January 4, 1927. Found Dec. 9, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burned and buried in pitch due to an explosion aboard the S/S Richelieu, January 4, 1927. Accidental Death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

12/10/31 Address 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
PUBLIC CEMETERY	
20 UNDERTAKER	ADDRESS
Commissioner Health	DEC 10 1931

By W. E. McDonald

IMPORTANT: See instructions on back of certificates.

1-20—M. & T.—100 B—50L

E 74620

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74620

180

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. B. & O.R.R. Coal Pier, Curtis Bay. ST. 3-5-77 WARD)

2-FULL NAME Unknown. (C)

(a) RESIDENCE NO. Do not know. ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 30 ?			

Adult, do not know age.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

040

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. S.D.

(Address)

15 Filed DEC 1 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19
Missing January 4, 1927. Found Dec. 9, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burned and buried in pitch due to an explosion aboard the S/S Richelieu, January 4, 1927. Accidental Death.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Abel Kinnaird, M. D. Coroner

12/10/31 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
PUBLIC CEMETERY.	
20 UNDERTAKER	ADDRESS
Commissioner Health	DEC 10 1931

IMPORTANT—See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74621

E 74621

CERTIFICATE OF DEATH

34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 19-13 Ward.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Betty Coleman

(a) Residence: No. 1508 Ashland ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 8 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4 mos.	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Wm Coleman
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Mabel Hargrove
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS HOSPITAL Date DEC 11 1931 19

19. UNDERTAKER
(Address)

DEC 11 1931 HAMPTON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9 1931

22. I HEREBY CERTIFY, That I attended deceased from 5 pm Dec 9, 1931, to 9 pm Dec 9, 1931
I last saw h(e) alive on Dec 9 1931 death is said to have occurred on the date stated above, at 10 05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Syphilis	
Cyanosis & edema of unknown cause	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John B. Washington, M. D.
(Address) Johns Hopkins Hospital

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74622 — 159 — E 74622

1. PLACE OF DEATH — REGISTERED NO.

Johns Hopkins Hospital.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4-4 St. WARD)

2. FULL NAME Baby Grimes

(a) RESIDENCE NO. 122 S Bethel St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	B.	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/9/31

7 AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Henry Grimes

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Ollie Brabham.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Interment (Address) Johns Hopkins Hospital

15 Filed 19 Registrar

DEC 11 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/9/31

17

I HEREBY CERTIFY, That I attended deceased from 12/9, 19 31, to 12/9, 19 31

that I last saw her alive on 12/9/, 19 31

and that death occurred, on the date stated above, at 8:30 P. M.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. H. Snyder M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

Commissioner Health

JOHNS HOPKINS HOSPITAL DEC 11 1931

per [illegible]

Spec.—9-30—A. & Co.—250 Blks

74623 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 74623

CERTIFICATE OF DEATH

48

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 1714 Bolton St. 14-20 Ward)

2 FULL NAME Amey Everist

(a) RESIDENCE NO. 1714 Bolton St. Ward
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. — mos. — ds. How long in U. S., if of foreign birth? 72 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) About 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 72	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (City or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John H. Everist

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Mary A. Carr

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Mrs. Katharine B. Faulkner
(Address) 1628 Eutaw Pl.

15 Filed 1 1 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 1931.

17

I HEREBY CERTIFY, That I attended deceased from Oct 28, 1931, to Dec 10, 1931

that I last saw h[er] alive on Dec 10, 1931

and that death occurred, on the date stated above, at 8 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus with metastases in the intestines

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Myocarditis, arteriosclerosis

(duration) — yrs. 6 mos — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) James F. Simmons M. D.

Dec 31 1931 (Address) 1013 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Dec 12 1931.
20 UNDERTAKER Stewart & Co.	ADDRESS Balto

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74624

CERTIFICATE OF DEATH

E 74624

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 28-82-001 Ward) 63

Length of residence in city or town where death occurred 1 yrs. mos. 9 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A Powers

(a) Residence: No. Richmond Va St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March ? 1863

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	68	9	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Edward Powers
14. BIRTHPLACE (city or town) (State or country) Cork Co Ireland

MOTHER

15. MAIDEN NAME Mary Fillis
16. BIRTHPLACE (city or town) (State or country) Co Clare Ireland

17. INFORMANT (Address) Mt Hope Retreat Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL. Place Richmond Va Date Dec 11 1931

19. UNDERTAKER (Address) Swindell Monroe Baltimore

20. FILED DEC 10 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1931, to Dec 11, 1931

I last saw h alive on Dec 10, 1931 death is said to have occurred on the date stated above, at 2.10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral haemorrhage (Coma)	12/2

Other contributory causes of importance: Depressed Pyelonephritis 6 weeks

Name of operation None Date of

What test confirmed diagnosis? P. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William P. Bell M. D.

(Address) Mt Hope Retreat

E 74625

1-20 E 74625 OL

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 92-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 722 S. Broadway, ST. 2-4 WARD)

2-FULL NAME William D. O'Dwyer

(a) RESIDENCE NO. 722 S. Broadway ST., ... WARD City of New York.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 11 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 5, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	43	2	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer) Unemployed
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Papers among his effects

(Address) 722 S. Broadway

Filed DEC 1 1931 C. HAMPSON JONES, M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/7 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

THE CAUSE OF DEATH* was as follows:

Coronary Occlusion

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) E. Hampson Jones Coroner, M. D.

12/10, 1931 (Address) 2632 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's, Hampden

DATE OF BURIAL Dec 12, 1931

20 UNDERTAKER E. Leroy Stoffler, Inc.

ADDRESS 125 E. North Ave.

Spec.—9 30—A. & Co.—250 Blks.

E 74626 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 74626

CERTIFICATE OF DEATH

1088

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2359 Frederick Ave ST.) 20-69 (WARD)

2 FULL NAME Mrs. Marie K Vaeth

(a) RESIDENCE NO. 2359 Frederick Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow Ed. Vaeth.

6 DATE OF BIRTH (month, day, and year): Mar. 5-1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	~~64~~	~~11~~	3 ~~5~~	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Restaurant
(b) General nature of industry, business, or establishment in which employed (or employer): Employer
(c) Name of employer: Mrs. M. K. Vaeth.

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS
10 NAME OF FATHER: Schaffel
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.
12 MAIDEN NAME OF MOTHER: Do not know
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): William Vaeth 2359 Frederick Ave

15 Filed DEC 1 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/1/31

17
I HEREBY CERTIFY, That I attended deceased from 11/4/31, 19 , to 12/1/31, 19
that I last saw h alive on 12/4/31, 19
and that death occurred, on the date stated above, at 6:00 P m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Wm Gaddes M. D.
12/4/31 19 (Address) 321 E 25th

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Dec 14 1931

20 UNDERTAKER: Mr. Geo. L. Schwab. — ADDRESS: 2101 Frederick Ave

CHARLES JONES, M. D.
Registrar

Spec.—1-13-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74627

CERTIFICATE OF DEATH

E 74627

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH U. S. Marine Hospital

CITY OF BALTIMORE: (No. Baltimore, Maryland ST. 12-51 WARD)

2-FULL NAME John T. Campbell

Reedville, Virginia

(a) RESIDENCE NO. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Williams

6 DATE OF BIRTH (month, day, and year) March 15, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	51	8	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer SS Wm. Blundon

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Robert Campbell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Kate Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Records, U.S. Marine Hospital, (Address) Baltimore, Md.

15 Filed 1 1 1931 13 By C. HARPER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) December 11 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1931, to Dec. 11, 1931

that I last saw him alive on Dec. 11, 1931

and that death occurred, on the date stated above, at 1.34 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

Lipoma of neck

undetermined (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pericarditis, acute (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? Nos for lipoma Date of 12/7/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab. Findings

(Signed) [illegible], M. D.

12/11,31 (Address) U S. Marine Hospital. Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Reedville Va — DATE OF BURIAL Dec 12, 31

20 UNDERTAKER Thomas E. Kelson — ADDRESS 1503 Pierstman St

AACo. 5-31 250B

74628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74628

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 N. Streper St; 6-11 Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Richard J. Moran

(a) Residence: No. 422 N. Streper St St.; Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of Cath B. Moran

6. DATE OF BIRTH (month, day, year) July 16, 1868

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	63	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Balto. city

13. NAME Richard J. Moran

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Alice Archer

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Cath B. Moran (Address) 422 N. Streper St.

18. BURIAL, CREMATION, OR REMOVAL Place Balto. Cmty Date Dec 12, 1931

19. UNDERTAKER John A. Moran (Address) 3002 E. Baltimore St.

FILED 12 1 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1931 to Dec 9, 1931

I last saw her alive on Dec 9, 1931 death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis & Emphysema	
Chronic Interstitial Nephritis	

Other contributory causes of importance.

Hypertension Cardiac Insufficiency Pulmonary Edema

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. G. Geyer M. D.

(Address) 156 N. Milton Ave.

AACo. 5-31 2500

E 74629 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 74629

CERTIFICATE OF DEATH

120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3728 Clairmont Ave St.) (Ward 37)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Maggie Gioskopf

(a) Residence: No. 3728 Blairmont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of late George Gioskopf

6. DATE OF BIRTH (month, day, year) Oct 21 65

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	74	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER FATHER

13. NAME John Bennett

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mamie Dorn

(Address) 3728 Clairmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 12 12 1931

19. UNDERTAKER Philip Herwig

(Address) 2016 Orleans St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9th 1931

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

last saw h.. alive on ..... 19.. Death is said to have occurred on the date stated above, at 12 40 am

The principal cause of death and related causes of importance were as follows:

Coron- Embolism

Date of onset

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) E. L. Lamb M. D.

(Address) 120 W. Lee St

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74630

CERTIFICATE OF DEATH

V97-831

E 74630

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2118 Pa ave St. 15-21 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo. Tyler

(a) Residence: No. 2118 Pa ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Washington Tyler

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Eliza Turner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Annie Tyler

(Address) 742 Redwood St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 12-11 1931

19. UNDERTAKER Daniel Easton

(Address) 916 Pa ave

11-193[illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1931, to Dec 9, 1931

I last saw h.im alive on Dec 6 1931 death is said to have occurred on the date stated above, at 1130 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Valvulitis	

Other contributory causes of importance

Pulmonary Edema

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) W J Rowles M. D.

(Address) 601 N Carrollton Ave

Spec.-7-17-26—A Co.—200 Blks.

E 74631

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 E 74631

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. Provident Hospital St. 5-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rogers Walker

(a) RESIDENCE NO. 1603 N Gilmore St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1886

7 AGE: Years 45 Months — Days — IF LESS than 1 day ___ hrs. or ___ min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Unknown

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: Harry Walker

(Address) 1603 N Gilmore St

15 Filed 11 1931 19 ___ C. RAMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 31: 12-8

17 I HEREBY CERTIFY, That I attended deceased from 12-2, 19 31, to 12-8, 19 31, that I last saw h[illegible] alive on 12-8, 19 31, and that death occurred, on the date stated above, at 7 20 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

a Vasomotor failure

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Hypertension Arteriosclerosis

(duration) yrs. mos ds.

18 Where was disease contracted Baltimore Md

If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes Pathologist

What test confirmed diagnosis?

(Signed) George McDonald, M. D.

12-9. 19 31 (Address) 514 Division Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Gloucester Va Date of Burial 12-12 1931

20 UNDERTAKER: Daniel Carlos ADDRESS 916 Eo Ave

very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L.

E 74632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-02

E 74632

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2228 Booth ST. 70-69 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Krauss

(a) RESIDENCE NO 2228 Booth ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs 7 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a If married, widowed, or divorced (or) WIFE of George M. Krauss

6 DATE OF BIRTH (month, day, and year) May 9, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	57	7	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER Adam Hiltner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: George Chr. Krauss (Address) 2228 Booth St.

15 Filed 11 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Intestinal Obstruction

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Cardio-renal disease (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Physical signs

(Signed) Guy V. Cromwell M. D. Coroner

12/10. 1931 (Address) 703 Pelapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL 12/12/31

20 UNDERTAKER Richard Metzger — ADDRESS 1670 Ashburton St.

TION is very important! See INSTRUCTIONS on back

Spec.—8-16-29—L. P. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74633

E 74633

94-001

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1412 E Chase ST. (10-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Theodocia Barrier Mahon

(a) RESIDENCE NO. 1417 E Chase ST., — WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (Write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 1th 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	69	7	8.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Public School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer): Eastern F. H. S.

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: W. Conaby, S Mahon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna.

12 MAIDEN NAME OF MOTHER: Theodocia Barrier

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto. Md.

14 Informant: Mrs Sharks. (Address) Corbet Ms.

15 Filed 11 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 9-1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 2 1931, to Dec. 9 1931, that I last saw her alive on Dec. 9 1931 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) — yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D.

12/10/ 1931 (Address) 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Glendy Cemetery

DATE OF BURIAL: 12/12 1931

20 UNDERTAKER: L. P. Fusselbaugh

ADDRESS: 2620 St Paul

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71634

CERTIFICATE OF DEATH.

5 V E 71634

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2015 E. Hoffman St 8-17 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Christopher Smith

(a) RESIDENCE NO. 2015 E. Hoffman ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~
HUSBAND of (or) ~~WIFE of~~ Unknown

6 DATE OF BIRTH (month, day, and year) July 18th 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Butcher

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Christopher Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Joseph Hildebrand

(Address): 2015 E. Hoffman St

15 DEC 1 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 11th 1931

17

I HEREBY CERTIFY, That I attended deceased from Dec 2, 1931, to Dec 11, 1931

that I last saw h[e] alive on Dec 11, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitus

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob Fisher M. D.

12/11, 1931 (Address) 1823 N. Wash St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: 12/14/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74635 E 74635

CERTIFICATE OF DEATH

Registered No. 117 E 74635

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 27-444 Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Schroeder

(a) Residence: No. 4601 Hempstead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella

6. DATE OF BIRTH (month, day, year) Sept-29-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	55	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Henry Schroeder

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Jennie (?)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Olivet Date 12/14 1931

19. UNDERTAKER Jno. L. Clark & Co.

(Address) 1210 E. Fayette St.

20. FILED 12-3 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1931, to Dec 11, 1931

I last saw him alive on Dec 11 1931 death is said to have occurred on the date stated above, at 6:10 A m.

The principal cause of death and related causes of importance were as follows:

Perforated gastric ulcer — Date of onset 12-7-31

Other contributory causes of importance:

Erysipelas (Streptococcus and colon forms non gas-forming antigen 98)

Name of operation Closure of perforated gastric ulcer Date of operation

What test confirmed diagnosis? Exploration Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter R. Dorsey, M. D.

(Address) Johns Hopkins Hospital.

1-30—M. & T.—100 B—50L

E 74636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74636

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 625 N. Fulton ST. 14 WARD

2-FULL NAME Wm L. Shaffer

(a) RESIDENCE No. 625 N. Fulton ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Shaffer

6 DATE OF BIRTH (month, day, and year) Feb 8-1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	10	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Carroll Co

9 BIRTHPLACE (city or town) (State or country) Carroll Co Md

PARENTS

10 NAME OF FATHER Andrew Shaffer

11 BIRTHPLACE OF FATHER (State or country) Carroll Co Md

12 MAIDEN NAME OF MOTHER Mary Evans

13 BIRTHPLACE OF MOTHER (State or country) Carroll Co Md

14 Informant Grace Shaffer

(Address) 625 N Fulton Ave

15 DEC 1 1931, 192 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardiac Failure Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leslie Smith, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL 12/12/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul

AACo. 5-31 2000

HEALTH DEPARTMENT—CITY OF BALTIMORE

74637

CERTIFICATE OF DEATH

87 E 74637

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1928 N. Fairmont Ave. Ward)

Length of residence in city or town where death occurred 4 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Rebecca J. Strahan

(a) Residence: No. 1928 N. Fairmont Ave. Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry N.

6. DATE OF BIRTH (month, day, year) Feb 10 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Maryland
13. NAME Thomas Richardson
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME Violet A. Shipley
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. M. Goodman
(Address) 1928 N. Fairmont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 12 1931

19. UNDERTAKER Wm. Cook & Son
(Address) 1101 Cont. Ave

20. FILED Dec 11 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1931, to Dec 9th, 1931

I last saw her alive on Dec 8th 1931 death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	Dec 30th 1931

Other contributory causes of importance:

Senility & arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) G. Milton Jones M. D.

(Address) 2802 Eastern Ave

Spec.—0-30—A. & Co.—250 Bks.

Dr Norris 107 E West St

HEALTH DEPARTMENT—CITY OF BALTIMORE

74638 46E 74638

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 700 Light Street ST. 22-33 WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emma A Hanvey

(a) RESIDENCE NO. 700 Light Street ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in (d) or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (a) HUSBAND of (or) WIFE of James Hanvey

6 DATE OF BIRTH (month, day, and year) 1840

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
91	91			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Frank Hanvey
(Address) 700 Light Street

15 Filed ... 1931 ... C. HAMPSON JONES, M. D. Registrar
by ... Asst

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 11. 1931

17
I HEREBY CERTIFY, That I attended deceased from June 1, 1930, to Dec. 11, 1931
that I last saw h[illegible] alive on Dec 10, 1931
and that death occurred, on the date stated above, at 5a m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
(duration) I don't know yrs. mos. ds.

CONTRIBUTORY (Secondary) metastases to abdominal organs (duration) I don't know yrs. mos. ds.

18 Where was disease contracted if not at place of death? I don't know

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? Physical signs, symptoms, x ray

(Signed) J. Edward Norris M. D.

Dec 11, 1931 (Address) 107 East West St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Waterford Loudon Co Va — DATE OF BURIAL 12/14/1931

20 UNDERTAKER William Cook — ADDRESS 1217 St Paul

ASCo. 5-11 2508

74639

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 74639

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) St. 8-16 Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Happersett

(a) Residence: No. 2423 Llewelyn Ave St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 28, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME John Happersett
14. BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania
15. MAIDEN NAME Sarah A. Sheeler
16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore County Date Dec. 14 1931

19. UNDERTAKER Henry Koerth Sons Inc
(Address) 130 E Eager St

DEC 12 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24 1931, to Dec. 10 1931

I last saw him alive on Dec. 10 1931 death is said to have occurred on the date stated above, at 10.40 m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Caseous pneumonia	Nov. 1 1931

Other contributory causes of importance: Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Laurence M. Sears, M. D.

(Address) Baltimore City Hospitals

AdCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74640

CERTIFICATE OF DEATH

24E 74640

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME John Poetzel

(a) Residence: No. 1024 S. Bouldin St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs John Poetzel

6. DATE OF BIRTH (month, day, year) 12 | 26 | 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11	14 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barkeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Charles Poetzel

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Antonia Fraber

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Julia Bocklage
(Address) 1024 S. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem Date Dec 14 1931

19. UNDERTAKER George W. Fickler
(Address) 1737 E Eager St

20. FILED DEC 12 1931 1931 C. HUMPHREY JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 | 10 | 1931

22. I HEREBY CERTIFY, That I attended deceased from 12 | 7 | 1931 to 12 | 10 | 1931

I last saw h[illegible] alive on 12 | 10 | 1931 death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute alcoholism	12-1-31
Cirrhosis of liver (alcoholic)	?

Other contributory causes of importance:
Delirium tremens

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Barkeeper

(Signed) Samuel McLanahan M. D.
(Address) Union Memorial Hosp.

AACo. 5-31 250B

74641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-603 E 71641

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 E. 30th St. 9-46 Ward)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Eagers

(a) Residence: No. 1606 E 30th St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Henry J. Eagers

6. DATE OF BIRTH (month, day, year) Aug 2 - 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Thomas Kennedy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Ward

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Henry J. Eagers
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Mount Calvert Date Dec 15 1931

19. UNDERTAKER George W. Zepfler.
(Address) 1225 E. Eager St.

20. FILED DEC 12 1931, 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1931, to Dec 11, 1931

I last saw her alive on Dec. 11, 1931 death is said to have occurred on the date stated above, at 7 25 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	About 8 years
Myocardial insufficiency	Few months
Acute cardiac dilatation	

Other contributory causes of importance:

Acute bronchitis	4 days.

Name of operation None Date of

What test confirmed diagnosis? Physical evidence Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. B. Seybert M. D.

(Address) 2802 Harford Ave.

Spec.—8-16-29—1. F. S.—100 Blks.

E 74642

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74642

CERTIFICATE OF DEATH

REGISTERED NO. 48

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4105 Haywood Ave ST. 29-63 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ida Bell Enson

(a) RESIDENCE NO. 4105 Haywood Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of William Enson

6 DATE OF BIRTH (month, day, and year) Dec 9-1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	0	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house-wife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co., Md.

10 NAME OF FATHER Richard Harris

11 BIRTHPLACE OF FATHER (city or town) Balto Co., Md. (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

14 Informant William Enson

(Address) 4105 Haywood ave.

15 Filed DEC 12 1931, 19 HUMPHREY JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 11-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 1- 1927, to December 11, 1931, that I last saw h[illegible] alive on December 9, 1931 and that death occurred, on the date stated above, at 7:38 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) none (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of 11-4-1930

Was there an autopsy? no

What test confirmed diagnosis? microscopic

(Signed) Chester Ruland, M. D.

12-11-1931 (Address) 2532 Edmondson ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Maryland

DATE OF BURIAL DEC 14 1931

20 UNDERTAKER Geo W Little

ADDRESS

AdCo. 5-31 250R

74643

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 89 - E 74643

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Emmorsburg Hospital St. 24-29 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ethel Hall

(a) Residence: No. 625 Eighth St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 13th 1931

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Henry F Hall

14. BIRTHPLACE (city or town) (State or country) Chester Pa.

15. MAIDEN NAME Alice F Farmer

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Henry F. Hall
(Address) 62 South St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 14th 1931

19. UNDERTAKER Sis. Lombardi
(Address) 22 Fayette St.

20. DEC 12 1931 C. H. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1931, to Dec 12, 1931

I last saw h[illegible] alive on Dec 12 1931 death is said to have occurred on the date stated above, at 9:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Cystic mass	Oct 25 '31
Left Temporal	

Other contributory causes of importance:

Encephalitis

Name of operation Mastoidectomy Date of 12/3/31

What test confirmed diagnosis? Op. Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mamie James Jones, M. D.

(Address) Clin. Hosp.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74614

CERTIFICATE OF DEATH.

13 VE 74614

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 236 N Gilmor ST. 14-27 WARD)

2-FULL NAME Ernest Galloway

(a) RESIDENCE NO. 236 N Gilmor ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) General Labor

(c) Name of employer None at time of death St Leos L.C.

9 BIRTHPLACE (city or town) (State or country) Dont Know

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant Lizzie Landridge (Address) 236 N Gilmor St

15 Filed Dec 12, 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1931, to Dec 7, 1931, that I last saw him alive on Dec 7, 1931, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows: Nephritis

(duration) 1 mos 8 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? In Baltimore

Did an operation precede death? No Date of 0

Was there an autopsy? No

What test confirmed diagnosis Urea & acid

(Signed) John C Stewart M. D.

Dec 9 1931 (Address) 704 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. George, S. C.

DATE OF BURIAL Dec 12, 1931

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 Schroeder St

1-30—M. & T.—100 B—591.

E 74645

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74645

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF SALTIMORE: (No) University Hospital ST. H-25 WARD 17

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarice Peale

(a) RESIDENCE NO 640 Vine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

(Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug. 13-1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	3	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Edward Peale

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Celia Brown

(Address) 640 Vine St

15 DEC 21 1931, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 8 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Lacerated wound of face.
Homicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Eugene Fellers, M. D. Coroner

12/9, 1931. (Address) 2139 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery — DATE OF BURIAL: Dec 12, 1931

20 UNDERTAKER: Mrs Katie R. Williams — ADDRESS 321 Schroeder St

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74646 — CERTIFICATE OF DEATH — 74646

1. PLACE OF DEATH: Good Shepherd Hospital — Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 Gilmor St., ... Ward) — Life 11-26

Length of residence in city or town where death occurred ... yrs ... How long in U.S., if of foreign birth? ... yrs ... mos ... da

2. FULL NAME — Harry Vincent Franklin

(a) Residence: No. 825 ... (usual place of abode) ... Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ... Edmonia

6. DATE OF BIRTH (month, day, year): July 11 1879

7. AGE: 52 Years	Months: 4	Days: 24	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — ...
10. Date deceased last worked at this occupation (month and year) — ...
11. Total time (years) spent in this occupation — ...

12. BIRTHPLACE (city or town) (State or country) — Md

MOTHER FATHER

13. NAME — Harry Vincent
14. BIRTHPLACE (city or town) (State or country) — Baltimore Md.
15. MAIDEN NAME — Tenlenow.
16. BIRTHPLACE (city or town) (State or country) — Baltimore Md.

17. INFORMANT (Address) — Mary Thomas 825 Franklin St.

18. BURIAL, CREMATION, OR REMOVAL. Place — Mt Auburn Date 12/12 1931

19. UNDERTAKER (Address) — James T. Templeton 528 W. Biddle St.

20. FILED ... 1931 ... 19 ... Registrar — HRA

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 9 — 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 31 1931 to Dec 9 — 1931
I last saw h... alive on 12-9- 1931 death is said to have occurred on the date stated above, at 8;50 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Peritonitis	6 mo
	6 3/4

Other contributory causes of importance:
Known Neph...

Name of operation — Clinical Date of
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) H R Bay Kin ... M. D.
(Address) 1512 Gilmor

A&Co. 5-31 250B

E 74647 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 74647

53v

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward 24) St.

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Myrtle Henderson

(a) Residence: No. 573 W Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col.	Mar.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Raymond Henderson.

6. DATE OF BIRTH (month, day, year) 10-22-03

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	28	1	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER FATHER
13. NAME Hannah Sims
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Jordan Stokes
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Raymond Henderson
(Address) 2228 Eutaw Pl. Balto Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Dec 3 1931

19. UNDERTAKER Raymond Hennessy
(Address) 1525 W Fayette St

Dec 2 1931 19 ABB Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-24 1931 to 12-10 1931

I last saw her alive on 12-10 1931 death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Right Ventricle with Regional Metastasis	7-9-31

(Other contributory causes of importance)

Acute Myocardial Failure	1 day.
Surgical.	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Luther E. Linke M. D.
(Address) Balto. City Hospitals

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74648

74648

CERTIFICATE OF DEATH

92-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 320 N. Calhoun ST. 15-2 WARD

2-FULL NAME Geo Sands

(a) RESIDENCE No 320 N. Calhoun WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Sands.

6 DATE OF BIRTH (month, day, and year) 1889-July 8

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	5	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Waiter.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co Md

PARENTS

10 NAME OF FATHER Dennis Sands

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co Md

12 MAIDEN NAME OF MOTHER Bruce

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co Md

14 Informant Mary Sands

(Address) 320 N. Calhoun

15 Filed DEC 2 1931, 192 . Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

Sudden

(duration) hr. mos ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regulary

(Signed) H. Colton Grier, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Govkaville md

DATE OF BURIAL Dec 3 1931

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pennsylvania

AaCo. 5-11 250R

74649

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 74643

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 N. Wolfe St., 6-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara A. Strauser

(a) Residence: No. 112 N. Wolfe St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bert. Strauser

6. DATE OF BIRTH (month, day, year): Aug. 12 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	43	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Penna

FATHER

13. NAME: Tobey Pottinger
14. BIRTHPLACE (city or town) (State or country): Penna

MOTHER

15. MAIDEN NAME: Emma Archer
16. BIRTHPLACE (city or town) (State or country): Penna

17. INFORMANT: Luther W. Strauser Son
(Address): 112 N. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Cem. Date: Dec. 12 1931

19. UNDERTAKER: Lilly & Julian Bro.
(Address): 701 W. Lexington St.

DEC 12 1931

C. MARSHALL JONES, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 11th 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9 1931 to Dec. 11 1931

I last saw her alive on Dec 10 1931 death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis ✕	?
Chronic Myocarditis	

Other contributory causes of importance:

Acute Cardiac collapse ✕	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ward F. Tiemann M. D.
(Address) 709 E. Biddle St
12/11/31.

AaCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

0-71650 — 0-5779 — 9 E 74650

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 6-9 Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Benjamin Mondry

(a) Residence: No. 2023 E Jayelle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 18 1931

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Charles Mondry

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Amy Bennett

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place Balto. Com. Date Dec. 12 1931

19. UNDERTAKER C. Hilke & Son

(Address) 2331 Jefferson St

20. FILED 2 1931 C. ANDERSON JONES M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931 to Dec 11, 1931

I last saw h[illegible] alive on Dec 11, 1931 death is said to have occurred on the date stated above, at 7.10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	Nov. 15
Bronchopneumonia	Dec. 1

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) F. F. Buckler Jr. M. D.

(Address) Johns Hopkins Hosp.

AACo. 5-31 250B

74651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E 74651

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 97 Linwell Mty Hospital St. 24 Ward)

Length of residence in city or town where death occurred yrs mos 8 da. How long in U.S. If of foreign birth? yrs mos da.

2. FULL NAME Baby Girl Herbert

(a) Residence: No. 140 Division St., Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Infant

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec. 10 '31

7. AGE: Years | Months | Days | If LESS than 1 day 18 hrs or min

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: Mrs. Edna Tubin Madon

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Mary Louise Hales

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Mary Louise Hales 1046 Madison St.

18. BURIAL, CREMATION, OR REMOVAL. Place: Holy Redeemer Date: Dec. 14 1931.

19. UNDERTAKER (Address): Martin Fahey & Sons 1827 North Ave.

C. HAMPSON JONES, M. D. Registrar.

2 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 11 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10 1931 to Dec. 11 1931

I last saw her alive on Dec. 11 1931 death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance

Premature rupture of membranes.

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Maria B. Baccus M.D.

(Address) 1046 Madison St.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74652 X531 L 74652

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital St. 4-30 Ward)

CITY OF BALTIMORE: (No. ..... Length of residence in city or town where death occurred ..... yrs. ..... mos. 21 ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Augustus Hetrick

(a) Residence: No. Wellsville, Penna. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): March 22, 1913

7. AGE: Years 18 | Months 9 | Days 19 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): Nov. 1930

11. Total time (years) spent in this occupation: 1 1/2

OCCUPATION

12. BIRTHPLACE (city or town) (State or country): Wellsville Penna.

MOTHER FATHER

13. NAME: Horace B. Hetrick

14. BIRTHPLACE (city or town) (State or country): Wellsville Penna.

15. MAIDEN NAME: Ruth Kann

16. BIRTHPLACE (city or town) (State or country): Lisburn Penna.

17. INFORMANT: B. D. Smethurst
(Address): Balto Md.

18. BURIAL, CREMATION, OR REMOVAL: Friends Meeting house Cem. Date 12-12, 1931
Wellsville Pa.

19. UNDERTAKER: John F. Denny
(Address): 715 Light St.

DEC 9 1931

C. H. WILSON JAMES, M. D.
....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1931 to Dec 11, 1931

I last saw h.... alive on Dec 11, 1931 death is said to have occurred on the date stated above, at 9:55 a.m.

The principal cause of death and related causes of importance were as follows:

Uraemia 4 days

Date of Level Nov 1931

(Other contributory causes of importance)

Name of operation Decompression Date of Nov 23

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ruth Davis M. D.

(Address) University Hospital

AaCo. 5-31 250B

74653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 97 E 74653

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 N. Fremont Ave., St. 15-23 Ward)

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John E. Knox

(a) Residence: No. 1318 N. Fremont Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widower

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 10, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	10		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scow Captain
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Dec. 3, 1931
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) Carroll Co. Maryland.
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Lona Hawkins 1318 N. Fremont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Pk Date 12/12 1931

19. UNDERTAKER Isaac L Brown Sons
(Address) 1016 W Montgomery St.

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/10/31 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12/5/31 . 19 ..., to 12/10/31 . 19 ...

I last saw him alive on 12/9/31 . 19 ... death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	12/5/31
Other contributory causes of importance:	
Mitral insufficiency	?

Name of operation ... Date of ...
What test confirmed diagnosis? physical examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Walter J. Jackson, M. D.
(Address) 1631 W. Franklin st.

1-30—M. & T.—100 B—50L

E 74654

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74654

CERTIFICATE OF DEATH

REGISTERED NO. 157

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1708 Lemmon ST. 19-28 (WARD)

2-FULL NAME James E. Miller

(a) RESIDENCE NO. 1708 Lemmon ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 8, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
			3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Theodore A. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) A. G. Co. Maryland

12 MAIDEN NAME OF MOTHER Lillian Appel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Theodore A. Miller

(Address) 1708 Lemmon St.

15 Filed 12 1931 G. HAMPSON JONES, M. D. Registrar

By KKH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Heart Disease

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Guy N. Cromwell, M. D. Coroner

(Address) 203 Virginia Line, Ft. of Lyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Bur. Columbia

DATE OF BURIAL 12/12 1931

20 UNDERTAKER Margaret A Flynn

ADDRESS 1422 Light St

AaCo. 5-31 2108

HEALTH DEPARTMENT—CITY OF BALTIMORE

74655 E 74655

CERTIFICATE OF DEATH

12/31

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3225 Raywood Ave St., 8-4D Ward)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillian L. Lytle

(a) Residence: No. 3225 Raywood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry A. Lytle

6. DATE OF BIRTH (month, day, year) Dec 23 1897

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	34	10	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

MOTHER FATHER
12. BIRTHPLACE (city or town) (State or country) Baltimore
13. NAME Frederick Mayer
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Lawler
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Harry A. Lytle
(Address) 3225 Raywood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Dec 14 31 19

19. UNDERTAKER Philip Berg
(Address) 1911 Edmondson Ave

20. FILED 12 2 1931 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/11/31 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30 1931, to Dec 11 1931
I last saw her alive on Dec 11 1931 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Valvular Heart disease — Date of onset ...

Other contributory causes of importance:

Nephritis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Jacob Fisher, M. D.
(Address) 1823 N. Hast St.

1-30—M & T—100 B—50L

E 74656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74656

1/3

8-17

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 N. Spring ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosette Collins

(a) RESIDENCE NO 1824 N. Spring ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER William Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Belle Capps (sister)

(Address) 904 N. Sterling St

15 Filed 2 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol Shot Wound of brain.- Rt mastoid region.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes by Dr Maldeis

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

Dec. 10/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnsen Cemetery

DATE OF BURIAL 12/12 1931

20 UNDERTAKER Walter B. Spriggs

ADDRESS 1344 Hanly St.

AaCo. 5-1: 2-10-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74657 26 11-0 E 74657

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 26-42 Ward)

Length of residence in city or town where death occurred yrs. 7 mos. 21 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elena Pangaretti

(a) Residence: No. 5405 S. Ethel Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 7 1931

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
	7	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. O

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) (State or country) Ind

MOTHER FATHER

13. NAME Lena Margaretti

14. BIRTHPLACE (city or town) (State or country) Ind

15. MAIDEN NAME Vincent Burr

16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMANT Parents
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Cem. Date 12/14 1931

19. UNDERTAKER George A. Tansey
(Address) Fulton & Bogart

20. FILED 12-14-1931 C. HERBERT JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from November 15, 1931, to December 10, 1931

I last saw h Live alive on December 10 1931 death is said to have occurred on the date stated above, at 3.55 P.M.

The principal cause of death and related causes of importance were as follows:

Meningitis (influenza) — Date of onset Dec 4, 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Ann E. Kelton, M. D.

(Address) Johns Hopkins Hospital

Spec.—9-30—A. & Co.—250 Blks.

E 74658 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 E 74658

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 312 S Stricker ST 19-26 WARD)

2 FULL NAME Patricia Ann Logan

(a) RESIDENCE NO. 312 S Stricker ST ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 9 1931

7 AGE — Years: — Months: 4 — Days: 1 w — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Walter F Logan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Agnes V Tormey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Walter F Logan
(Address) 312 S Stricker

15 Filed 2 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/11/31

17 I HEREBY CERTIFY, That I attended deceased from Aug 9 , 1931 , to Dec 11 , 1931

that I last saw h[illegible] alive on Dec. 10 , 1931

and that death occurred, on the date stated above, at 6 00 p. m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus ,
Gastro-enteritis,

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Anthony V Bucheleres M. D.

17 Dec. 1931 (Address) 37 S. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Catholic Cem

DATE OF BURIAL: 12/14/31

20 UNDERTAKER: Enos A Kirby

ADDRESS: Fulton & Fayette

AaCo. 5-11 2'CB

HEALTH DEPARTMENT—CITY OF BALTIMORE

74659 | CERTIFICATE OF DEATH | 1085 74659

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 19-27 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Madrey

(a) Residence: No. 1611 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 29 1929

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	2	8	3/12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Robert Madrey

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME Gladys L Woods

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Robert Madrey Jr.
(Address) 1611 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 12 1931

19. UNDERTAKER Vernon Teschner
(Address) 1532 Pulaski St

20. FILED DEC 12 1931 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11 1931

22. I HEREBY CERTIFY, That I attended deceased from December 11 1931, to December 11 1931.

I last saw him alive on December 11 1931 death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Pneumococcus)	12/8/31

Other contributory causes of importance:
Pneumococcus Pericarditis
" Peritonitis.
Purulent " Pleurisy.

Name of operation none Date of .....

What test confirmed diagnosis? Path Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Maurice Lenhardt M. D.

(Address) University Hospital

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74660

E 74660

CERTIFICATE OF DEATH

REGISTERED NO. 13.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 7637 ST. WARD)

2—FULL NAME Charles E. Mohr

(a) RESIDENCE NO. 702 Penna Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Cook Mohr.

7 DATE OF BIRTH (month, day, and year) 5/1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Elevator Man

(b) General nature of industry, business, or establishment in which employed (or employer) Crown Cork & Seal

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

10 NAME OF FATHER Henry Mohr

11 BIRTHPLACE OF FATHER (city or town) (State or country) California

12 MAIDEN NAME OF MOTHER Elly Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Annie Mohr
(Address) 702 Penna Ave

15 C. HARRISON JAMES, M. D. Registrar

DEC 2 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-12-31

17 I HEREBY CERTIFY, That I attended deceased from 12-8, 19 31, to 12-12, 19 31, that I last saw h— alive on 12-12, 19 31 and that death occurred, on the date stated above, at 6 40 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W G Henderson, M. D.

19 (Address) 1 E Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brooklyn N.Y.

DATE OF BURIAL 12-14 19 31

20 UNDERTAKER J. E. Foley & Son

ADDRESS 134 S Eutaw St

Spec.—1-30—M. & T.—250 Blks.

E 74661 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74661

CERTIFICATE OF DEATH. X 46

1-PLACE OF DEATH Church Home and Infirmary

CITY OF BALTIMORE: (No. Broadway at Fairmount St. 64 (Ward)

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Lord

(a) RESIDENCE No. Camden, N.J. ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6a If married, widowed, or divorced HUSBAND of or) [redacted]

6 DATE OF BIRTH (month, day, and year) 9-28-1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55 years	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Delaware Milford Del.

PARENTS

10 NAME OF FATHER Wm. Lord

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware

14 Informant Maurice Lord
(Address) 2934 - 47th St - Camden N.J.

15 Filed Dec 21 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 4, 1931 to Dec. 12, 1931, that I last saw him alive on December 12, 1931, and that death occurred, on the date stated above, at 6:30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum with metastasis to liver

(Duration) about 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Pyonephrosis right

(Duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? YES Date of Sept. 7, 1931

Was there an autopsy? YES

What test confirmed diagnosis? OPERATION AND AUTOPSY

(Signed) J. Frank Speight M. D.

(Address) The Church Home & Infirmary Dec 12 1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lincoln Cem. Arlington Cem.	12/15/31 19

20 UNDERTAKER George D. Smith & Son ADDRESS 1733 Hanford

Spec.—1-30—M. & T.—250 Bks.

E 74662

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 74662

CERTIFICATE OF DEATH.

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Freeway Apartment

CITY OF BALTIMORE: (No.) 34 E 31st St (ST.) (WARD) 12 24

2-FULL NAME Mrs. Mary M. Applewhite (Applewhite)

(a) RESIDENCE NO. Freeway Apartment ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of or) WIFE of: Mrs. William A. Applewhite

6 DATE OF BIRTH (month, day, and year): June 5th 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: James F. Moulton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Anna Dugharel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dover, Del.

14 Informant: Mrs. George C. Thomas
(Address) 3408 Clarks Lane

15 Filed DEC 3 1931 Registrar: HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 2nd, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20th, 1931, to December 2nd, 1931, that I last saw h[illegible] alive on December 2nd, 1931, and that death occurred, on the date stated above, at 5:15 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic heart disease with coronary obstruction and congestive heart failure

(duration) ____ yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) ____ yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? Yes Date of ____

Was there an autopsy? Yes

What test confirmed diagnosis? Examination

(Signed) James F. Sanders, M. D.

Dec 4 1931 (Address) 3005 31st St, Baltimore, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge (Dec 14 1931)

DATE OF BURIAL

20 UNDERTAKER: Chas. O. Wiedemann

ADDRESS 1601 Eutaw Place

Spec.—9-20—A. & Co.—250 Blks.

E 74663

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74663

CERTIFICATE OF DEATH

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 708 Grantley St.) 16-67 WARD 1

2 FULL NAME Clara Lee Barnes

(a) RESIDENCE NO. 708 Grantley ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (or) WIFE of Harry Barnes

6 DATE OF BIRTH (month, day, and year) Sept 20th 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Harry L Barnes 708 Grantley St

15 Filed DEC 5 1931. HARRY JONES, M. Registrar

C 13 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/11/31

17

I HEREBY CERTIFY, That I attended deceased from 6 DR & 12-7-31 to 12-11-31, 19

that I last saw h DR alive on 12-11-31, 19

and that death occurred, on the date stated above, at 2.00 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 6 mos yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Towaco Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Henry Russell M. D.

12-12-31 (Address) 3902 Groveland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	12/14/1931
UNDERTAKER: D. M. Cook	ADDRESS: 1217 St Paul St

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74664

CERTIFICATE OF DEATH

74664 #6

Registered No. 1467

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Aves) (Ward)
Length of residence in city or town where death occurred yrs mos da How long in U.S. If of foreign birth? yrs mos da

2. FULL NAME George Thirkeld
(a) Residence: No. Wilkens & Caton Aves St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Apr 2 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md
13. NAME George A. Thirkeld
14. BIRTHPLACE (city or town) (State or country) Balto Md
15. MAIDEN NAME Catherine M. Cater
16. BIRTHPLACE (city or town) (State or country) Balto Md
17. INFORMANT Mr George Thirkeld
(Address) 20 Pelham Ave
18. BURIAL, CREMATION, OR REMOVAL. Place Greenmount Cem Date 12/15/ 1931
19. UNDERTAKER H. J. Cook
(Address) 1217 E. Pratt St
20. FILED Dec 15 1931 H. JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from November 30 1931 to Dec. 12 1931
I last saw him alive on Dec. 12 1931 death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Coronary Thrombosis	4 days
(b)	
(c)	
(d)	

Other contributory causes of importance: Cardiac Insufficiency Senile

Name of operation None Date of
What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Holmes Anderson M. D.
(Address) 1501 Agnes Hospital

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74665

CERTIFICATE OF DEATH

23 E 74665

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Dr.) 26-37 Ward

CITY OF BALTIMORE: (No. ..... St. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ethel Campbell

(a) Residence: No. 519 S. Tolna st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Burnett Campbell

6. DATE OF BIRTH (month, day, year) Dec. 16, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	11	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME George H. Lewis

14. BIRTHPLACE (city or town) (State or country) Colin Indiana

15. MAIDEN NAME Anna Wheeler

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 12/14/1931
Place Greenmount Cemetery

19. UNDERTAKER Wm Cook
(Address) 217 S. Paca St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1931 to Dec. 11, 1931

I last saw her alive on Dec. 11 1931 death is said to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	March 1931
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Laurence W. Sears, M. D.

(Address) Baltimore City Hospitals

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74666

CERTIFICATE OF DEATH

92-201 ✓ E 74666

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Union Memorial Hospital St. 13-20 Ward)

2-FULL NAME Edward Taft

(a) RESIDENCE NO. 2056 Linden Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Jennie Taft

6 DATE OF BIRTH (month, day, and year) Oct. 5th. 1877.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	54	2	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Soda Fountain
(b) General nature of industry, business, or establishment in which employed (or employer) Supplies
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Gabriel Taft

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Bessie Gochroch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mr. B. Taft
(Address) 2056 Linden Ave.

15 Filed DEC 13 1931 H. [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tabetes
Disease of
Joints

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Dec 12 1931 (Address) 3632 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Hebrew Cem.	Dec. 13, 31
20 UNDERTAKER	ADDRESS
Harold Sondheimer Son	1902 Eutaw Place

Spec.—9 30—A & Co.—250 Blks

Graboski

HEALTH DEPARTMENT—CITY OF BALTIMORE

74667

CERTIFICATE OF DEATH

59 E 74667

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital (St.) 6-9 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Myman Graboski

(a) RESIDENCE NO. 129 N. Broadway ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fannie Graboski

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 52; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Hyman Graboski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Sarah

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Samuel Graboski (Son) 129 N. Broadway

15 FILED: DEC 13 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 13, 1931

17

I HEREBY CERTIFY, That I attended deceased from Dec 7, 1931, to Dec 13, 1931

that I last saw h(im) alive on Dec. 13, 1931

and that death occurred, on the date stated above, at 3:45 P.M.

The CAUSE OF DEATH* was as follows:

1) Lobar pneumonia (pneumococcus)

2) Diabetes mellitus

3) Chronic myocarditis

(duration) 5 yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Autopsy

(Signed) M. L. Klein M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cedar

DATE OF BURIAL: 12-13-1931

20 UNDERTAKER: Chas. Levin, Inc. 1439 E. Baltimore

ADDRESS

AdCo. 5-31 2508

74668 HEALTH DEPARTMENT—CITY OF BALTIMORE

34 E 74668

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 3-H (Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Hamilton

(a) Residence: No. 1426 E. Bank St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 20. 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 62
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. out of work
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME James Hamilton

14. BIRTHPLACE (city or town) (State or country) ? Md.

15. MAIDEN NAME Mary Ryan

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 14 1931

19. UNDERTAKER Henry Lutz
(Address) 1203 N. Broadway

20. FILED DEC 15 1931 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1931 to Dec. 11, 1931
I last saw him alive on Dec. 11, 1931 death is said to have occurred on the date stated above, at 11:30 m P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis of aorta & aortic insufficiency	March 1931
Tabes Dorsalis	Oct 1929
Other contributory causes of importance	
Myocardial insufficiency	March 1931
Cystitis	indefinite

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leo Kneeland Jr, M. D.
(Address) Balto. City Hosp.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74669 ✓ E 74669

CERTIFICATE OF DEATH

X 1

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-7 Ward)

Length of residence in city or town where death occurred 2 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Joseph F. Darnell

(a) Residence: No. 2 Ridgely Ave. St., Carney - Balto. County - Md Ward.
(usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Darnell

6. DATE OF BIRTH (month, day, year) August 22 - 1882

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	49	3	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O.K.
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Percival Darnell

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Dora Weaver

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Cemetery 12/16 31

19. UNDERTAKER J. Walter Bayne
(Address) 2416 Eutaw Place

20. FILED ..... 19 Dec Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1931, to Dec 13, 1931
I last saw him alive on Dec 13 1931 death is said to have occurred on the date stated above, at 2.20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	5th week.
Other contributory causes of importance: Perforated Ulcer Typhoid Peritonitis	4 days

Name of operation Closure perforation Date of Dec 9-31

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes or No, specify

(Signed) E. F. Bauersfeld, M. D.
(Address) Mercy Hospital

Spec.—1-10-21—M&T—1500 Blks.

74670

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74670

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital 24

CITY OF BALTIMORE: (No. Fayette & Calhoun ST.) 12-51 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Joyce Krebs

(a) RESIDENCE No. 3108 Remington Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 29-1926

7 AGE: Years 5 | Months 3 | Days 13 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John A. Krebs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Agnes Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware

14 Informant John A. Krebs
(Address) 3108 Remington Ave

Filed DEC 13 1931 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-12 1931

17 I HEREBY CERTIFY, That I attended deceased from 12-2, 1931, to 12-12, 1931, that I last saw her alive on 12-12, 1931, and that death occurred, on the date stated above, at 12:20A m.

The CAUSE OF DEATH* was as follows:

Intercranial Meningitis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lumbar Puncture

(Signed) Dr. Bolmeier, M. D.

(Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Dec 14, 31

UNDERTAKER: Chas. F. Evans & Son

ADDRESS: 118 W. Mt. Royal Ave

1-30—M. & T.—100 B—50L

E 74671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46001 ✓ E 74671

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 11-24 WARD)

2-FULL NAME Henry Donaldson

(a) RESIDENCE NO 226 N. Madison St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth V. Donaldson

6 DATE OF BIRTH (month, day, and year) February 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	59	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Ottawa Canada

PARENTS

10 NAME OF FATHER William Donaldson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ottawa Canada

12 MAIDEN NAME OF MOTHER Mary Quinn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ottawa Canada

14 Informant City Hospital
(Address)

15 Filed Dec 3 1931 H. M. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental fracture of Ribs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B. P. Herzmark M. D.
Coroner

12/12, 1931 (Address) 1305 N Patterson Pk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudendale Cemetery

DATE OF BURIAL 12/15 1931

20 UNDERTAKER Chas. P. Sauls & Son

ADDRESS 1810 N. Rayal Ave

A&Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74672

CERTIFICATE OF DEATH

50 E 74672

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3222 Lanvale St. 7-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ludwika L. Knight

(a) Residence: No. 3222 Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James W. Knight

6. DATE OF BIRTH (month, day, year) Jan 9 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Catherine Lybeck

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Matthews

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Margaret Fuller
(Address) 3222 Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 12/14/31 19

19. UNDERTAKER Philip Lewis
(Address) 2116 Eutaw St

Dec 14 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/11/31 19

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1931, to December 11, 1931

I last saw her alive on December 11 1931 death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Left Breast — Date of onset June 1930

Other contributory causes of importance:

Name of operation Radical Removal Breast Date of Dec 1930.

What test confirmed diagnosis Microscope Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel B Wolfe M. D.

(Address) 1331 E. Monument

Spec.—9-28—A. A Co.—250 Blks.

E 74673

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-6 E 74673

CERTIFICATE OF DEATH

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 4603 Keswick Road WARD 27-53)

2 FULL NAME Mattie L. Junkins

(a) RESIDENCE NO. 4603 Keswick Road ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 4 mos. 11 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

6a If married, widowed or divorced, HUSBAND of (or) WIFE of: Charles E. Junkins

6 DATE OF BIRTH (month, day, and year): July 30-1858

7 AGE: Years 73; Months 4; Days 11; If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: William E. Cunningham

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Ella McComas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Mrs. Charles H. Sutherland 4708 Keswick Road.

15 DEC 3 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 11-1931.

17 I HEREBY CERTIFY, That I attended deceased from Dec 6 1931, to Dec 11 1931, that I last saw h[illegible] alive on Dec 11 1931, and that death occurred, on the date stated above, at 4.45 P. M.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

What test confirmed diagnosis? No autopsy? Physical Examination

(Signed) Arthur J. Davies M. D.

12-12-31 19 (Address) 800 N. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount DATE OF BURIAL: Dec. 14-1931.

20 UNDERTAKER: Horace F. Burgee ADDRESS: 3631 Falls Road

Spec.—9-30—A. & Co.—250 Blks

E 74674

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74674

CERTIFICATE OF DEATH

REGISTERED NO. 9

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 901 W. Fayette ST. 18-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Beulah Pinckney

(a) RESIDENCE No. 901 W. Fayette ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	C	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 21, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	—	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George Pinckney

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. Carolina

12 MAIDEN NAME OF MOTHER Emma Atwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Florida

14 Informant (Address) Emma Pinckney 901 W. Fayette St.

15 DEC 13 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-12-31

17

I HEREBY CERTIFY, That I attended deceased from 12/11/, 1931, to 12/12/ 1931

that I last saw her alive on 12/12/, 1931

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough three weeks
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia
(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) C. Mansell Lawrence M. D.

19 (Address) 1737 Brooks Ln.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. View Cemetery	Dec. 13, 1931
20 UNDERTAKER	ADDRESS
Mrs. Kate R. Williams	322 Schroeder St

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH

74675 108 E 74675

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1148 Sargeant St. 21-24 (Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mary A. Millikin

(a) Residence: No. 1148 Sargeant St., Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Charles E. Millikin

7. DATE OF BIRTH (month, day, year): Oct 23, 1867

8. AGE: Years 64 | Months 2 | Days 17 | If LESS than 1 day, hrs or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Shannon

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME: Sarah Ann White

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT: Charles E. Millikin

(Address) 1148 Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 14, 1931.

19. UNDERTAKER: Mc Mus[illegible] John M. Tuppleton

(Address) 501 W. Fayette St

DEC 13 1931

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 10, 1931.

22. I HEREBY CERTIFY, That I attended deceased from Dec 8/31, 19 , to Dec 10/31, 19

I last saw her alive on Dec 10/31, 19 ; death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage — Dec 8/31

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify.

(Signed) John B. Holt M.D

(Address) 1 W. Eutaw St

AdCo. 5-31 250M

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74676

Registered No. 48 E 74676

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 306-N. Green Street 4-25 Ward)

Length of residence in city or town where death occurred 26 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Maria Tumminello

(a) Residence: No. 306-N. Green Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Vincenzo Tumminello

6. DATE OF BIRTH (month, day, year) 10/4/1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs
	50	2	7	xxxxxx

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Giuse_pe Cascio

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Concetta Rinaldo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Dr. S.A. Tumminello
(Address) 306-N. Green Street

18. BURIAL, CREMATION, OR REMOVAL
Place Ne Cathedral Date 12/14/31 19

19. UNDERTAKER Geo. J. Kelly Co.
(Address) 17 [illegible]

20. FILED 12/13 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1931 to Dec 11 1931

I last saw her alive on Dec 10 1931 death is said to have occurred on the date stated above, at 5.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (Cervix Uteri)	11/30.

(Other contributory causes of importance)
Cardio Respiratory (Secondary Pulm)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Medical Arts Bldg

AACo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 74677.

CERTIFICATE OF DEATH

C 74677.

46

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2108-Homewood Ave. St. 9-46 Ward)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Dorsey

(a) Residence: No. 2108-Homewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James W. Dorsey

6. DATE OF BIRTH (month, day, year) 2/22/1858

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
73	9	19	~~xxxxxx~~

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Hugh Burns

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Julia (Unknown)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret Dorsey
(Address) 2108-Homewood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12/15/31 19

19. UNDERTAKER Geo. Ruth Sons
(Address) 1 W. Fayette St.

DEC 13 1931 HARRISON JONES, M.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1931, to Dec. 11, 1931

I last saw her alive on Dec. 10, 1931 death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	9/1/31

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Eugene L. Cusumano, M. D.
(Address) 514 Henry Lane

AACo. 5-31 250B

74678 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 74678

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2202-Cecil Ave St., 9-44a (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Haskell

(a) Residence: No. 2202-Cecil Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of George W. Haskell

7. DATE OF BIRTH (month, day, year) 11/25/1853

AGE Years	Months	Days	If LESS than 1 day hrs. or XXXXXX
78	-	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William Hamilton

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine (Unknown)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Capt. Joseph E. Haskell
(Address) 2202-Cecil Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 12/14/31 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED ... 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/11/31.

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1931, to Dec. 11, 1931.
I last saw HE alive on Dec. 10 1931, death is said to have occurred on the date stated above, at 1025 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	May 1931.
Arteriosclerosis	

Other contributory causes of importance:
Chronic Arthritis

Name of operation, None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benj. L. Haynes, M. D.
(Address) 26 W. Lafayette St.

Cor.—12-9-25—A Co.—200 Bks.

E 74679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161 E 74679

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1907 W. Fayette St. St. 20-27 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick W. Roerentrop

(a) RESIDENCE NO. 1907 W. Fayette St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Roerentrop

6 DATE OF BIRTH (month, day, and year) March 13, 1891

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	40	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Musician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Frederick W. Roerentrop

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Laura L. Reinhardt

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant (Address) Mrs. Eva Roerentrop 1907 W. Fayette St.

DEC 3 1931

C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 11, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Revolver Wound of Head--Suicide while Insane. 2 hrs.?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ----- (duration) yrs. mos. ds.

(Signed) Guy N. Cromwell (Coroner) M. D.

12/12 1931 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State Life mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial Dec. 14 1931

20 UNDERTAKER [illegible] ADDRESS 1003 West Baltimore St.

Cor.—12-9-25—A Co.—200 Bks.

E 74630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59

E 74680

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3913 Wilkens Ave. St. 25-72 Ward)

2-FULL NAME James Thomas Button

(a) RESIDENCE NO. 3913 Wilkens Ave. St._____ Ward_____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel M. Button

6 DATE OF BIRTH (month, day, and year) October 11, 1890

7 AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min.
	41	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Baltimore & Ohio RR.

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph Button

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Harrison

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant (Address) Mrs. Ethel M. Button 3913 Wilkens Ave.

15 Filed _____ 19____ _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 12, 1931 19 32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes (duration) 7-8 yrs. ? mos. ds.

(Signed) Guy N. Cromwell M. D. (Coroner)

12/12 1931 (Address) 535 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial: Dec. 15 1931

20 UNDERTAKER: J. A. Bleck — ADDRESS: 1003 West ~~Baltimore St.~~

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74681

CERTIFICATE OF DEATH

108 E 74681

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 So. Monroe St. 19-28 Ward)

Length of residence in city or town where death occurred 50 yrs. 5 mos. 1 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida M. Morgan

(a) Residence: No. 115 So. Monroe St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel F. Morgan

6. DATE OF BIRTH (month, day, year) July 11, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

13. NAME John Kupper

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT (Address) Mr Samuel F. Morgan 115 So. Monroe St

18. BURIAL, CREMATION, OR REMOVAL
Place Mer Cathedral Date 12/ 14/ 1931.

19. UNDERTAKER (Address) John J. Cowan & Son 901 Hollins St.

20. FILED 13 1931 H. [illegible] JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/ 12/ 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1931, to Dec 12, 1931

I last saw her alive on Dec 12, 1931 death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	2 Days

Other contributory causes of importance:

Chronic Nephritis (Parenchymatous)	6 yrs

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1588 Bolton St

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74682

E 74682

CERTIFICATE OF DEATH

19-27 87-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 233 N. Fulton Ave St. ..... Ward)

Length of residence in city or town where death occurred 63 yrs 11 mos 9 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Ann Rebbert

(a) Residence: No. 233 N. Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ferdinand H. Rebbert

6. DATE OF BIRTH (month, day, year) Jan 1, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	63	11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Simon McNamara

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Julia McNaney

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs William D. Kennear

(Address) 233 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 10/14/ 19 31

19. UNDERTAKER John J. Cowan & Son

(Address) 901 Hollins St.

20. FILED 13 1931 19 H. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1931 to Dec 10 1931

I last saw her alive on Dec 10 1931 death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	12/5/31

(Other contributory causes of importance)

Arterio Sclerosis Unknown

Name of operation ..... Date of ... No

What test confirmed diagnosis? ..... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. O'Neill M. D.

(Address) 108 N. Fulton Ave

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74683

CERTIFICATE OF DEATH

E 74683

$2-00?

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. ..... Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Bauer

(a) Residence: No. 806 Woodward St., Ward Balto. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie S. Downs Bauer

7. DATE OF BIRTH (month, day, year) May 28, 1858

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	6	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 042
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Bauer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME do not know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Minnie S. Bauer
(Address) # 806 Woodward St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date 12/ 16/ 1931.

19. UNDERTAKER John J. Cowan & Son.
(Address) 901 Hollins St.

20. FILED ..... 19.. James M B ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from December 6, 1931, to December 12, 1931
I last saw h in alive on Dec. 12, 1931 death is said to have occurred on the date stated above, at 7:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	12/2/31
Bronchial Pneumonia (Terminal)	12/10/31

Other contributory causes of importance:

Name of operation None Date of ...
What test confirmed diagnosis? Clinical - Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph F. Arenga M. D.
(Address) University Hospital

1-30—M & T—100 B—60L

via:- Railway Express Agency.

E 74684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

200-001

E 74684

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 N. Calvert St. ST. 11-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dennis B. Creed.

(a) RESIDENCE NO 628 N. Calvert St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henriette Forsythe

6 DATE OF BIRTH (month, day, and year) Unkown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer St. Ignatius Church

9 BIRTHPLACE (city or town) (State or country) Massachusetts

PARENTS

10 NAME OF FATHER Daniel Creed.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unkown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unkown

14 Informant Mr. Daniel P. Creed.

(Address) 214 Highland Ave Derby, Pa.

15 Filed DEC 13 1931 19 H. Hayes Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Natural Causes

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) James M Kenton M. D.
Coroner

12/13/31 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Newburyport, Mass	Dec 13 1931
20 UNDERTAKER Henry W. Measston	ADDRESS 805 N. Calvert St.

-30—M & T—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74685 | E 74685

210-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem Hosp ST. 27-54 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank E Hinton

(a) RESIDENCE NO 1621 Collegeaor ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 9 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida F. Hinton

6b DATE OF BIRTH (month, day, and year): May 12 [illegible]

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	39	9	1	

7 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Auto Mech
(b) General nature of industry, business or establishment in which employed (or employer): Oak
(c) Name of employer

8 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Thos Hinton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Anna Storm

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Mrs. Frank Hinton

(Address) 1621 Lafayette

Filed DEC 3 1931 — [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/13 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Auto in which he was driving left road & ran into tree & pole

(duration) 1 hr yrs. mos da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? In front 1027 Falls Rd

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Dr J Clue

(Signed) L. J. Frank, M. D.

12/13 1931 (Address) Coroner's Office Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Dec 5 1931

20 UNDERTAKER: Lotz Bros & Sons

ADDRESS: Towson

Rec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

114-002 ✓

E 74686 — REGISTERED NO. — E 74686

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 Cedarcroft Rd ST. 27-43 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Addison Eugene Robinson, Jr.,

(a) RESIDENCE NO. 401 Cedarcroft Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 3, 1911

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	3 4	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Baltimore, Md

10 NAME OF FATHER Addison Eugene Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): City

12 MAIDEN NAME OF MOTHER Angelina Barnard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): City

Informant Angeline Barnard Robinson

(Address) 401 Cedarcroft Rd

Filed 1-3 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/11/31

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1930 to Dec. 11 1931.

that I last saw him alive on Dec. 10 1931

and that death occurred, on the date stated above, at 4.05 A m.

12-11-31

The CAUSE OF DEATH* was as follows:

Multiple Abscess of Lungs

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) Sheldon Eastland M. D.

(Address) 323 Med. Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: 12/14/1931

20 UNDERTAKER: J. G. Moran

ADDRESS: 6 Walbrook

A4Co. 5-31 250B

E 74687 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 74687

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital Registered No. 131
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 N. Gilmor St. 16-23 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter Mitchell

(a) Residence: No. 736 Carrollton ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	Col	Widower

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec 14-870

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
60	11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md
13. NAME Major Mitchell
14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md
15. MAIDEN NAME Ellen Gross
16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md
17. INFORMANT Louise Stewart
(Address) 731 N. Carrollton ave
18. BURIAL, CREMATION, OR REMOVAL
(Place) Calvert Co Md (Date) 12-14 1931
19. UNDERTAKER Lottie Gross
(Address) 1408 Ashland

DEC 14 1931 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-11- 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 18 1931 to Dec 11- 1931
I last saw him alive on 12-11- 1931 death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis	12/11/31
Hemiplegia	Dec 1930
Other contributory causes of importance:	
Arterio Sclerosis	1928
Nephritis, myocarditis	1930

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W R Bo Kerr, M. D.
(Address) 1512 Gilmor

AdCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74688

CERTIFICATE OF DEATH

E 74688

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hospital) (Ward) 12-49

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. William W. Jones.

(a) Residence: No. Forest Hill. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M.

6. If married, widowed, or divorced (or) WIFE of Mrs. William W. Jones

7. DATE OF BIRTH (month, day, year) March 12 - 1859?

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	72?	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Daniel Jones.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lillian Walker

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Forest Lawn Memorial Park Date Dec 14 19 31

19. UNDERTAKER Hyland & Bailey
(Address) Darlington Md.

FILED DEC 14 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-8-31, 19 ... to 12-13-31, 19 ... I last saw him alive on 12-13-31, 19 ... death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	?

Other contributory causes of importance: Uremia

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No if so, specify

(Signed) John S. Fowler, M. D.
(Address) Union Memorial Hospital

AACo. 5-11 2500

E 74689 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 74689

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 Riverside Ave St. 21-33 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs 4 mos 14 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Joan D. Brickner

(a) Residence: No. 1204 Riverside Ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) July 29 1931

AGE Years	Months	Days	If LESS than 1 day, hrs or min.
	4	14	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.
13. NAME Peter. Brickner
14. BIRTHPLACE (city or town) (State or country) Pa.
15. MAIDEN NAME Ethel M. Franklyn
16. BIRTHPLACE (city or town) (State or country) Balto Md.
17. INFORMANT Peter. Brickner
(Address) 1204 Riverside Ave.
18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date 12-14 1931
19. UNDERTAKER E & B Bode
(Address) 1[illegible] Harlem Ave
19. FILED 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day, year) Dec. 13th 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1931 to Dec 13 1931
I last saw her alive on Dec 12 1931 death is said to have occurred on the date stated above, at 1.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia & Whooping Cough.	12/9/31
Other contributory causes of importance Exhaustion	12/10/31

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. C. Campbell M. D.
12/31 (Address) 164 Hanover St.

Spec.—8-16-29—L. F. S.—100 Bks.

E 74690

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74690

CERTIFICATE OF DEATH

ABBICHT. 161-006

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1532 N. Fulton Ave. ST. 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME August Robert Abbicht

(a) RESIDENCE NO. 1532 N. Fulton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Wh	

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Dec. 6 31

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1/2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER August A. Abbicht

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Helen A. Fay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

Informant Mrs. Gladys A. Abbicht

(Address) 1532 N. Fulton Ave

DEC 14 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1931, to Dec 12, 1931, that I last saw h[illegible] alive on Dec. 12, 1931 and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Mandibular Gland metast. Very difficult examination

(duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (Secondary)* Prolonged Labor, Dry Pleurisy (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Visible

(Signed) E. Schmidt, M. D.

12-12-31 (Address) 1605 W. Mosher St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Dec 14 1931

20 UNDERTAKER Mrs Chas A. Gehrde 2327

ADDRESS Edmondson Ave

E 74691 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74691

CERTIFICATE OF DEATH

159

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2330 Eutaw Pl 13-59 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jean Wagner

(a) RESIDENCE No 2330 Eutaw St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: ~~Jane~~

6 DATE OF BIRTH (month, day, and year): 12-11-31

7 AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: none

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md

PARENTS

10 NAME OF FATHER: Albert Barnett

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. J.

12 MAIDEN NAME OF MOTHER: Mary V. Wagner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant (Address): Mary V. Wagner 2330 Eutaw Place

C 14 1931

C. HAMPSON COPS

Registrar

Pd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 11-31

17

I HEREBY CERTIFY, That I attended deceased from Dec. 11. 19 31, to Dec. 11 19 31

that I last saw her alive on Dec. 11. 19 31

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) hrs 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? none

Signed Robert C Blake M. D.

19 (Address) 719 Med Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: 12/15 1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St. Paul St

Spec—9-30—A. & Co.—250 Blks

74692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 E 74692

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 W. West St. 23-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Wm Franklin Becker

(a) RESIDENCE NO. 205 W. West St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~late WIFE of~~ Grace Becker

6 DATE OF BIRTH (month, day, and year) June 23rd 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Trucking

(c) Name of employer Wm Albrecker

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John W. Becker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Railey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Grace Becker

(Address) 205 W. West St

15 DATE RECEIVED DEC 14 1931 C. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/11/31

17 I HEREBY ~~CERTIFY~~. That I attended deceased from Nov 11th, 1931, to Dec. 11th, 1931

That I last saw h~~im~~ alive on Dec 11th, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral embolism following valvular disease of heart

(duration) — yrs. 1 mos. — ds.

CONTRIBUTORY ... (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted? If not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical findings

(Signed) Henry Kleibel M. D.

12 [illegible] 1931 (Address) 1304 26 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: 12/14/19

20 UNDERTAKER: Wm Cook — ADDRESS: 217 S Paca St

A&Co. 5-31 250B

E 74693 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74693

CERTIFICATE OF DEATH

122-001

1. PLACE OF DEATH University Hospital 15-13 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. S. Ward.

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lelia F Pritchard

(a) Residence: No. 4321 Garrison Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE Emmett M Pritchard

7. DATE OF BIRTH (month, day, year) Dec 23 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	11	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleswoman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME of Father Tillitis Pritchard

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME of Mother Elizabeth Rushwater

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Emmett M Pritchard (Address) 4321 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 12 16 1931

19. UNDERTAKER Watson & Cook (Address) 1212 Eutaw St

DEC 14 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8 1931 to Dec 12 1931

I last saw h in alive on Dec 12 1931 death is said to have occurred on the date stated above, at 10:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia (a strangulata femoralis)	12-8-31
Other contributory causes of importance: Pulmonary Embolism Angina Pectoris	12-12-31

Name of operation Herniaplasty Date of 12-8-31

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harry S. Mellon M. D.

(Address) University Hospital.

AaCo. 5-31 250B

E 74694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 74694

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. City Hospitals St. 13-57 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Carl Mason

(a) Residence: No. 3576 Poole St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb 28, 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	9	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spartanburg Co. S C

13. NAME Henry Mason

14. BIRTHPLACE (city or town) (State or country) S C.

15. MAIDEN NAME Anna Wells

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
St Marys Cemetery Dec 15. 1931

19. UNDERTAKER Raymond Hope
(Address) 3615 Eastwood Ave

20. FILED DEC 14 1931 C. HARRIS JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12/8, 1931 to 12/13, 1931

I last saw him alive on 12/13, 1931 death is said to have occurred on the date stated above, at 7.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs. Acute	8 weeks

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas E Howard Jr, M. D.

(Address)

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74695

CERTIFICATE OF DEATH

34 E 74695

1. PLACE OF DEATH Baltimore City Hospitals — 27-55 — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Rhoads

(a) Residence: No. 5337 Dunmore Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) May 3, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	7	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse trainer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) New York

13. NAME John

14. BIRTHPLACE (city or town) (State or country) N.Y.

15. MAIDEN NAME Martha Bruster

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Dec 14 1931

19. UNDERTAKER Mr Geo. E. Hedland (Address) 163 Druid Hill Ave

DEC 14 1931 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1931 to Dec. 11, 1931
I last saw him alive on Dec. 11, 1931 death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Central nerve syst'm.	
Fibro. pneumonia	
Chronic interstitial nephritis, multiple uremia	1 yr

Other contributory causes of importance:

Cystitis	
Bronchopneumonia	1 week

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas. Thos. Jr ..... M. D.
(Address) Balto. City Hosp.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

74696

E 74696

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Cambridge Arms Apts. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate Elphida Anderson

(a) RESIDENCE NO. Cambridge Arms St. 12 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 10 mos. 12 ds. How long in U. S., if of foreign birth 64 yrs. 10 mos. 12 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): January 30 1867

7 AGE: Years 64 Months 10 Days 12 IF LESS than 1 day ....hrs. or....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Isaac J. Anderson

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Catherine Toomey

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant (Address): Mrs M. F. Burgess - (Sister) Cambridge Apts. Ct.

15 Filed [illegible] 1931 HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Bronchopneumonia

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Jno. M. Murray M. D.

(Coroner)

12/13/31 (Address) 1632 Holland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death — yrs.. — mos.. — ds. In the State — yrs.. — mos.. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Irvington Cemetery Date of Burial: Dec 14 1931

20 UNDERTAKER: Edward Hart & Son ADDRESS: W. Fayette

Spec.—9 30—A. A Co.—250 Blks

Eugent Euzont

74697 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 74697

1 PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No Monument & Rutland 6-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

2 FULL NAME Percy Eugent.

(a) RESIDENCE NO 2133 Fairmont ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Eugent

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Rose Weiss, Sister

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12 | 13 | 31

17

I HEREBY CERTIFY, That I attended deceased from Oct 11, 1931, to Dec 13, 1931

that I last saw h/M alive on Dec. 12th, 1931

and that death occurred, on the date stated above, at 3:ata.m.

The CAUSE OF DEATH* was as follows:

Benign Hypertrophy of Prostate.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) 1. Diabetes - generalized arterial sclerosis (duration) 0 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec. 11, 1931

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Cecil Robert Cohen M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew-Rosedale — DATE OF BURIAL 12-15 1931

20 UNDERTAKER Jack Lewis Inc — ADDRESS 1439 E. Baltimore

Spec—9 30—A. & Co.—250 Blks

Udoff

HEALTH DEPARTMENT—CITY OF BALTIMORE

74698

CERTIFICATE OF DEATH.

E 74698

1 PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE. (No.) monument & Rutland ST. 27-55 WARD 50 2/1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME mrs. Lena Udoff

(a) RESIDENCE NO. 5206 Reisterstown Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female | 4 COLOR OR RACE white | 5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alex Udoff

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
41				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Wolf Sagaroff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rachel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis Inc

(Address) 1429 E Baltimore St

15 Filed DEC 14 1931 H. H. JONES M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-13-31

17 I HEREBY CERTIFY, That I attended deceased from 12/6, 1931, to 12/13, 1931

that I last saw her alive on 12/13, 1931

and that death occurred, on the date stated above, at 12:51 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastasis to Lung

Causing Dyspnea (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7/23/30

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Archie Robert Cohen, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 12-14 1931

20 UNDERTAKER Jack Lewis Inc

ADDRESS 1439 E Baltimore St

ABCo. 5-11-2MB

74699

E 74699

HEALTH DEPARTMENT—CITY OF BALTIMORE

231

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 2-4 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Fannie Lawman

(a) Residence: No. 732 E. Broadway St., Ward. Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fannie Lawman

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Factory
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia
13. NAME Jacob Lowman
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Sarah Lesh
16. BIRTHPLACE (city or town) (State or country) Russia
17. INFORMANT David Herman
(Address) 1516 E. Pratt St
18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rest Rd Date 12-14 1931
19. UNDERTAKER Jack Lemo Inc
(Address) 1419 E. Balto St.

DEC 14 1931 HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from December 8, 1931, to December 13, 1931
I last saw h/ alive on Dec. 13, 1931 death is said to have occurred on the date stated above, at 8:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12/8/31

Other contributory causes of importance:

Bilateral Pulmonary Tuberculosis	Unknown
Coronary Thrombosis	12/13/31

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph F. Prange, M. D.
(Address) University Hospital

pec.—1-30—M. & T.—250 Blks.

E 74700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

E 74700

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2013 Madison Ave (St.) 14-20 (Ward)

2-FULL NAME John A. Brown

(a) RESIDENCE NO. 2013 Madison Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	C	Married

6 If married, widowed, or divorced HUSBAND of or) WIFE of Sarah L. Brown

DATE OF BIRTH (month, day, and year) Mch 4, 1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	9	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Chesterfield

10 NAME OF FATHER Alex Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Sarah L. Brown

(Address) 2013 Madison Ave

DEC 14 1931 WILLIAM H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 11, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1931 to Dec 10, 1931.

that I last saw him alive on Dec 10, 1931

and that death occurred on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows: Apoplexy

(duration) yrs. mos. 54 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) R. Galand Arnold, M. D.

Dec 12 1931 (Address) 1534 - Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery — DATE OF BURIAL Dec 14, 1931

20 UNDERTAKER Wm. H. Chase & Son — ADDRESS 638 N. Gilmor

1-20—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74701 | X 181 | E 74701

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST., 76-27 WARD)

2-FULL NAME Catherine Hanousek

(a) RESIDENCE NO Dorsey & Taylor Ave Essex ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. _____ mos. 1 Day ds. How long in U. S., if of foreign birth? 50 yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
81	81	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Rose Holzknecht

(Address) Dorsey Ave.

15 Filed DEC 14 1931 16 HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns
3rd degree
(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted, if not at place of death? Dorsey & Taylor Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B O Herzog M.D., Coroner

12/13, 1931 (Address) 3005 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Hill Cem	Dec 14 1931
20 UNDERTAKER	ADDRESS
E. D. Connelly	Essex Md

A&Co. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74702

E 74702

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 N. Central ave ..... Ward)

Length of residence in city or town where death occurred ..... yrs ..... mos ..... ds. How long in U.S. If of foreign birth? ..... yrs ..... mos ..... ds.

2. FULL NAME Martha J. Buford

(a) Residence: No. 2211 N. Central ave., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Buford

7. DATE OF BIRTH (month, day, year) Jan. 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worked at
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

13. NAME Parents Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Isabell Burns

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Louis N. Buford 2211 N. Central ave Md.
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt. Auburn Date Dec 16, 1931

19. UNDERTAKER Edward W. Tompkins
(Address) 2211 Eutaw pl

C. HAMPSON JONES, M. D.
Registrar

DEC 14 1931

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) 12-12-31, 19

22. I HEREBY CERTIFY, That I attended deceased from June 27 1931, 19, to Dec 12 1931, 19

I last saw her alive on Dec. 11, 1931 About 11.30 A M, death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor Pons Var. Probably a year	

Other contributory causes of importance:

Cerebral Haemorrhage	12-12-31

Name of operation None Date of

What test confirmed diagnosis? Phys Examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Pollock, M. D.

(Address) 3400 Walbrook Ave.

A&Co. S-61 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

74703

CERTIFICATE OF DEATH

23 E 74703

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 807 S. Scott St. 21-24 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew J. McColgan

(a) Residence: No. 807 S. Scott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or WIFE of) Josephine McColgan

DATE OF BIRTH (month, day, year) March 10, 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	7 9	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper & Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr Thomas W. Hohn
(Address) 862 Washington, Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cemetery Date Dec 15, 1931

19. UNDERTAKER Frederick A. Cole
(Address) 1200 W. Lombard Street

DEC 14 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1931, to Dec. 11, 1931

I last saw h[illegible] alive on Dec 8, 1931 death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	unknown
Other contributory causes of importance:	
Valvular heart disease	unknown

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herman L. Blake M. D.

(Address) 1205 W. Fayette St.

AaCo. 5-11 2508

E 74704 ALTH DEPARTMENT—CITY OF BALTIMORE E 74704

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2815 Pinewood Ave. St., 27-43 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Enoch A. Bowen

(a) Residence: No. 2815 Pinewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna E. Bowen

7. DATE OF BIRTH (month, day, year) Aug. 2 1859

8. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	72	4	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lead Burner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

13. NAME Octavus Bowen

14. BIRTHPLACE (city or town) (State or country) don't know

15. MAIDEN NAME don't know

16. BIRTHPLACE (city or town) (State or country) dont' know

17. INFORMANT Anna E. Bowen
(Address) 2815 Pinewood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Am Date Dec. 16 1931

19. UNDERTAKER George W. Zirkler
(Address) 737 E Eager St.

FILED 12 7 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1931, to Dec 13 1931

I last saw him alive on Dec 13 1931 death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows: Organic Heart Disease

Aortic Stenosis

Other contributory causes of importance: Cyphanosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ., 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) 1834 E Pratt St

pec.—1-30—M. & T.—250 Blks

E 74705

E 74705 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

231

REGISTERED NO. _____

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 Wilmer St. 6-17-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda Savage

(a) RESIDENCE NO. 925 Wilmer St. WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. + mos. + ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col-	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Savage

DATE OF BIRTH (month, day, and year) March 2 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	9	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mrs. Bigus

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER Benjamin Diggs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md. Maryland

12 MAIDEN NAME OF MOTHER Annie

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant (Address) Amanda Johnson 925 Wilmer St

Filed DEC 19 1931 C. HAMILTON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/11/31

17 I HEREBY CERTIFY, That I attended deceased from 12/4, 1931, to 12/11, 1931, that I last saw her alive on 12/11, 1931, and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

(duration) — yrs. 6 mos + ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) David Frankel M. D.

19 31 (Address) 1212 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Evergreen Cemetery

DATE OF BURIAL: Dec 14, 1931

20 UNDERTAKER: Mrs Kate R. Williams

ADDRESS 322 N. Schroeder St.

2-20—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-001

E 74706

74706

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 847 N. Fulton St. 15-21 (WARD)

2-FULL NAME Elyse N. Duvall

(a) RESIDENCE NO. 1817 N. Fulton St. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret M.

6 DATE OF BIRTH (month, day, and year) Mar 4-1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Physician
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fred. Co Md

PARENTS

10 NAME OF FATHER Benj Duvall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Fred Co Md

12 MAIDEN NAME OF MOTHER Anna Eichelberger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Fred Co Md

14 Informant Margaret M Duvall (Address) 847 N Fulton

Filed DEC 14 1931, 192 C. HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH was as follows:* Acute Myocardial Failure

(duration) Sudden ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Harold Smith, M. D. Coroner

(Address) Same

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick Md — DATE OF BURIAL Dec 15 1931

UNDERTAKER George J Smith — ADDRESS 33 Hollins

1-30—3M & T—100 B—50L

E 74707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74707
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE (No. City Hospital ST. 9-47 WARD)

2-FULL NAME Andrew Johnson

(a) RESIDENCE NO 627 E 36th St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Johnson.

6 DATE OF BIRTH (month, day, and year) Sept 27 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
86	86	2	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer Stony Run Steamboat Co

9 BIRTHPLACE (city or town) (State or country) Italy.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown

12 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Frederick Johnson

(Address) 627 E 36th St

15 Filed Dec 14 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Senility.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 627 E 36th

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) B O Berg M D, M. D.

12/12, 1931 (Address) 305 N Patterson Park Ave Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cemetery

DATE OF BURIAL: Dec 14 1931

UNDERTAKER: Henry Sander & Sons, Inc.

ADDRESS: Baltimore St & Broadway

1-29—M & T—100 B—50L.

4708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

E 74708

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 13-52 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. Jesse Redman

(a) RESIDENCE NO 3317 Paine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie V. Redman

6 DATE OF BIRTH (month, day, and year) August 12/58

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ellicott City, Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Mrs Ida Atkinson (Address) 3422 Ash St.

15 DATE RECEIVED 1 4 1931 REGISTRAR

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Uremia- Chr Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jos H Weis, M. D.
Coroner

Dec 14/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Cem't Lansdale

DATE OF BURIAL Dec 16 1931

20 UNDERTAKER J. Wallis Davis

ADDRESS 3418 Eastern Ave

Spec.—9 30—A. & Co.—250 Blks

74709 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74709

CERTIFICATE OF DEATH

94-001

1 PLACE OF DEATH Sinai Hosp REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Rutland ST. (or WARD) 7th

2 FULL NAME Helen Benemugen.

(a) RESIDENCE NO. 3218 Leverton Ave ST. 24 WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of John a Benemugen

6 DATE OF BIRTH (month, day, and year) Oct. 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home wife at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John. Rambock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Josphine Love

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant (Address) John a Benemugen Husband 3218 Leverton ave

Filed 4 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1931, to Dec 10, 1931

that I last saw h[er] alive on Dec. 10, 19

and that death occurred, on the date stated above, at 2:30 P. M.

The CAUSE OF DEATH* was as follows:

Subacute bacterial Endocarditis
Strep viridans

(duration) yrs. 1 mos. ? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did no operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Melton B Cross M. D.

19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem DATE OF BURIAL Dec 14 1931

20 UNDERTAKER Edw F Lilly ADDRESS 3318 Glenmore ave

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

74710

CERTIFICATE OF DEATH

E 74710

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 E. Preston St. 10-14 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. H. Hall

(a) Residence: No. 1015 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Adams

7. DATE OF BIRTH (month, day, year) Aug. 4th 1846

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	4	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Iron (Rtrd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Purnell Hall

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Evelyn Caswell

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Miss Carrie Hall

(Address) 1015 E Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Permanent Date 12/14/1931

19. UNDERTAKER E. J. Fanning & Son

(Address) 1031 E Lafayette Ave

FILED 12 14 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/11/1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1931, to Dec 11, 1931

I last saw him alive on Dec 11, 1931 death is said to have occurred on the date stated above, at 1:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hubert Coleman M. D.

(Address) 1216 E. Preston St

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

74711

CERTIFICATE OF DEATH

E 74711

Registered No. 67

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-43 Ward)

Length of residence in city or town where death occurred yrs mos da. How long in U.S. If of foreign birth? yrs mos da.

2. FULL NAME James McCulley

(a) Residence: No. 2500 Christopher Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 6, 1931

AGE Years	Months	Days	If LESS than 1 day hrs or min.
		7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME Robert Mc Culley
14. BIRTHPLACE (city or town) (State or country) Virginia
15. MAIDEN NAME Connie Buchanan
16. BIRTHPLACE (city or town) (State or country) Virginia
17. INFORMANT Father
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 12-14 19 31
19. UNDERTAKER Leonard F. Rust
(Address) 5305 Harford Rd
20. FILED DEC 14 1931 C. HUMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1931, to Dec 13, 1931

I last saw him alive on Dec 13, 1931 death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital hypertrophy of Thymus Gland	7 days

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Humpson Jones, M. D.

(Address) Mercy Hospital

Spec—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 74712 — 131 — E 74712 REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No) 831 Edmondson ave ST. 18-26 WARD

2 FULL NAME Caroline Powell

(a) RESIDENCE No 831 Edmondson ave ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Riley Powell

6b DATE OF BIRTH (month, day, and year) Apr. 22 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	7	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: General Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md

10 NAME OF FATHER Wm. Mack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Ina E. Stokes 831 Edmondson ave

15 Filed 12 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/11/31

17 I HEREBY CERTIFY, That I attended deceased from Dec. 5, 19 31, to Dec. 11, 19 31
that I last saw h alive on Dec. 11, 19 31
and that death occurred, on the date stated above, at 10:15 a.m.
The CAUSE OF DEATH* was as follows:

Uremia (duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) about yrs. 3 mos. 8 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical
(Signed) John H. Thompson M. D.
(Address) 1172 N. Fayette ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	Dec. 14, 1931
20 UNDERTAKER Mrs. A. G. Elliott	ADDRESS 825 asht

AaCo. 5-31 2508

74713 HEALTH DEPARTMENT—CITY OF BALTIMORE 74713

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 96-37

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wesley Tucker

(a) Residence: No. no home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Tucker

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal yard
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

13. NAME George Tucker

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Date DEC 14 1931

19. UNDERTAKER
(Address)

DEC 14 1931 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1931 to Dec. 10, 1931

I last saw him alive on Dec. 10, 1931 death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr.	NW 1930
Other contributory causes of importance: Arteriosclerosis Anemia Secondary	Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible], M. D.

(Address) Balto. City Hosp.

AdCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74714

CERTIFICATE OF DEATH

93-003

E 74714

1. PLACE OF DEATH Baltimore City Hospitals

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 14-20 St. Ward)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Betty Tolbert

(a) Residence: No. 1836 Division St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) / ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Essex Co. Md.

13. NAME George Tolbert

14. BIRTHPLACE (city or town) (State or country) ? Md.

15. MAIDEN NAME Agnes Johnson

16. BIRTHPLACE (city or town) (State or country) ? Va.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Date SEP 14 1931

19. UNDERTAKER

(Address)

20. FILED SEP 14 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1931, to Dec. 11, 1931

I last saw her alive on Dec. 11, 1931 death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr.	July 1931

Other contributory causes of importance:

Hypertension
Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. G. Lindsay Jr., M. D.

(Address) City Hosp.

Spec.—9-30—A. & Co.—250 Blks.

✓ E 74715

4715 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2701 Woodsdale Ave. or) 27 WARD

2 FULL NAME Annie E. Ernst.

(a) RESIDENCE NO. 2701 Woodsdale ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Ernst

6 DATE OF BIRTH (month, day, and year) Dec 2 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Household

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Martinsburg W. Va.

10 NAME OF FATHER John. Muth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Unknown

14 Interment Mrs Mary Burkhardge (Address) 2701 Woodsdale

15 Burial, Cremation or Removal 1 4 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13. 1931.

17 I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1931, to Dec 13th, 1931.

That I last saw her alive on Dec 12th, 1931, and that death occurred, on the date stated above, at 4:15 m.

The CAUSE OF DEATH* was as follows:

Cystitis Carcinoma.

(duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) —

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no. Date of —

Was there an autopsy? yes.

What test confirmed diagnosis? Clinical

(Signed) L. T. Cordy. M. D.

12-13 1931 (Address) Hotel Overland Cum

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 19
Greenhill Martinsburg W. Va.	Dec 14/31
UNDERTAKER Fowler & Stevens	ADDRESS 15-06 E Fort Ave

AaCo. 5-11 2/08

HEALTH DEPARTMENT—CITY OF BALTIMORE

74716 E 74716

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 25-7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. if of foreign birth? yrs mos ds.

2. FULL NAME Lula A. Wattenmyer

(a) Residence: No. 103 Oak Drive Catonsville Md Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred Wattenmyer

DATE OF BIRTH (month, day, year) Dec. 9, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	5	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER William Lockner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Louise Neukath

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Fred Wattenmyer

(Address) Catonsville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec. 15 1931

19. UNDERTAKER Easton Sons

(Address) Catonsville Md

DEC 14 1931

C. HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from August, 1931, to Dec 12, 1931.

I last saw her alive on Dec 12, 1931; death is said to have occurred on the date stated above, at 2.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	Aug-1931

Other contributory causes of importance:

(Diabetes mellitus)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify. .....

(Signed) A. Lloyd Johnson M. D.

(Address) 1303 Frederick Ave.

1-30—M. & T.—250 Bks.

74717

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74717

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 Riverside Avenue ST. 21-29 WARD)

2-FULL NAME Anisteasia Kyriacos

(a) RESIDENCE NO. 1202 Washington Blvd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Kyriacos

DATE OF BIRTH (month, day, and year) Aug. 9th 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	34	4	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

BIRTHPLACE (city or town) (State or country) Turkey

10 NAME OF FATHER A. Turlops

11 BIRTHPLACE OF FATHER (city or town) (State or country) Turkey

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Turkey

Informant (Address) Samuel Kyriacos 1202 Wash. Blvd.

Filed DEC 14 1931 . 19 C. HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12th. 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 23rd 1931, to Dec 12th, 1931, that I last saw her alive on Dec 11th, 1931, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) sudden yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis (duration) Senkuann yrs. mos. ds.

18 Where was disease contracted if not at place of death? Constantinople

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical diagnosis

(Signed) W. B. Culbreth M. D.

12;13 31 (Address) 1901 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Dec. 15th 31

20 UNDERTAKER Joseph B Cook

ADDRESS 403 N. Eutaw St

AACo. 5-31 250B

74718 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 74718

CERTIFICATE OF DEATH

+158

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Fulton & Caton Aves St. 75-72 Ward

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Kiser

(a) Residence: No. Halethorpe Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 15, 1931

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6 months	5	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Alma Miser

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs Alma Miser
(Address) Halethorpe, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date Dec 15 1931

19. UNDERTAKER Joseph B Cook
(Address) 1005 E. Baltimore St.

20. FILED C. HAMPSON JONES, M. D.
Registrar.
Dec 17 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1931 to Dec 15, 1931

I last saw h alive on Dec 15, 1931 death is said to have occurred on the date stated above, at 8:22 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	

Other contributory causes of importance:

Improper feeding.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Isaac Lovatez, M. D.

(Address) St Agnes Hospital

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

4719

E 74719

CERTIFICATE OF DEATH

87-00

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 N. Patterson Pk Ave St., 6 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara E. Hacker

(a) Residence: No. 226 N. Patterson Pk Ave St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of the late Bernard L. Hacker

DATE OF BIRTH (month, day, year) Aug 25 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	3	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

7. BIRTHPLACE (city or town) Balto. Md.
(State or country)

12. NAME Barge Hacker

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Anna M. Bernard Executrix
(Address) 226 N. Patterson Pk. Ave

18. BURIAL, CREMATION, OR REMOVAL
Place City Reference Date Dec 15 1931

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 405 E. Fayette St

20. FILED 1931 C. H. HAMPSON JONES M. D. Registrar
H. C. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12 , 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1 , 1931, to Dec. 12 , 1931

I last saw h alive on Dec. 12 death is said to have occurred on the date stated above, at 12.20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1-Cerebral Pressure	12/1/31

Other contributory causes of importance:

Hypertension

Name of operation — Date of —

What test confirmed diagnosis? Autopsy? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. F. Engelhardt M. D.

(Address) 3701 Roland Ave

AACo. 5-H 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74720

E 74720

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 S. Dean St., 26 Ward)

Length of residence in city or town where death occurred 57 yrs. mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Kunigunda Weiss

(a) Residence: No. 719 S. Dean St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late John Weiss

DATE OF BIRTH (month, day, year) May 9 1848

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	83	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany
13. NAME Franz Hoffner
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Mrs. Geo. Sengstacker
(Address) 719 S. Dean St.
18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 16 1931
19. UNDERTAKER Lilly & Sons Inc.
(Address) 402 S. Eutaw St.
20. FILED DEC 14 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1931 to Dec 12 1931
I last saw her alive on Dec 12 1931 death is said to have occurred on the date stated above, at 4.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation Myocarditis	12-12-31
Senility	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Arnold F. Buchman M. D.
(Address) 350 S. Fairfax

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74721 E 74721

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 2553 Madison ave (ST.) 13-159 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Jones

(a) RESIDENCE NO. 2553 Madison St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Thomas H Jones

6 DATE OF BIRTH (month, day, and year): May 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John Patty

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Caroline Patty

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Mrs Hazel Bailey 255 Madison

15 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-10-1931

17 I HEREBY CERTIFY, That I attended deceased from 12-1-1931 to 12-10-1931.

that I last saw her alive on 12-10-1931.

and that death occurred, on the date stated above, at 5-10 p m.

The CAUSE OF DEATH* was as follows:

Primary Pneumo-pneumonia Bilateral

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. L. Jackson M. D.

, 19 (Address) 604 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: 12/15/1931

20 UNDERTAKER: Mrs Chas H. Bailey — ADDRESS: 1421 Jefferson St

Spec.—9-30—A. & Co.—250 Blks

74722 HEALTH DEPARTMENT—CITY OF BALTIMORE

X50 E 74722

CERTIFICATE OF DEATH

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH W. Side Balto. Gen. Hospital
CITY OF BALTIMORE: (No City) ST. 16-66 WARD

2 FULL NAME Mrs. Alice Bevard

(a) RESIDENCE NO 509 N. East Ave ST. WARD Frederick Md.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Married

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel Bevard

7 DATE OF BIRTH (month, day, and year) 1869

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62				

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Md.

10 NAME OF FATHER Joseph Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Md.

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Md.

14 Informant Spencer Jones
(Address) Frederick Md.

Filed Dec 4 1931 19 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1st 31

17
I HEREBY CERTIFY, That I attended deceased from 11/4/31 to Dec 1st 31 19
that I last saw her alive on Dec 1st 31 19
and that death occurred, on the date stated above, at 6 P.M.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
Contributory Pulmonary Tuberculosis
(Secondary) (duration) yrs. mos. ds.
Primary (duration) yrs. 1 mos. 1 d.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? No
What test confirmed diagnosis? X-Ray & Clinical
(Signed) Harry Edmunds M. D.
19 (Address) Winters & Edmunds Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Frederick Md.	Dec 14, 1931
20 UNDERTAKER	ADDRESS
Joseph B Booth	1003 W. Balto St.

A&Co. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

74723

CERTIFICATE OF DEATH

E 74723

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 726-Greenmount Ave 10-15 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. If of foreign birth 60 yrs. mos. ds.

2. FULL NAME John Crowley

(a) Residence: No. 726-Greenmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine (Faherty)

DATE OF BIRTH (month, day, year) 4/12/1853

AGE Years	Months	Days	If LESS than 1 day, hours or min.
78	8	-	XXXXXX

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Thimoty Crowley

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs. James O'Brien
(Address) 726-Greenmount Ave.

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12/15/31

UNDERTAKER [illegible]
(Address) [illegible]

DEC 4 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/12/1931

22. I HEREBY CERTIFY, That I attended deceased from 12/10/1931 to 12/12/1931

I last saw h[illegible] alive on 12/12/1931 death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	5 yrs ago

Other contributory causes of importance:

Edema Lungs	1 Day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Dr Bernard Watts, M. D.

(Address) 1216 N Calvert St

4aCo. 5-31 2508

74724

HEALTH DEPARTMENT CITY OF BALTIMORE

74724 E 74724

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1011 N. Central Ave St. 10 - 14 Ward)

Length of residence in city or town where death occurred Life yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Mrs Stella Madelina Battaglia

(a) Residence: No. 1011 N. Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob Battaglia

DATE OF BIRTH (month, day, year) 9/1/1909

AGE Years	Months	Days	If LESS than 1 day hrs or min.
22	3	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME Teofilo Colucci
14. BIRTHPLACE (city or town) (State or country) Italy
15. MAIDEN NAME Anna M. Teffe
16. BIRTHPLACE (city or town) (State or country) Italy
17. INFORMANT Jacob Battaglia
(Address) 1011 Central Ave.
18. BURIAL, CREMATION, OR REMOVAL. Place Greenmount Cemetery Date 12/16/31
19. UNDERTAKER Wm. P. Hampson & Company
(Address) 1411 Eutaw Place
20. FILED DEC 17 1931 WM. P. HAMPSON, JR. Registrar.
Per

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21st, 1931, to Dec. 13th, 1931
I last saw her alive on Dec 13, 1931 death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post partum hemorhage	Dec. 11th

Other contributory causes of importance:
Shock

Name of operation — Date of

What test confirmed diagnosis? Sign Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, if so, specify
(Signed) Jos. V. Castagna, M. D.
(Address) 207-8 Med. Art Bldg

1-30—M. & T.—100 B—50L

74725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 74725

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen Hosp ST. 15 (WARD) 67

2-FULL NAME Lillie R. Holton

(a) RESIDENCE NO 3108 Walbrook ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 3 1859

7 AGE Years 72 Months 11 Days 0 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Ann Z. Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Edw V Holton

(Address) 2903 Montebello Pl

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec 13th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Sclerosis

Chronic Alcoholism

Contusion of Brain & Lung

(Duration) Minutes

CONTRIBUTORY (Secondary)

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible] M. D.

Coroner

19 (Address) [illegible] Coroner

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Johns (Family) Cemetery

DATE OF BURIAL 12/16/1931

20 UNDERTAKER Wm Cook 1217 St Paul St

ADDRESS

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

74726

CERTIFICATE OF DEATH

107 E 74726

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 25-32 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eckenrath Edward

(a) Residence: No. 2138 Annapolis Rd St., Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (Month) (Day) (Year) Mar. 26th 1872

AGE Years	Months	Days	If LESS than 1 day, hrs or min.
59	8	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machine Sh

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Peru

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Bessie Pyle

(Address) 2260 Cedley St

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery Date 12/17/1931

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from December 10, 1931 to December 14, 1931

I last saw h[er] alive on Dec. 14 1931 death is said to have occurred on the date stated above, at 9:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Confluent Bronchial Pneumonia of Lower and middle lobes of Right lung.	12/9/31
Other contributory causes of importance: Chronic Emphysema	Unknown

Name of operation None Date of

What test confirmed diagnosis? Clinical Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph F. Arensa M. D.

(Address) University Hospital

A&Co. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

74727

X v 119 E 74727

CERTIFICATE OF DEATH

E 74727

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. .....Ward)

Length of residence in city or town where death occurred 5 yrs. 2 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Warren Kaiser

(a) Residence: No. Laurel St., Ward. Maryland
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

DATE OF BIRTH (month, day, year) Aug. 15, 1931

AGE Years	Months	Days	If LESS than 1 day, hrs or min.
-	4	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Laurel, Md.

13. NAME Wilbur Kaiser

14. BIRTHPLACE (city or town) (State or country) Laurel, Md.

15. MAIDEN NAME Nellie Howell

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT (Address) Mrs Wilbur Kaiser Laurel, Md.

BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem. Date 12/16 1931

UNDERTAKER Loyd Kaiser

(Address) Laurel Md

FILED DEC 15 1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/14. 1931

22. I HEREBY CERTIFY, That I attended deceased from 12/9, 1931, to 12/14, 1931

I last saw him alive on 12/14 1931, death is said to have occurred on the date stated above, at 11.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis. Diarrhoea	12-1-31
Other contributory causes of importance: Bronchopneumonia	12-12-31

Name of operation none Date of

What test confirmed diagnosis Clinical finding Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jesse S. Fuller M. D.

(Address) Union Memorial Hospital

-20—M & T—100 B—501.

E 74728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

E 74728

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St. 1428 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Marsh

(a) RESIDENCE NO 412 S. Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Widower

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Elizabeth Marsh

6 DATE OF BIRTH (month, day, and year): Jan. 4, 1866

7 AGE: Years 65; Months 11; Days 8; If LESS than 1 day, hrs or min.

8a OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Silver Polisher
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Stieff Co.

9 BIRTHPLACE (city or town) (State or country): England

10 NAME OF FATHER: Edward Marsh Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Edward Marsh (Address) 412 S. Calhoun St.

Filed DEC 15 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 12, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Bronchio-Pneumonia

(duration) ? yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical Signs

(Signed) Guy N. Cromwell, M. D. Coroner

12/14, 1931 (Address) 803 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem

DATE OF BURIAL: 12/16 1931

20 UNDERTAKER: Robert Burns & Son

ADDRESS: Baltimore

Dec—1-30—M. A T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-001 E 74729

CERTIFICATE OF DEATH.

74729

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2430 Eutaw Place St. 13-59 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2.-FULL NAME Dr. Nathan Alpert

(a) RESIDENCE NO. 2430 Eutaw Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Jewish White	married

If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Fannie Alpert

DATE OF BIRTH (month, day, and year) Jan 26, 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	10	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (City or town) (State or country) Russia

10 NAME OF FATHER Rabbi Leo Alpert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Martha

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant (Address) Leon Alpert 2430 Eutaw Place

Filed DEC 15 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan, 1930, to ~~Dec 15~~ Dec 15, 1931,

that I last saw him alive on Dec. 15, 1931,

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

angina pectoris

coronary thrombosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. L. Levin, M. D.

12/14, 1931 (Address) 2430 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sinai Hebrew Rem. — DATE OF BURIAL Dec 15 1931

20 UNDERTAKER S. Levinson Bro — ADDRESS 1127 E Balto St

AaCo. 5-11 2508

Donald Summers

74730 HEALTH DEPARTMENT—CITY OF BALTIMORE

11

119 E 74730

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 12-68 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Donald Summers

(a) Residence: No. 1210 Oakhurst Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 17th 1930

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	1	7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME OF FATHER Gordon Summers.

14. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

15. MAIDEN NAME OF MOTHER Ursula Kaser

16. BIRTHPLACE (city or town) Philadelphia
(State or country) Pa

17. INFORMANT Gordon Summers
(Address) 2 12 Oakhurst Pl.

18. BURIAL, CREMATION, OR REMOVAL Dec. Cem. Date Dec 15 1931

19. UNDERTAKER Crane.
(Address) 1525 Eutaw Drive

DEC 15 1931 HAMILTON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/14, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1931, to Dec 14, 1931.

I last saw h/m alive on Dec 14, 1931 death is said to have occurred on the date stated above, at 11.20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Broncho)	12/4/31
Other contributory causes of importance:	
Pneumonia	
Bilateral otitis media	12/4/31

Name of operation Thoracoplasty, appendectomy, Date of 12/3/31
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hamilton Jones, M. D.
(Address) University Hospital

AaCo. 5-11 2508

254714 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

E 74731 **CERTIFICATE OF DEATH** 94-001 E 74731

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. ..... Ward) 12 [illegible]

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul Johannsen

(a) Residence: No. 2216 Mondawmin Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora

DATE OF BIRTH (month, day, year) Oct 5- 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany
13. NAME John Johansen
14. BIRTHPLACE (city or town) (State or country) (?)
15. MAIDEN NAME Eliz Gries
16. BIRTHPLACE (city or town) (State or country) (?)
17. INFORMANT Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date 12/17 1931
19. UNDERTAKER M Josiah Lyter
(Address) 1600 N Pine St
FILED DEC 15 1931 C. HARPER JONES, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec - 14 , 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov-15 , 1931, to Dec-14 , 1931
I last saw him alive on Dec 14 1931 death is said to have occurred on the date stated above, at 4'15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Dec 14
Angina Pectoris	

Other contributory causes of importance:

Myocardial failure & Cerebral embolism	?

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Robert J. Wells M. D.
(Address) Johns Hopkins Hospital

-30—M S T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74732

CERTIFICATE OF DEATH

210 V-001

E 74732

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Union Mem Hosp ST. 27-43 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edw K Snyder (Wife)

(a) RESIDENCE NO. 2908 Hamilton Av ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of Mrs Edw K Snyder

6 DATE OF BIRTH (month, day, and year) 5/28/1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Reed Pa
(State or country)

10 NAME OF FATHER Geo F. Snyder

11 BIRTHPLACE OF FATHER (city or town) Pa
(State or country)

12 MAIDEN NAME OF MOTHER Sara Knight

13 BIRTHPLACE OF MOTHER (city or town) Pa
(State or country)

PARENTS

Informant Mrs L. Hughes

(Address) 2908 Hamilton Ave

Filed DEC 15 1931, 192 HAWSE JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/13 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck and knocked down by a moving Taxicab.

CONTRIBUTORY (Secondary) Fractured Skull (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Watson & Hanford

Did an operation precede death? Yes Date of 12/13/31

Was there an autopsy? Fracture of Skull

What test confirmed diagnosis? H. & Clin. Surg'y Exam.

(Signed) H. Hamill, M. D. Coroner

12/15, 1931 (Address) Traffic Court

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetary — DATE OF BURIAL 12/16 1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 E Fayette St

-30—M. & T.—100 B—50L

E 74733

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004 E 74733

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6003 Sefton Ave ST., 27-463 WARD)

2-FULL NAME Elizabeth A. Egan

(a) RESIDENCE NO 6003 Sefton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 21/1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	74	11	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

10 NAME OF FATHER Thos. Wooden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Sarah Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Mrs. Lottie Dietrich

(Address) 6003 Sefton Ave

Filed DEC 5 1931 G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Probably Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John Evans, M. D. Coroner

Dec 14/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Dec 16 1931

20 UNDERTAKER John Leech

ADDRESS 1008 Orleans

AaCo. 5-R 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

4734

CERTIFICATE OF DEATH

C 14734

23 V 4

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 Hanover St Ward) 11-20

Length of residence in city or town where death occurred at birth yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Powell

(a) Residence: No. 1416 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	B	married

6. If married, widowed, or divorced (or) WIFE of Milton Powell

DATE OF BIRTH (month, day, year) Dec 25, 1902

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
28	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) Richmond Va

15. MAIDEN NAME Alice Cooper Mone

16. BIRTHPLACE (city or town) (State or country) Richmond Va

INFORMANT husband

(Address) 1416 Hanover St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 12-15-31

UNDERTAKER Dennis Eastern

(Address) 916 Dolphin

FILED DEC 19 1931 19 [illegible]

C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-12-1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1931, to 12-12, 1931

I last saw h 12 alive on Dec 8, 1931, death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Pulmonary Oedema	12-11-31

Name of operation none Date of

What test confirmed diagnosis? Aut Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Lemmon, M. D.

(Address) 2305 Eutaw Place

-30—M. & T.—100 B—50L.

E 74735

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74735

CERTIFICATE OF DEATH

108

REGISTERED NO.

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 Ensor ST. 10-Nt WARD

2. FULL NAME Mildred Cameron

(a) RESIDENCE NO. 716 Ensor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 9/1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	6	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.C.

PARENTS

10 NAME OF FATHER John Ca meron

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Adalade Burden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Emma Cameron (Address) 716 Ensor St

15 Filed DEC 15 1931 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13/31 4.30 A.M.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Probably Lobar Pneumonia

(duration) yrs. mos? ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Wilson Coroner, M. D.

(Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore County — DATE OF BURIAL 12-15 1931

20 UNDERTAKER Dant Carter — ADDRESS 916 Bank

E.74736

E 74736

E 74736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. ST. 15-23 WARD 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leroy Bowman

(a) RESIDENCE NO. 1311 N. Stockton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1904

7 AGE Years 27 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Porter (b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. Ca.

10 NAME OF FATHER Adolphus Bowman

11 BIRTHPLACE OF FATHER (city or town) S. C.

(State or country)

12 MAIDEN NAME OF MOTHER Amanda Bowman

13 BIRTHPLACE OF MOTHER (city or town) S. C.

(State or country)

PARENTS

14 Informant Amanda Bowman

(Address) 1311 N. Stockton

Filed 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) and thereupon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Homicide Pistol shot of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1309 W Pressman

Was an operation performed? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) , M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oheren J. C. | DATE OF BURIAL 12-15 1931

20 UNDERTAKER Dennis Carlon | ADDRESS Pg Md

E 74737

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74737

93-003

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3103 Woodland Ave St. 27-56 Ward)

2-FULL NAME Oden, Jno Edward Sr.

(a) RESIDENCE NO. 3103 Woodland Av St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Addie Hetty Oden

7 DATE OF BIRTH (month, day, and year): Nov. 1 1854

8 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	77	1	14	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer): No

(c) Name of employer

10 BIRTHPLACE (city or town): Frederick

(State or country): Md

11 NAME OF FATHER: John Ed Oden

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Frederick Md.

12 MAIDEN NAME OF MOTHER: Mary Stock

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Frederick Md

14 Informant: Mrs James Oden

(Address): 3103 Woodland Ave Balto Md.

15 Filed 1931 16 Hanson Jones M.D. Registrar

DEC 15 1931

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH (month, day, and year): Dec 15-24 1931 19

17 I HEREBY CERTIFY, That I attended deceased from Dec 14 1931, to Dec 15-24 1931, that I last saw him alive on Dec 15-24 1931, and that death occurred, on the date stated above, at 5 30 A m.

The CAUSE OF DEATH* was as follows:

Chr myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchial, asthma & cardiac

(duration) yrs. mos. 4 ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! no Date of

Was there an autopsy! no.

What test confirmed diagnosis! clinical signs

(Signed) D. R. Lucien, M. D.

12/15 1931 (Address) 3421 Edmondson Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Haynesbury Sa.

Date of Burial: 12/19 1931

20 UNDERTAKER: Walter G Hare

ADDRESS: Haynesbury Sa

-30—M [illegible] B—60L

E 74738

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74738

93-004

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Dead on arrival at Hopkins Hospital ST. 6-10 WARD)

2-FULL NAME Margaret C. Rumbel

(a) RESIDENCE NO 2330 Orleans ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank H. Rumbel

6 DATE OF BIRTH (month, day, and year) June 14/1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	5	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Frederick Schwab

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Caroline -----

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Frank H. Rumbel

(Address) 2330 Orleans St

15 [illegible] 1 5 1931 [illegible] HARRISON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13/31 6.50 A.M.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held on inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Probably Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) H. R. Wallace, M. D.
Coroner

Dec. 14/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loraine Cem.	Dec 16 1931
20 UNDERTAKER Wm. C. Wallace	ADDRESS 2334 Pelham Ave.

AACo. 5-31 250B

E 74785 HEALTH DEPARTMENT—CITY OF BALTIMORE 23vE 74739

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 639 N. Central Ave St. 5-8 Ward)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jamie Allen Edwards Brady

(a) Residence: No. 639 N. Central Ave St., Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Estella Edwards Brady

DATE OF BIRTH (month, day, year) 1899

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	32			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto, Md

13. NAME Samuel Brady

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Frances Edwards

16. BIRTHPLACE (city or town) (State or country) Balto, Md

INFORMANT Estella Edwards Brady
(Address) 639 N. Central Ave.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 12-15th 1931

UNDERTAKER Byron Wright
(Address) 1211 Maryland Ave

FILED DEC 15 1931 C. ALLISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-12-31. 19

I HEREBY CERTIFY, That I attended deceased from 11-24 1931, to 12-12 1931

I last saw him alive on 12-12 1931 death is said to have occurred on the date stated above, at 10:24 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lung Congestion (Lobar type)	11-24-31
Other contributory causes of importance: Pulmonary Phthisis	11-12-31 1 month

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo. J. Allen M. D.

(Address) 58 Augusta St

Spec.—9-30—A. & Co.—250 Bks.

E 74748 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74740

CERTIFICATE OF DEATH

135V

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 515 Jasper St. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emma Medley.

(a) RESIDENCE NO. 515 Jasper ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Ri	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Jno. Medley

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ht. Marys Co., Md.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ht. Marys Co.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ht. Marys Co.

Informant Thomas Tibbs

(Address) 1525 Loudon Ave

Filed DEC 15 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/13/31

17

I HEREBY CERTIFY, That I attended deceased from 11/10, 1931, to 12/13, 1931

that I last saw h alive on 12/11, 1931

and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows: Infection of the Gallbladder due to Chronic Cystitis and Lack of Medical Nursing

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Chronic Cystitis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis M. D.

12/14/31 (Address) 515 Jasper St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary	Dec 15, 1931
20 UNDERTAKER Mrs. P. G. Elliott	ADDRESS 1525 Loudon Ave

-30—M. & T.—100 B—50L.

E 74741

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74741

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2113-Oak. ST. (or WARD) 12-51

2-FULL NAME Sarah J. Elliott

(a) RESIDENCE NO 2113-Oak-W ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem'l

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jhon Elliott

6 DATE OF BIRTH (month, day, and year): Jan 6, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House work
(b) General nature of Industry, business, or establishment in which employed (or employer): 037
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): " "

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " "

14 Informant: John Elliott

(Address): 2113 Oak St

Filed DEC 15 1931 C. HAMPSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/12 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Coroner, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John J. Donovan, M. D. Coroner

12/15, 19 31 (Address) 263 N. Bel Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashley cemetery

DATE OF BURIAL: 15 1931

20 UNDERTAKER: Mrs R A Elliott

ADDRESS: 172 S [illegible]

Rec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 74742

CERTIFICATE OF DEATH.

E 74742
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1417 N. Mount ST. 15-21 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Lizzie Cunningham

(a) RESIDENCE NO. 1417 N. Mount ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if at foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Colored
5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Baltimore County Md

10 NAME OF FATHER: Nelson Gilbert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Downes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant (Address): Mrs Estelle Taylor 1417 N Mount

Filed OCT 5 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 14 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10th, 1931, to Dec 14th, 1931, that I last saw her alive on Dec 14th, 1931 and that death occurred, on the date stated above, at 8:45 A. m.

The CAUSE OF DEATH* was as follows:
(a) Myocarditis
(b) Endocarditis
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Senile Gangrene
(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Chas E Pede, M. D.
, 19 (Address) 1417 N. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loney Green Md.
20 UNDERTAKER: Thomas C. Kelsan

DATE OF BURIAL: 12-17-31 Dec 17 31
ADDRESS: 1503 Pennsylvania

Jenna Parks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 E 74743

74743 DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 772 Druid Hill Ave. St.) (Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jenna Parks

(a) Residence: No. 772 Druid Hill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Widowed

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	1868	—		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 6?0

BIRTHPLACE (city or town) (State or country) A. A. Co., Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md

INFORMANT Wm. E. Parks
(Address) 772 Druid St.

BURIAL, CREMATION, OR REMOVAL

Place W. M. Cemetery Date 12-17 1931

UNDERTAKER Thomas C. Kelly
(Address) 1203 Pennsylvania Ave.

FILED DEC 15 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931, to Dec 14, 1931

I last saw her alive on Dec 14, 1931, death is said to have occurred on the date stated above, at 3 6 m.

The principal cause of death and related causes of importance were as follows:

Paralysis Cerebral Hemorrhage — Date of onset Dec 1

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. O. Foster, M. D.

(Address) 715 S. Broadway

AdCo. 5-31-2M

HEALTH DEPARTMENT—CITY OF BALTIMORE

74744

CERTIFICATE OF DEATH

108 E 74744

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 714 Woodyear St. 16-23 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Saml Dijke

(a) Residence: No. 714 Woodyear St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Estella Dijke

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) A.A. Co. Md.

13. NAME Allen Dijke

14. BIRTHPLACE (city or town) (State or country) A.A. Co. Md.

15. MAIDEN NAME Josephine Collett

16. BIRTHPLACE (city or town) (State or country) A.A. Co. Md.

INFORMANT Estella Dijke
(Address) 1138 E. Monument St.

BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cem. Co. Md. Dec 10 1931

UNDERTAKER Thomas E. Nelson
(Address) 1303 Presstman St.

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/12, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12/9, 1931, to 12/12, 1931,
I last saw him alive on 12/12, 1931, death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) B. M. Clutts, M. D.
(Address) 713 S. Ha...

Spec—9-30—A A Co—250 Blks

74745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 74745

REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Bellevue City Near Homelands Sanitarium ST. 21-53 WARD

2 FULL NAME Virginia MacDavid Stoltzman

(a) RESIDENCE NO. 7 Middendale Road ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 89 yrs. 8 mos. 24 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced. (write the word): Widow

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of John Stoltzman

7 DATE OF BIRTH (month, day, and year) June 24 1842

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	8	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

BIRTHPLACE (city or town) (State or country): Friendship Maryland

10 NAME OF FATHER: John MacDavid

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Eliza Boyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant: Mr. ... Stoltzman (son)
(Address) 7 Middendale Road

Filed DEC 5 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 8. 1931 to Dec 14 1931

that I last saw h[illegible] alive on Dec-14 1931

and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Endocarditis, Mitral
Insufficiency - Acute
Enteritis Colitis (Terminal)

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary): Senile Arterio Sclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) M. Gibson Porter M. D.

12/14 1931 (Address) 4822 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cumberland Md

DATE OF BURIAL: Dec 16 1931

20 UNDERTAKER: Stewart Tombler & Ball

ADDRESS

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74746

CERTIFICATE OF DEATH

137 E 74746

REGISTERED No.

1 PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE. (No. 1-3 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Hyman Davidson

(a) RESIDENCE No. 202 S. Ellwyn ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): married

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: married Leah Davidson

7 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Peddler.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER Abraham Davidson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant (Address): L. Lewis 1439 E. Balto. St

Filed 19 H. J. Lingo Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1931, to Dec. 15, 1931

That I last saw him alive on Dec. 15, 1931

and that death occurred, on the date stated above, at 3:05 A.m.

The CAUSE OF DEATH* was as follows:

Gas Gangrene, R. Thigh

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Prostatic abscess

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes. Date of Dec. 11, 1931

Was there no autopsy?

What test confirmed diagnosis?

(Signed) Archie Robert Abell M. D.

19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Sinai Cem.

DATE OF BURIAL: 12-15-1931

20 UNDERTAKER: Ex. Lewis, Inc. 1439 E. Balto. St

ADDRESS

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74747 — 1805 — 54 — E 74747

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 Rogers Ave St. 27-55 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Ansky

(a) Residence: No. 317 Rogers Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose Ansky

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Russia
17. INFORMANT Mrs. Rose Ansky (wife)
(Address) 3510 Edmondson Ave.
18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Cem. Date 12-15-31
19. UNDERTAKER Jos. Levin Inc.
(Address) 1439 E. Baltimore St.
20. FILED Dec 16 1931, 19.. Herman Jones, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-15- 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1929 to Dec 15, 1931

I last saw h him alive on Dec 15, 1931 death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

Multiple polyposis (Larynx, trachea, bladder, stomach & intestines) — Date of onset 12/1/29

Other contributory causes of importance: Rectal Hemorrhage — 10 mos

Name of operation Destruction of polyps Date of 12/1/29

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) 1800 N. Charles St.

—1-30—M. & T.—250 Blks.

E 74748 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 E 74748

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 5500 Wesley Ave ST. 28-64 WARD)

2-FULL NAME Wallace Bruce La Crosse

(a) RESIDENCE NO. 5500 Wesley Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

ngth of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
ale	White	Married

married, widowed, or divorced) HUSBAND of or) WIFE of E. Elizabeth La Crosse

TE OF BIRTH (month, day, and year) Nov. 30, 1888

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	0	13	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Elevator Business

(c) Name of employer General Elevator Co Hampton, Va.

RTHPLACE (city or town) (State or country)

NAME OF FATHER J. Frank La Crosse

BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

2 MAIDEN NAME OF MOTHER Lillian Wallace

3 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

Informant (Address) Mrs. E. Elizabeth La Crosse 5500 Wesley Ave

DEC 15 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 13, 1931.

17 I HEREBY CERTIFY, That I attended deceased from December 8, 1931 to December 13, 1931.

that I last saw him alive on December 13, 1931,

and that death occurred, on the date stated above, at 11:55 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. 40 minutes

CONTRIBUTORY (Secondary) High Blood pressure

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Joshua H. Armacost M. D.

Dec 14, 1931 (Address) Woodlawn, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL 11/16 1931

ADDRESS 1532 Hollins St

20 UNDERTAKER George J. Smith

Spec—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

74749 CERTIFICATE OF DEATH 110 E 74749

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE (No .. ST. 1-3 WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Frank Lewandowski

(a) RESIDENCE NO. 703 Vanlel St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Lewandowski

7 DATE OF BIRTH (month, day, and year) 14 Oct 1892

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	1	28	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Labor
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Baltimore Md.

11 NAME OF FATHER Anthony Lewandowski

12 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

13 MAIDEN NAME OF MOTHER Maryama Civinska

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant Mrs. Ag. Lewandowski
(Address) 208 Glen Hill Street

Filed DEC 5 1931 HAROLD JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/1/31

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1931, to Dec. 1, 1931
that I last saw him alive on Dec. 1, 1931
and that death occurred, on the date stated above, at 4 P. M.
The CAUSE OF DEATH* was as follows:

Abscess of Lung
Pleurisy

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Subcutaneous abscess
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? Yes Date of Dec. 7, 1931

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Archie Robert Cohen M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	Dec 5 1931
20 UNDERTAKER	ADDRESS
John M Daley	401 S Chester St

Spec.—9-30—A. & Co.—250 lbks

Dr Shaffer 1501 Light St

74750 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 74750

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2303 Edmondson St (Ward) 20-19

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Louise Lombardo

(a) RESIDENCE NO. 2303 Edmondson St. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 23 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Vincent Lombardo

7 DATE OF BIRTH (month, day, and year): Apr 24, 1908

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	7	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Vincent Di Iorio

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Mary Macciola

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

Informant (Address): Vincent Lombardo 2303 Edmondson Ave

Filed 1931 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 13, 1931

17

I HEREBY CERTIFY, That I attended deceased from Nov 14, 1931, to dec 13, 1931

that I last saw her alive on dec 13, 1931

and that death occurred, on the date stated above, at 10:45 m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys + Lab

(Signed) Mal Shaffer M. D.

Dec 14, 1931 (Address) 1319 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Catholic

DATE OF BURIAL: 12/16 1931

20 UNDERTAKER: Wm Cook

ADDRESS 1217 E Fayette St

-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74751

CERTIFICATE OF DEATH

122-002

E 74751

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. ST. 41-24 (WARD)

2-FULL NAME Willie Brown

(a) RESIDENCE No. 1125 McCulloh St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 (Sex) Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6b DATE OF BIRTH (month, day, and year) 1896

7 AGE Years 35 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Domestic (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Unk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unk

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Provident Hospital

14 Informant (Address)

15 Filed DEC 15 1931 H. A. P. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Intestinal Obstruction (duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Surgery

(Signed) H. A. Kelly, M. D. Coroner

(Address) Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL DEC 15 1931

20 UNDERTAKER

ADDRESS

Commissioner Health

Cor.—10-10-29—A Co.—100 Bks.

E 74752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

158

E 74752

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 528 Burgundy St. 22-30 (Ward)

2-FULL NAME Charles Thomas.

(a) RESIDENCE NO. 528 Burgundy St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
		6		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Chas. Thomas

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Green

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant
(Address)

15 Filed ..... 19.. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Marasmus, due to Malnutrition

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Effert M. D.

12/3. 1931. (Address) 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND DEC 12 1931
C. HAMPTON JONES M. D.
Commissioner Health

Par. Wm. E. Woods

Spec.—B 50—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 94753

753

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1713 Park Place (WARD) 14-20

2 FULL NAME Euphan Graves.

(a) RESIDENCE NO. 1713 Park Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Oct 25, 1836.

8 AGE: Years 95 Months 1 Days 16 If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home. do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Norfolk, Va.

11 NAME OF FATHER William A Graves

12 BIRTHPLACE OF FATHER (city or town) (State or country): Norfolk, Va.

13 MAIDEN NAME OF MOTHER Sarah Brown

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Norfolk

Informant: Eugene D. Graves

(Address) 1713 Park Ave

Filed DEC 19 1931 H. HARRISON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) Dec 14 1931

16

I HEREBY CERTIFY, That I attended deceased from Nov 1, 1931, to Dec. 14, 1931

that I last saw h[illegible] alive on Dec 14, 1931

and that death occurred, on the date stated above, at 12.20 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chr Myocarditis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) C. O. Hagner M. D.

12/17, 1931 (Address) 1300 Hendons Rd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Norfolk Va

DATE OF BURIAL: Dec 16 1931

20 UNDERTAKER, ADDRESS: Chas O. Mitchell Home 1400 Church Place

ec.—2-29-28—L. F. S.—500 Bks.

E 74754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

REGISTERED NO. E 74754

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. Cambridge Arms Chas.&34th Sts. WARD) 12-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Florence Eisenhardt

(a) RESIDENCE NO. Cambridge Arms.Chas.&34th .Sts. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

ngth of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) Nov.12.1880

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51	50	1.	2	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER John Eisenhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.Md.

12 MAIDEN NAME OF MOTHER Catherine Wigley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto.Md.

Informant: Mary V.Bassett

(Address): Cambridge Arms

Filed DEC 15 1931, 19 H. [illegible] JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14/31

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20. 1931. to Dec. 14. 1931.

that I last saw her alive on Dec. 14. 1931

and that death occurred, on the date stated above, at 9.50 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis ?

(duration) 2 yrs. mos. ? ds.

CONTRIBUTORY (Secondary) Acute Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Mukuoma

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Thos. C. Blake M. D.

12-15 1931 (Address) 714 Med Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: Dec 16 1931

20 UNDERTAKER: John C. Mitchell Sons

ADDRESS: 1900 Eutaw

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

74755

CERTIFICATE OF DEATH

X 23 E 74755

Registered No. 7640 3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hospital St. 4-34 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos 4 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Elmer R. Johnson

(a) Residence: No. Hammonds Ferry Rd. Ward. Londontown Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer Johnson

DATE OF BIRTH (month, day, year) Aug 7-1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	4	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brakeman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Harry Johnson

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary E. Groff

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Mrs Annie Johnson

(Address) Hammonds Ferry Road

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 18 1931

UNDERTAKER George L. Schwab

(Address) 2161 Frederick Ave.

FILED Dec 15 1931 C. BAMBERGER JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1931, to Dec 15, 1931

I last saw him alive on Dec 15, 1931 death is said to have occurred on the date stated above, at 7.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	Dec 9, 1931

Other contributory causes of importance:

Tuberculosis & myocardial failure.

Name of operation Appendectomy Date of Dec 11, 1931

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Emil J. C. Hildebrand M. D.

(Address) University Hospital

AACo. 5-11 2508

74756 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 52 E 74756

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2242 W. Lexington St. 21-19 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank H. Hittel

(a) Residence: No. 2242 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Hittel

DATE OF BIRTH (month, day, year) Oct. 18-1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md
13. NAME Martin Hittel
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Gertrude Franz
16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Miss Mary Hittel
(Address) 2242 W. Lexington St.

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Dec. 16. 1931

UNDERTAKER George L. Schwab
(Address) 2101 [illegible] Md.

FILED ....., 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12 . 1931

22. I HEREBY CERTIFY, That I attended deceased from July 1- , 1931 to Dec 12 , 1931
I last saw h[illegible] alive on Dec 12, 1931 death is said to have occurred on the date stated above, at 6.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix Uteri Metastasis to Lung	

Other contributory causes of importance:

Name of operation Sodium Date of
What test confirmed diagnosis? Surgery Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Austin M. D.
(Address) 2245 W. Balto St.

1-20—M & T—100 B—50L

E 74757

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74757

CERTIFICATE OF DEATH

23

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 6-9 WARD)

2-FULL NAME Irvin J Barnes

(a) RESIDENCE NO 118 N Chapel ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie Barnes

6 DATE OF BIRTH (month, day, and year): March 30 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	53	8	13	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Joseph Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Carrie Barnes

(Address) 118 N Chapel

THOMAS JONES, Registrar

DEC 15 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 13 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) P S Herzog md, M. D. Coroner

12/14, 1931 (Address) 305 N Patterson Pk Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn County

DATE OF BURIAL: Dec 17 1931

20 UNDERTAKER: Edward Bryan

ADDRESS 1631 Edmondson St

Spec.—1-30—M. & T.—250 Bks

74758

HEALTH DEPARTMENT—CITY OF BALTIMORE

82 E 74758

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 W 28th St. ST. 17-50 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Pearce.

(a) RESIDENCE NO. 700 W 28th St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

If married, widowed, or divorced (HUSBAND) of (or) WIFE of George Pearce.

DATE OF BIRTH (month, day, and year) May 10 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	7	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired. Dr

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Wales.

10 NAME OF FATHER David Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wales

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Sophia McCandless. (Address) 700 W 28th St.

Filed Dec 17 1931 H. JAMES JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 30 1931 to Dec 14 1931

that I last saw h[illegible] alive on Dec 14 1931

and that death occurred, on the date stated above, at 11:10 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. Gabrielson M. D.

Dec 17 1931 (Address) 1125 N. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. State Ridge, Pa.

DATE OF BURIAL Dec 17 1931

20 UNDERTAKER H. C. Sons

ADDRESS 3015 Chestnut Ave

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74759

CERTIFICATE OF DEATH

34 E 74759

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1317 N Monroe ST. 15-23 WARD)

2-FULL NAME Willie May Stokes.

(a) RESIDENCE NO. 1313 W. Monroe St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fmle 4 COLOR OR RACE Cool 5 Single, Married, Widowed, or Divorced (write the word) Single.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norfolk Va

10 NAME OF FATHER Geo Stokes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norfolk Va

12 MAIDEN NAME OF MOTHER Mahey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norfolk Va

Informant Geo Weston

(Address) 1313 N Monroe

Filed 5 1931 C. HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Negative

(Signed) Reuben L. Koch, M. D. Coroner

Dec 9 1931 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL DEC 12 1931 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

AaCo. 5-31 250M

74760

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74760

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 11-002 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9-47 (Ward))

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Emily Lee Mohr

(a) Residence: No. 1116 Windermere Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 24 1926

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	5	3	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Charles Mohr

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Grace A Hunter

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Hospital records
(Address)

BURIAL, CREMATION OR REMOVAL
Place Loudon Park Date Dec 17 1931

UNDERTAKER C. H. Wilkinson
(Address) 1 W. Mulberry St

FILED 5-1931 By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1931, to Dec 15, 1931

I last saw h[illegible] alive on Dec 15, 1931 death is said to have occurred on the date stated above, at 1:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	15 days
Other contributory causes of importance:	
influenza of Meningitis	4 days (?)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

AdCo. 5-31 250B

E 74761 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74761

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424-E.Lanvale Street 8-17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Elizabeth Landgraf

(a) Residence: No. 1424-E.Lanvale Street Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Landgraf

DATE OF BIRTH (month, day, year) 12/9/1843

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
88	-	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Conrad Yeager

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Horst

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Mary Uehr

(Address) 1424-E.Lanvale Street

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 12/17/31 19

UNDERTAKER Geary Bros.

(Address) 1735 N. Charles St.

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1931, to Dec 14, 1931

I last saw her alive on Dec 14, 1931 death is said to have occurred on the date stated above, at 5:10 P.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Interstitia
Fibrosis Arthritis Deformans

Date of onset

Other contributory causes of importance:

Infirmities of Age

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) 1701 N Carlton St.

AaCo. 5-31 250B

74762

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74762

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1656-Abbottston Street St. ..... Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence M. Kinnear

(a) Residence: No. 1656-Abbottston Street, Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William N. Kinnear

DATE OF BIRTH (month, day, year) 5/27/1868

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	6	16	xxxxxx

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Herman A. Ohle

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Catherine Blakeley

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT (Address) Miss Mary Kinnear 1656-Abbottston Street

BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 12/16/31 19

UNDERTAKER (Address) [illegible]

FILED 51931 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13-1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1931 to Dec 13, 1931

I last saw h[illegible] alive on Dec 13, 1931 death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Kidney.	12/1/31

Other contributory causes of importance:

None.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 3101 Reisterstown Rd

AaCo. 5-H 2508

74763 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

23 E 74763

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 W West St. 23rd Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Lear

(a) Residence: No. 9 W West St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Grace M Lear

DATE OF BIRTH (month, day, year) Nov 8 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) New York

13. NAME Thomas Lear

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Catherine McMahon

16. BIRTHPLACE (city or town) (State or country) New York

INFORMANT Grace M. Lear
(Address) 9 W West St

BURIAL, CREMATION, OR REMOVAL
Place Redeemer Cem. Date Dec 16 1931

UNDERTAKER Fred A. Krause & Son
(Address) 16 Francis St

DEC 5 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13th, 1931

22. I HEREBY ~~CERTIFY~~, That I attended deceased from August 15th, 1931, to Dec 13th, 1931

I last saw h[illegible] alive on Dec 13th, 1931 death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2
Ulcer Throat 3 months duration	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Were there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Conrad Teichel M. D.

(Address) 1224 Eutaw St.

AACo. 5-11 250B

74764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 74764

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 109 Lumbridge Rd Homelands St. [illegible] Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie M. Ford

(a) Residence: No. 109 Lumbridge Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George T. Ford

DATE OF BIRTH (month, day, year) April 14 1862

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	69	9	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME William McK. Turnbull

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Sophia F. Mitchell

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Albert S. Polk

(Address) 109 Lumbridge Road

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemetery Date 7 1931

UNDERTAKER Chas. J. Black

(Address) 742 W Fayette St

DEC 5 1931 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 26 - , 1930, to Dec 15 - , 1931

I last saw her alive on Dec 14, 1931 death is said to have occurred on the date stated above, at 12.15 m. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, Intestinal.	about Nov. 30.

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) [illegible] , M. D.

(Address) 1082 North Ave

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74765

CERTIFICATE OF DEATH

82-001 E 74765

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 725 N. Eutaw ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Johanna Pierson

(a) RESIDENCE NO. 725 N. Eutaw ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of George Pierson

DATE OF BIRTH (month, day, and year) Unknown.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 68			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Lillian Pierson

(Address) 725 N. Eutaw St.

FILED DEC 15 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13-931

17

I HEREBY CERTIFY, That I attended deceased from Dec 12, 1931, to Dec 13, 1931, that I last saw h alive on Dec 12, 1931 and that death occurred, on the date stated above, at 10A. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) — yrs. — mos. One ds.

CONTRIBUTORY (Secondary) Acute indigestion

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical

(Signed) Chas. J. Keller, M. D.

12/15, 1931 (Address) 2226 W. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Dec 16, 1931
20 UNDERTAKER Mrs. P. A. Elliott	ADDRESS 1325 Eastern Ave

A4Co. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 74766

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 3-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Vitale

(a) Residence: No. 302 S. Eden St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 7 1930

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	1	5	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md -

13. NAME Antonio Vitale

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Anna Tiezzi

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Records -

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 14 1931

UNDERTAKER Wendell Phillips

(Address) 320 N Eutaw St

DEC 5 1931 C. HAMPSON JONES, M. D. Registrar

C.F. H.C.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1931 to Dec 14 1931

I last saw him alive on Dec. 13 1931 death is said to have occurred on the date stated above, at 7 25a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Broncho pneumonia	12-5-31

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hosp

AACo. 5-31 2500

1767 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74767

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland Gen. Hospital
CITY OF BALTIMORE: (No. ..... Street 11-24 Ward)
Length of residence in city or town where death occurred yrs mos 1 ds How long in U. S. if of foreign birth? yrs mos ds

2. FULL NAME Agnes Tibbs

(a) Residence: No. Queens Ter. Fair-Elsbrg Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Tibbs

DATE OF BIRTH (month, day, year) 1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Howard Co. Md

13. NAME Emma Tibbs

14. BIRTHPLACE (city or town) (State or country) Howard Co

15. MAIDEN NAME Lottie Harris

16. BIRTHPLACE (city or town) (State or country) Howard Co

INFORMANT Agnes Tibbs
(Address) Fairfield Md

BURIAL, CREMATION, OR REMOVAL
Place Laurel Md Date Dec 15 1931

UNDERTAKER Wm. White & Son
(Address) Laurel Md

FILED DEC 16 1931 WILLIAM H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-15 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-15 1931 to 12-15 1931

I last saw h[illegible] alive on 12/15 1931 death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Trauma to Abdomen	12/12/31
Left Arm Torn Away -	
Hemorrhage	

Other contributory causes of importance:

Name of operation Date of

Was confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/15 1931
Where did injury occur? Brooklyn - Md Anne Arundel Co
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In public place
Manner of injury While at work - Fell from moving Interior derangement of left Arm
Nature of injury Left Arm

24. Was disease or injury in any way related to occupation of deceased? Yes If no, specify Injured while at work

(Signed) [illegible] M. D.
(Address) Md. General Hospital

Accident-1931
Dr. Fl[illegible]-H

Calmer

HEALTH DEPARTMENT—CITY OF BALTIMORE

74768 93 E 74768

CERTIFICATE OF DEATH

74768

1. PLACE OF DEATH

CITY OF BALTIMORE: (No West Balto Gen Hosp S 15-21 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Louis Calmer

(a) RESIDENCE NO 2016 Westwood ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced. (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Leah

7. DATE OF BIRTH (month, day, and year) 1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	—	—	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Russia

10. NAME OF FATHER Joshua Calmer

11. BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12. MAIDEN NAME OF MOTHER Etta

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Samuel Calmer

(Address) 319 E. North ave

6 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 12/15/31

17. I HEREBY CERTIFY, That I attended, deceased from 12/13, 19 31, to 12/15, 19 31

that I last saw h[illegible] alive on 12/15, 19 31

and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Chronic hypertrophic kidneys

(duration) Unknown yrs. ds.

CONTRIBUTORY (Secondary) Coronal Thrombosis

(duration) yrs. mos. 4 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Harry Cohen M. D.

(Address) 12/15 19 31 West Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern Ave

DATE OF BURIAL 12/16, 19 31

20. UNDERTAKER Aaf Levinson & Bro

ADDRESS 1127 E Balto st

AACo. 5-11 2508

74769 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

2544418

CERTIFICATE OF DEATH

5 1 V E 74769

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 14-20 Ward)

Length of residence in city or town where death occurred yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Sigmund Butler

(a) Residence: No. 124 W Lafayette ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lavetta

DATE OF BIRTH (month, day, year) Nov 1-1861

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	70	1	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk Cd
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Bay

12. NAME Henry Butler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Fanny (?)

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date Dec 19 31

UNDERTAKER Leuwin & Howard Co
(Address) Baltimore Md

Filed DEC 16 1931 19 Reg. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1931 to Dec 15, 1931

I last saw him alive on Dec 15 1931 death is said to have occurred on the date stated above, at 140A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder. prior to	11-5-31
Cystitis " "	11-5-31
Pyelitis	12-8-31 ?
Pyelonephritis	12-12-31

Other contributory causes of importance:
Arteriosclerosis
Secondary Anemia

Name of operation Fulguration of Bladder Tumor Date of 11-9-31

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Webber Young, M. D.

(Address) 2 0 0 E

AACo. 5-31-2500

E 74770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 74770

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2302 E Baltimore St. St. 6-10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leah Adler

(a) Residence: No. 2302 E Baltimore St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mark Adler

DATE OF BIRTH (month, day, year) 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Russia

12. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Mark Adler
(Address) 2302 E Baltimore St

BURIAL, CREMATION, OR REMOVAL
Place Green Mount; Date 12-16- , 1931

UNDERTAKER H.C. Feise Inc
(Address) 1919 E Baltimore St.

FILED 12 16 1931 C. RAMSAY JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-16-31, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 15th, 1931, to Dec 16th, 1931

I last saw her alive on 12/16th, 1931, death is said to have occurred on the date stated above, at 5 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Breast Bone	
Sarcoma of Liver	
General abscess.	
Other contributory causes of importance:	
Dilatation of Heart	

Name of operation none Date of ...
What test confirmed diagnosis? microscopic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. J. Tankersley M. D.
(Address) 119 N. Mulberry

A4Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

14292 39-2 930

E 74771

74771

CERTIFICATE OF DEATH

51

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1229 E Monument St. 5-4 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marcus Friedman

(a) Residence: No. 1229 E Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Friedman

DATE OF BIRTH (month, day, year) ...

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia
13. NAME Marcus Friedman
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Mother —
16. BIRTHPLACE (city or town) (State or country) Russia
17. INFORMANT David Friedman (son)
(Address) 1229 E. Monument St
18. BURIAL, CREMATION, OR REMOVAL
Place Sinai Memorial Date 12-15 ..., 1931
19. UNDERTAKER Jack Louis Inc
(Address) 1439 E Baltimore St
20. FILED DEC 16 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-15-31, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1931, to Dec 15, 1931
I last saw him alive on Dec 14, 1931 death is said to have occurred on the date stated above, at 1.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Bladder (primary) with Metastasis to stomach and Rectum.	Probably 1 yr ago

(Other contributory causes of importance)

Name of operation none Date of ...
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. J. Young M. D.
(Address) 424 E Monument St.

Spec.—9-30—A. & Co.—250 Blks.

74772 HEALTH DEPARTMENT—CITY OF BALTIMORE 007

CERTIFICATE OF DEATH

424E 74772

REGISTERED NO.

1. PLACE OF DEATH West Baltimore General Hosp. ST. 15-26 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2. FULL NAME Mrs. Sarah Canaleer

(a) RESIDENCE NO. 2136 Swallwood St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jas Ca

7 DATE OF BIRTH (month, day, and year) Oct. 3, 1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
37		2	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Abraham Furdman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sophia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Sophia Furdman

(Address) 3611 Eastern Ave

DEC 16 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from 11-13, 19 31, to 12-15, 19 31

that I last saw h alive on Dec. 15, 19 31

and that death occurred, on the date stated above, at 6:55 P. M.

The CAUSE OF DEATH* was as follows:

Portal Cirrhosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arbor Lorraine — DATE OF BURIAL 12-16-19 31

20 UNDERTAKER Lee Lewis Inc. ADDRESS 1439 E. Balto St

AACo. 5-31 250M

B447 74773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V128

Registered No. E 74773

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 9 ds. How long in U.S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Martha Young

(a) Residence: No. 6 Nickel Essex, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or ~~Divorced~~ (write one word)
Female	White	Married

6. If married, widowed, or divorced (or) WIFE of Percy

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Barb Bretzke

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rosie Linbuster

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Owner

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec 19 1931

UNDERTAKER F W Rozumski

(Address) 4931 Eden

Dec 19 1931 C. Hanson Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6 - 1931 to Dec. 15 1931

I last saw her alive on 12-15 1931 death is said to have occurred on the date stated above, at 9:45 p m

The principal cause of death and related causes of importance were as follows:

Acute pancreatitis — Date of onset 11/4/31

Other contributory causes of importance,

Bronchopneumonia 11/12/31

Acute Nephritis

Hepatitis

Name of operation Drainage of gall bladder & pancreas Date of Nov. 6, 1931

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Homer Wilson Fridau M. D.

(Address) Johns Hopkins Hospital

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

74774 E 74774

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH Sinai Hospital

Registered No. 25-75

CITY OF BALTIMORE: (No. Montgomery and Broadway St. ... Ward 15)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Gura

(a) Residence: No. 543 Wanda Av Brooklyn, ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Gura

DATE OF BIRTH (month, day, year) Feb 8 1882

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
49	10	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Bohemia

13. NAME Centora Gura

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Mary Wasebuch

16. BIRTHPLACE (city or town) (State or country) Bohemia

INFORMANT (Address) Mary E Gura 543 Wanda Ave

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Dec 15 1931

UNDERTAKER John F. Denny (Address) 715 Light St

FILED DEC 16 1931 19... M. MYERS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1931, to Dec 12, 1931

I last saw him alive on Dec 12 1931, death is said to have occurred on the date stated above, at 2:10 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Appendicitis Abscess	
2. Liver abscess	

Other contributory causes of importance:

Pneumonia

Name of operation 1. Incision and Drainage 2. Appendectomy Date of 12-11-31

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Saul L. Fox, M. D.

(Address) Sinai Hospital

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74775

CERTIFICATE OF DEATH

X/27 E 74775

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp St. Ward)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H Snodgrass

(a) Residence: No. Street, Md St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or WIFE of) Mr. J H Snodgrass

DATE OF BIRTH (month, day, year) Aug 22 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 660
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanford Co, Md

13. NAME Edward Snodgrass

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Catherine McCue

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Smith Reach
(Address)

BURIAL, CREMATION, OR REMOVAL. Place Greenmount Date Dec 18, 1931

UNDERTAKER Wm. C. Mitchell & Sons
(Address) 1900 Eutaw Place

FILED DEC 19 1931 HARRY JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1931, to Dec 15, 1931

I last saw him alive on Dec 15, 1931 death is said to have occurred on the date stated above, at 2:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Cholecystitis	4/31
Coronary Thrombosis	9/1

Other contributory causes of importance:

Bronch. Pneumonia	12/6/31

Name of operation Cholecystostomy Date of 11/27/31
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Albert R Walkman, M. D.
(Address) Md. Gen. Hosp.

Rec.—2-20-28—L. F. S.—500 Blks.

E 74776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 74776

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1537 N. Fulton av ST., 5-21 WARD)

2—FULL NAME William C. Hendrey

(a) RESIDENCE NO. 1537 N. Fulton av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 22. 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hunter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Chas. E. Hendrey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Sadie Jennelyn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Robert Hendrey

(Address) 1537 N. Fulton av

Filed ... 19 ... H. WADE JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/14/31

17 I HEREBY CERTIFY, That I attended deceased from June 1 19 31 to Dec 14 31 19 ...

that I last saw him alive on Dec 14 31 19 ...

and that death occurred, on the date stated above, at 11.55 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchial Nephritis

Duration

Contributory (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. C. Hendrey M. D.

12-17-31 (Address) 1537 N Fulton Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Dec 17 1931
20 UNDERTAKER John O. Wallace	ADDRESS Pikesville Md

1-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74777

E 74777

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 27-53 WARD

2-FULL NAME Ella M. Baugert

(a) RESIDENCE NO 217 Hawthorne Rd ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 9 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of James W. Baugert

6 DATE OF BIRTH (month, day, and year) Feb. 19, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	9	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER William Gorman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Maryland

12 MAIDEN NAME OF MOTHER Amelia White

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: Miss Myra Baugert

(Address) 217 Hawthorne Rd

Filed DEC 16 1931 H. C. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 14th 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry,) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry,) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Cerebral Embolism

suddenly

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical findings

(Signed) Guy N. Cromwell Coroner, M. D.

12/14 1931 (Address) 203 Patapsco Ave Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem.	Dec 16 1931

20 UNDERTAKER Wm. Tod Keer Sons ADDRESS Norfolk Va

C-30—M. & T.—100 B—50L

74778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 74778

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Gen Hosp ST. 16-23 WARD

2-FULL NAME Dr Wm E Lance

(a) RESIDENCE NO 1004 W Lanvale ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Lance

6b DATE OF BIRTH (month, day, and year): Dec 5 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	10	

7 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Dentist
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

8 BIRTHPLACE (city or town) (State or country): Baltimore Md

9 NAME OF FATHER: Luke J Lance

10 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

11 MAIDEN NAME OF MOTHER: Ellen Burgh Peck

12 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

Informant: Wm E Lance Jr

(Address): 2403 Eutaw Pl

Filed ..... 1931 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Dec 15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Diabetes Mellitus

Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ..... M. D. Coroner

(Address)

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge

DATE OF BURIAL: Dec 17 1931

20 UNDERTAKER: W J Tickner & Sons

ADDRESS: North St.

A&Co. 5-31 250B

74779 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 74779

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1830 N Saratoga St. 20-27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? 60 yrs. ... mos. ... ds.

2. FULL NAME Martha Virginia Pumphrey

(a) Residence: No. 1830 N Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Aquilla Pumphrey

DATE OF BIRTH (month, day, year): July 3 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	5	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Talbot Co Md

13. NAME OF FATHER: George W Fowler

14. BIRTHPLACE (father) (city or town) (State or country): Talbot Co Md

15. MAIDEN NAME OF MOTHER: Courtney A Kirkham

16. BIRTHPLACE (mother) (city or town) (State or country): Talbot Co Md

INFORMANT: Edward Pumphrey

(Address) 1830 N Saratoga

BURIAL, CREMATION, OR REMOVAL

Place: Fairview Date: Dec 17 1931

UNDERTAKER: Chas Heyden & Sons

(Address) North & Fulton

FILED ... 1931 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1931, to Dec 14, 1931

last saw her alive on Dec 14 1931 death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency, of the Heart	11/23/31

Other contributory causes of importance:

Arterio Sclerosis Unknown

Name of operation: ... Date of: ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M A O'Neill, M. D.

(Address) 108 N Fulton Ave

-20—M. & T.—100 B—501.

74780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

149-002 ✓

E 74780

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Gord Shepherd Hosp. (St.) 16-22 (WARD)

2-FULL NAME Hortense Robinson

(a) RESIDENCE No. 1610 W. La Fayette ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fmle

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene Robinson

6 DATE OF BIRTH (month, day, and year) Apr 21-1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	19	7	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Harris Gilmore

11 BIRTHPLACE OF FATHER (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Gladys Norris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

Informant Eliza Norris

(Address) 1610 W. La Fayette

Filed DE 16 1931, 19..

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Child Birth. Instantaneous

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular.

(Signed) H. F. Blinks, M. D. (Coroner)

19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Thomas Ringgold Town	Dec 18 1931
UNDERTAKER	ADDRESS
Sam'l H. Chase & Son	638 N. Gilmor

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74781

CERTIFICATE OF DEATH

34 E 74781

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 403 N. Calhoun St., 19-Ward

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Ward

(a) Residence: No. 403 N. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown.

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	-	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cook
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME unknown.

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME unknown.

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Jennie Jones
(Address) 403 N. Calhoun St.

BURIAL, CREMATION, OR REMOVAL
Place Int Auburn Cem. Date Dec 16 1931

UNDERTAKER Wade Burkett
(Address) Baltimore

FILED DEC 15 1931 19 H. HANSON JONES, M. D.
By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/13/31

22. I HEREBY CERTIFY, That I attended deceased from 12/4/31 to 12/13/31

I last saw h[illegible] alive on 12/12/31 death is said to have occurred on the date stated above, at 9.15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/4/31
Coma	
Other contributory causes of importance: Mitral Regurgitation (probably Luetic)	about 2 yrs.

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Hanson Jones M. D.

(Address) 674 N. Carrollton Ave

Spec.—9-30—A. & Co.—250 Blks.

E 74782 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74782

CERTIFICATE OF DEATH

92-001

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3039 W. North Ave ST. 15-67 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rose E. Edwards

(a) RESIDENCE NO 3039 W. North Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 wk. mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard G. Edwards

7 DATE OF BIRTH (month, day, and year) Nov. 27, 1866

AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	65	1	13 18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER John G. Donohoe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Ruth Saunders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Richard G. Edwards

(Address) 3039 W. North Ave

Filed 1-6 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/15/31

17

I HEREBY CERTIFY, That I attended deceased from Jan 29, 19 29, to Dec 15 31, 19

that I last saw h alive on Dec. 15, 19 31

and that death occurred, on the date stated above, at 5:25 A m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. F. Rohe M. D.

1-6, 19 31 (Address) 3000 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	1/7 1931
20 UNDERTAKER	ADDRESS
W. S. Fenton	2238 N. North Ave

ec.—2-29-28—L. F. S.—500 Bks.

E 74783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43-083

E 74783

REGISTERED NO.

1—PLACE OF DEATH

ITY OF BALTIMORE: (No.) 2029 McCulloh ST. (WARD) 14-20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Gertrude Fisher

(a) RESIDENCE NO. 2029 McCulloh ST. WARD

(Usual place of abode)

ngth of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	C	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) Nov, 1890

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	1		

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Phila. Pa

10 NAME OF FATHER Thos L. Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Rebecca Lambert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Pelham Fergusson

(Address) 2024 McCulloh St.

DEC 16 1931

Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/14/31

17 I HEREBY CERTIFY, That I attended deceased from July 3, 1931, to Dec 14, 1931.

that I last saw her alive on Dec 13, 1931

and that death occurred, on the date stated above, at 8.15 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? rec

What test confirmed diagnosis? .....

(Signed) J. B. Hartman Ellis, M. D.

12/15/1931 (Address) 912 Edmondson Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cem	Dec 19 16
20 UNDERTAKER Samuel B. Hemsley	ADDRESS W. Biddle

1-30—M. & T.—100 B—50L

74784

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 34 E 74784

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 838 Edmondson Av (St.) 16-Th (WARD)

2-FULL NAME Alex Lewis.

(a) RESIDENCE NO 838 Edmondson Av., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (Write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sallie.

6 DATE OF BIRTH (month, day, and year): 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Gen
(c) Name of employer: unknown

9 BIRTHPLACE (city or town) (State or country): Ga

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ga

14 Informant: Rose James.

(Address): 505 Madison Av

Filed DEC 16 1931 C. HAYDEN JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 14th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardiac Failure

(duration) yrs. Sudden

CONTRIBUTORY (Secondary) (duration) yrs. mos. over ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Colville, M. D. Coroner

Dec 14 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary Cemetery	Dec 16th 1931
20 UNDERTAKER	ADDRESS
Reinhardt & Sadler	1819 Eastwood

AACo. 5-31 150M

HEALTH DEPARTMENT—CITY OF BALTIMORE

74785 E 74785

CERTIFICATE OF DEATH

106-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2546 Fredrick Av St. 10-69 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 4 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Trasprunda

(a) Residence: No. 2546 Fredrick Av Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Madeline Trasprunda

DATE OF BIRTH (month, day, year) Aug 12-1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John A Trasprunda

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Madeline Trasprunda

(Address) 2546 Fredrick Av

BURIAL, CREMATION, OR REMOVAL

Place LOUDON PARK Date 12/16/31

UNDERTAKER F. B. WIPPERT

(Address) 1550 W BALTIMORE ST

FILED DEC 19 1931

C. HAMPSON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/15/1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13. 1931 to Date of death

I last saw him alive on Dec 13 1931 death is said to have occurred on the date stated above, at 7.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia due to Acute Bright's disease	Nov 13 31

Other contributory causes of importance:

Cystitis pyelitis	5

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Sidney Lee Davis, M. D.

(Address) 824 N. Fulton Ave

20 M A T 1000—50L

E 74786

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74736

CERTIFICATE OF DEATH

29-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 13-59 WARD

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bettie Benton

(a) RESIDENCE NO 1402 Traction ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. da. How long in U. S., If of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Noah Smith

6 DATE OF BIRTH (month, day, and year) Sep 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
44	51	3	--	

8 OCCUPATION OF DECEASED
(a) Trade, profesalon or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond, Va.

10 NAME OF FATHER Ben Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Noah Benton

(Address) 402 Traction St

Filed DEC 16 1931 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Meningitis (Pneumococcic-Puncture)

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? (Lumbar Puncture)

(Signed) J. S. Wilson Coroner, M. D.

Dec 16, 1931 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn 62nd

DATE OF BURIAL Dec 16 1931

20 UNDERTAKER A. Jones

ADDRESS 11 S Gilmor

MaCo. 5-41 1908

74787 HEALTH DEPARTMENT—CITY OF BALTIMORE 74787

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 846 S Stiles St 97-31 St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie Helen F. Kenny

(a) Residence: No. 846 S. Sharp St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 5/31/1914

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	17	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Charles R. Hosey

14. BIRTHPLACE (city or town) (State or country) Calvert Co.

15. MAIDEN NAME Florence Pevey

16. BIRTHPLACE (city or town) (State or country) Calvert Co.

INFORMANT Charles R. Hosey
(Address) 846 So Sharp St.

BURIAL, CREMATION, OR REMOVAL
Place Johnson County Date 12/16 1931

UNDERTAKER Walter B. Young
(Address) 132 West Lanvale St.

FILED 12 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 8 1931 to Dec 13 1931

I last saw her alive on Dec 12 1931 death is said to have occurred on the date stated above, at 2.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	Dec 8

Other contributory causes of importance:

(Do Thrush)

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. H. Fortney M. D.

(Address) 710 E Pleasant

A4Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74738

CERTIFICATE OF DEATH

1232 74738

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) 1626

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Turner

(a) Residence: No. 937 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Turner

DATE OF BIRTH (month, day, year) April 5, 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	8	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME George Turner

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Ellen ?

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem. Md. Date Dec 16, 1931

UNDERTAKER Mrs. Katie A. Williams

(Address) 3224 Edmondson Ave

FILED DEC 16 1931 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1931 to Dec. 13, 1931

I last saw him alive on Dec. 13, 1931 death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	June 1931
	over

Other contributory causes of importance:

Terminal hypostatic pneumonia	4 days
Cardiac dilatation	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lawrence Le Sesne, M. D.

(Address) Baltimore City Hospitals

ec. 2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74789

4789

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

ITY OF BALTIMORE: (No. St Joseph Hosp. ST. 18-Na (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Isaac Sprunel

(a) RESIDENCE NO. 917 Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Black	Married.

If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie Sprunell

DATE OF BIRTH (month, day, and year) Dec 6, 1905

GE 26	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25		6.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Dunston, N. C

10 NAME OF FATHER Leonard Sprunell

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Margarna Armwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C

Informant Mattie Sprunell

(Address) 917 n Saratoga st

Filed 1932 19 HARRY C. JONES, M. D. Registrar

FEB 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-12-31

17 I HEREBY CERTIFY, That I attended deceased from Dec 7 1931, to Dec 12, 1931, that I last saw him alive on Dec 12 1931 and that death occurred, on the date stated above, at 6 12 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. mos. 26 ds.

CONTRIBUTORY (Secondary) Intestinal hemorrhage & perforation & peritonitis (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? V

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical, widal, Postmortem

(Signed) H Bauman Gardner, M. D.

19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Dec 17, 1931
20 UNDERTAKER Mrs Katie R Williams	ADDRESS 322 Druid Hill Ave

30—M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74790

REGISTERED NO. E 74790

82-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1436 Light St. (St.) 23-33 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. Walter Weaver.

(a) RESIDENCE NO 1436 Light St. ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 5 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) June 26, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Reitred Dairyman.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER George H. Weaver.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary L. Croger.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant Mrs. Lula Hayward. (sister)

(Address) 3023 Overland Ave.

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 13, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Hemiplegia.

(duration) yrs. mos. da

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Leonhardt, M. D. Coroner

12/15/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Dec. 16 1931
20 UNDERTAKER	ADDRESS
Margaret E. Flynn	[illegible]

...—2-29-28—L. F. 2.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74791

CERTIFICATE OF DEATH

82-001 ✓

E 74791

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 Ridgewood Road ST. 27-53 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Margaret Olivia Muir

(a) RESIDENCE NO. 216 Ridgewood Road ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Walker Muir

DATE OF BIRTH (month, day, and year) Jan. 29, 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74	74	10	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Kingston, Ont. Canada

10 NAME OF FATHER Hugh Geddie

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER Mary Pollock

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

Informant Helen Muir

(Address) 216 Ridgewood Road

Dec 16 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15, 1931

17

I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1931, to Dec 15, 1931,

that I last saw her alive on Dec 15, 1931,

and that death occurred, on the date stated above, at 6 00 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Neurological exam.

(Signed) John A. Treacher, M. D.

(Address) 1034 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Belleville, Ontario Canada	Dec 17 1931
20 UNDERTAKER	ADDRESS
Henry W. Lenhardt Sons Co	Mayfield & Orchard Sts.

Sec.—2-29-28—L. F. S.—500 Blks.

Margaretha Kurdle.

74792

HEALTH DEPARTMENT—CITY OF BALTIMORE

98 E 74792

CERTIFICATE OF DEATH

1—PLACE OF DEATH St Joseph Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. Calhoun & St. 22-44 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaretha D. Kurdle

(a) RESIDENCE NO. 2618 Allen WARD 22

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Thos J. Kurdle

6 DATE OF BIRTH (month, day, and year): Jan 14 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: John Schultz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Magdine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Thos J. Kurdle

(Address): 2618 Allen ave

Filed 6 1931 19 [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-14-31

17

I HEREBY CERTIFY, That I attended deceased from 11-28-31 19 . to 12-14-31 19 .

that I last saw her alive on 12-14-31 19

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis Pancreas

Pyelitis Right Foot

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes No Date of 12-5-31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) W W Hendrix M. D.

19 (Address) Jos Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	12/17 19 31
20 UNDERTAKER: Philip Henry	ADDRESS 2016 Orleans

AACo. 5-11 2508

E 74793

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74793

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. 12-19 St.) Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Mary Agnes Byrne

(a) Residence: No. 106 E. 20th St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Byrne

DATE OF BIRTH (month, day, year) August 25 - 1859 (?)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72	72	8	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

12. NAME John Johnston

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Callon

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 12/17, 1931

UNDERTAKER Thos. F. Kelly & Co.
(Address) 1701 Edmondson Ave.

DEC 16 1931 H. Julian Jones, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-14, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-6-31, 1931, to 12-14, 1931

I last saw her alive on 12-14, 1931 death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis.	?
Chronic Myocarditis.	?

Other contributory causes of importance:

Uremia	24 hrs.

Name of operation None Date of

What test confirmed diagnosis? CC Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John W. Chesnick M. D.
(Address) Md. General Hospital

A4Co. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74794 E 74794

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Toc.) 14-23 23

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nicholas French

(a) Residence: No. 909 N. Fremont ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 6, 1906 ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24		7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sanatorium
10. Date deceased last worked at this occupation (month and year) Nov. 1930
11. Total time (years) spent in this occupation 6 mos.

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Hospital Record
(Address)

BURIAL, CREMATION, OR REMOVAL Dec. 19/16 31
Date

UNDERTAKER John J. Tyler & Son
(Address) 1518 Light St

FILED ..... 19 ..... HARRISON JONES, M. D.
Registrar.

CT 6 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr. 22, 1931 to Dec. 13, 1931

I last saw him alive on Dec. 13, 1931 death is said to have occurred on the date stated above, at 5a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Nov. 1930
Other contributory causes of importance:	
Tuberculous enteritis	3 mos.

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lawrence W. Sears, M. D.

(Address) Baltimore City Hospitals

1-30—M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74795 | 131 E 74795

15-68

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2812 Walbrook Ave. ST. ..... WARD)

2-FULL NAME Philip August Wagner

(a) RESIDENCE NO. 2812 Walbrook Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Ann Wagner

6 DATE OF BIRTH (month, day, and year) December 25, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	78	11	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer Pennsylvania R. R.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Philip Wagner

11 BIRTHPLACE OF FATHER (city or town) Hesse Cassel
(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Gettier

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Pennsylvania

14 Informant Mr. William D. Wagner
(Address) 2812 Walbrook Ave.

Filed ..... 1931 ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 15 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Negative

What test confirmed diagnosis? Records

(Signed) ..... M. D.
Coroner

19 (Address) North Ave. and Division St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Dec. 17 19 31
20 UNDERTAKER Chas. H. Cook	ADDRESS 1003 West Baltimore St.

AACo. 3-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

74796

CERTIFICATE OF DEATH

Registered No. 74796

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 27-17 Ward)

Length of residence in city or town where death occurred 50 yrs 10 mos 7 ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Mr. Henry Constantine (Harry C. Constantine)

(a) Residence: No. 3715 Belvedere Ave. St., City Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Emily B. Constantine

DATE OF BIRTH (month, day, year) Feb. 8, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	53	10	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

12. NAME Wm. Constantine

14. BIRTHPLACE (city or town) (State or country) Baltimore County Md.

15. MAIDEN NAME Emma Parish

16. BIRTHPLACE (city or town) (State or country) Baltimore County Md.

INFORMANT Patient

(Address) 3715 Belvedere Ave.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Pavan Cem. Date Dec. 17 1931

UNDERTAKER Wm. M. Cook

(Address) 1005 W. Baltimore St.

FILED Dec. 19 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15th 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1931, to Dec. 15, 1931

I last saw him alive on Dec 15 1931 death is said to have occurred on the date stated above, at 8 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric ulcer	2 years.

Other contributory causes of importance: Peritonitis, generalized | 1 day

Name of operation Pylorplasty appendectomy Date of 12-4-31

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel McLanahan M. D.

(Address) Union Memorial Hosp.

AACo. 5-31 250B

74797 HEALTH DEPARTMENT—CITY OF BALTIMORE 92-E 74797

CERTIFICATE OF DEATH

12-51

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2513 Maryland Ave. St. ..... Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas M. Elliott

(a) Residence: No. 2513 Maryland Ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary F. Elliott

DATE OF BIRTH (month, day, year) November 7, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storage, Garage
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Proprietor
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Federalsburg Maryland

13. NAME Samuel Elliott

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Virginia Proctor

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT (Address) Mr. T. Donald Elliott 800 E. 33rd St.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Date Dec. 17 19 31

19. UNDERTAKER (Address) [illegible]

20. FILED Dec 19 19 31 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 15 19 31

22. I HEREBY CERTIFY, That I attended deceased from July 17 19 31 to Dec 14 19 31

I last saw h[illegible] alive on Dec 14 19 31 death is said to have occurred on the date stated above, at 4.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis with Arteriosclerosis and Degeneration	1927

Other contributory causes of importance:

Acute Pulmonary Edema.	Dec 13-31

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Robert E. Litchfield, M. D.

(Address) 711 Maryland Ave.

6 1931 C. HARRISON JONES, M. D.

...er.—2-29-28—L. F. R.—500 Blks.

E 74798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-01

E 74798

23-34

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1732 Light St. ST. (WARD)

2—FULL NAME Robert E. Hasting

(a) RESIDENCE NO. 1732 Light St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. 11 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 4 1931

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER George E. Hasting

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth L. Peters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Mrs. Hasting

(Address) 1732 Light St

Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-15-31

17 I HEREBY CERTIFY That I attended deceased from Dec. 12 1931 to Dec. 15 1931

that I last saw h. alive on Dec 15 1931

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted (if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) H. E. L. Campbell M. D.

1716 1931 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL Dec 17th 31

20 UNDERTAKER J. Fenn McCully

ADDRESS 130 E. Fort

A&Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

1799 5574

+78 E 74799

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 Ward)

Length of residence in city or town where death occurred yrs. ... mos. 16 ds. How long in U.S. If of foreign birth? yrs. ... mos. ... ds.

2. FULL NAME Winnie Hunt

(a) Residence: No. Cape Charles Va. St., ... Ward. ...
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
RUSBAND of (or) WIFE of Arthur Hunt.

7. DATE OF BIRTH (month, day, year) June 7 1879

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	52	6	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Cape Charles Va.

13. NAME W^m Johnson

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Sallie Wynne.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Cape Charles Va Date 12/16 1931

19. UNDERTAKER Williams Cook
(Address) 1217 St Paul Street

DEC 16 1931 C. HAMPSON JONES, M. D. Registrar

Per ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16th 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 6th 1931, to Dec 16th 1931

I last saw h. alive on Dec 16th 1931 death is said to have occurred on the date stated above, at 2 39 A m.

The principal cause of death and related causes of importance were as follows:

Brain abscess left cerebral striato corona Hemiplegia Unknown origin — Date of onset Nov 15 1931

Other contributory causes of importance:

none

Name of operation Left Craniotomy Date of 12-

What test confirmed diagnosis? Operation an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Ingalls Kent, M. D.

(Address) Johns Hopkins Hosp.

AACo. 5-31 2500

74800

HEALTH DEPARTMENT—CITY OF BALTIMORE

74800 E

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 26-37 Ward)

Length of residence in city or town where death occurred yrs. mos 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Eleanor Belcastro

(a) Residence: No. 3912 Clairmont ave St., Ward. Balto. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

DATE OF BIRTH (month, day, year) 11/29/31

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	-	-	15/65	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Frank Belcastro

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Rosa Tesare

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Mrs. F. Belcastro

(Address) 3912. Clairmont Ave

17. BURIAL, CREMATION, OR REMOVAL

Place Date DEC 16 1931 19

UNDERTAKER

(Address)

FILED DEC 16 1931 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-15, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-3, 1931, to 12-15, 1931

I last saw her alive on 12-15, 1931 death is said to have occurred on the date stated above, at 2.45 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	11-29-31

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jesse S. Felix M. D.

(Address) Union Memorial Hospital

JOHNS HOPKINS HOSPITAL DEC 16 1931 C. WATSON JONES, M. D.

Spec.—9-29—A. & Co.—250 Blks

74801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 74801

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 4620 Belair Road WARD) 159 7-41

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Betty Jane Hand

(a) RESIDENCE No. 4620 Belair Road WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
f	White	single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Dec. 14, 1931

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 15 min.
			1	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Baltimore Md

11 NAME OF FATHER Leon D. Hand

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Marion V Denton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Solomons Island Md.

Informant Mr. Leon D. Hand
(Address) 4620 Belair Road

Filed DEC 16 1931, 19 C. HANSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15, 1931

17
I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1931, to Dec. 15, 1931
that I last saw HER alive on Dec. 14, 1931
and that death occurred, on the date stated above, at 12:30 A m.

The CAUSE OF DEATH* was as follows:

Premature Birth
(6 mos. in utero)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. L. Cameron M. D.

12/15 1931 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL
JOHNS HOPKINS HOSPITAL — DEC 16 1931, 19

20 UNDERTAKER — ADDRESS

Commissioner Health

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74802

CERTIFICATE OF DEATH

93-0D 74802

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 76-37 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Lee

(a) Residence: No. none St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Lee

7. DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45-60 appx				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Va.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL. Place [illegible] Date 12-16 1931

19. UNDERTAKER (Address) [illegible] Lee Gordon 916 N. Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/13, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12/12, 1931, to 12/13, 1931

I last saw h— alive on 12/13 1931 death is said to have occurred on the date stated above, at 7.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chr.	unknown
Chronic Fibrillation	

Other contributory causes of importance:

Arteriosclerosis	unknown

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Thweatt Jr M. D.

(Address) Balto. City Hosp.

AaCo. 5-31 250B

74803 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74803

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2412 Harlem ave 16-6 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Rev. John Minnis Johnson

(a) Residence: No. 2412 Harlem St. ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	7	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balt City Md.

12. NAME John M. Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Dana E Bartlett

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mrs Dana Fortenbaugh

(Address) 2412 Harlem ave

BURIAL, CREMATION OR REMOVAL

Plan Mt Olivet Date Dec 17 1931

UNDERTAKER Leonard Earlam

(Address) 2531 Forest Park Ave

FILED 6 1931 19 NPP Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10th, 1931, to Dec. 13, 1931

I last saw h im alive on 13th of Dec 1931, death is said to have occurred on the date stated above, at 11:5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia (at lower lobe)	12/6/31

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Morrison, M. D.

(Address) 1013 N. Charles St.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

74804 E 74804

CERTIFICATE OF DEATH

REGISTERED NO. 108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp ST. 22-30 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lenna Queen

(a) RESIDENCE NO. 639 N. Carey ST., Conway WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Blk

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia

7 DATE OF BIRTH (month, day, and year) 1869

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Street Cleaner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Julia Queen

(Address) 639 N. Carey

Filed 2 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

I

Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) Ketchum, M. D. Coroner

Dec 15, 1931 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 12-17 1931

20 UNDERTAKER Lemmon Gordon

ADDRESS 916 Pa Ave

1-20—M. & T.—100 B—501.

E 74805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

E 74805

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1101 Mallows St. 6-23 Ward

2-FULL NAME John Filian

(a) RESIDENCE No. 1101 W. Mallows St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1891

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Odd
(c) Name of employer: Self

10 BIRTHPLACE (city or town) (State or country)

11 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant: Mary Lewis

(Address) 1101 W. Mallows

Filed 6 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Louis Taylor, M. D. Coroner

(Address)

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Johnson Cem	12-17 1931
20 UNDERTAKER	ADDRESS
Lewis Taylor	Balto

1-30—M. & T.—100 B—50L

74806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2-001 E-74806

9-13-186

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas C. Bowen.

(a) RESIDENCE NO 907 N. Broadway. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. --- mos. --- ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Augusta A. Bowen.

6 DATE OF BIRTH (month, day, and year): May 2, 1867.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Lead burner
(b) General nature of industry, business, or establishment in which employed (or employer): Davidson Chemical Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland.

10 NAME OF FATHER: Thomas B. Bowen,

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Hester A. Hutchings.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

Informant: Augusta A. Bowen. (wife)

(Address) 907 N. Broadway.

Filed 6 1931 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 15, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured ribs, Punctured lung, Fracture of the spine. Accidental fall from a scaffold.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Davidson Chem. Co. Curtis Bay. Dec. 14, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) Otto M. Reinhardt, M. D. Coroner

12/16/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Dec. 17 1931
20 UNDERTAKER	ADDRESS
Wm. C. Black	922 N. Broadway

AdCo. 5-11 2508

74807 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 74807

CERTIFICATE OF DEATH 79-001

1. PLACE OF DEATH Maryland General Hospital — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St. 22 ____ Ward) 4

Length of residence in city or town where death occurred 5 yrs. ____ mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Lloyd M. Holmes

(a) Residence: No. 5001 Hudson Ave Hamilton Ward ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Minnie Holmes

DATE OF BIRTH (month, day, year) March 29 1899

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	32	8	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Veteran Disabled
10. Date deceased last worked at this occupation (month and year) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Sparta Wis
13. NAME Mattie Holmes
14. BIRTHPLACE (city or town) (State or country) Denmark
15. MAIDEN NAME Mayfield
16. BIRTHPLACE (city or town) (State or country) Sparta Wisc
17. INFORMANT Hosp. Records (Address) Mrs. Holmes Baltimore
18. BURIAL, CREMATION, OR REMOVAL. Place Interred Date 12/19/31
19. UNDERTAKER Cooney & Ryan Inc (Address) 20 W. Madison St
20. FILED 12-19-1931 C. Addison Jones, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-16-, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-7-, 1931, to 12-16, 1931

I last saw him alive on 12-16, 1931 death is said to have occurred on the date stated above, at 9:10 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Spinal Meningitis	16 days
Condition of Dignity	
Possible Brain Abscess	Unk
Other contributory causes of importance:	
Cardiac Dilatation.	5 hr.

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) John P. Chenoweth M. D.

(Address) Maryland General Hospital

1-30—M & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74808 — 1801 ✓ — E 74808

CERTIFICATE OF DEATH

REGISTERED NO. 186

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) B.& O.R.R.Coal Pier, Foot of Haubert St. ST. 24-35 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME John Docknis. or WARANAWICZ.

(a) RESIDENCE NO. 1453 Woodall St. ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 45 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a If married, widowed or divorced, HUSBAND of [illegible] Helen Docknis.

6 DATE OF BIRTH (month, day, and year) December 10, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	49	0	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): B.& O.R.R.Company.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland.

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do not know.

PARENTS

Informant: Helen Docknis.(wife)

(Address) 1453 Woodall St.

DEC 16 1931 .192 A. Bl. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 14, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of the skull.
Occidental fall from top of car to a scow.

(duration) ---- yrs. ---- mos. ---- ds.

CONTRIBUTORY (Secondary) (duration) ---- yrs. ---- mos. ---- ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

12/16/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem

DATE OF BURIAL: Dec 17 1931

20 UNDERTAKER: Chas. L. Sterns

ADDRESS: 35 E. Fort Ave

-20—M. & T.—100 B—50L

E 74809

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74809

CERTIFICATE OF DEATH

REGISTERED NO. 207

1. PLACE OF DEATH: Bay view Yards- Penna R.R. (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Baltimore Md.) Declared dead at St. Joseph Hospital ST. 417 WARD

2. FULL NAME: Charles H. Montour

(a) RESIDENCE NO Unknown ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., If of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 8/1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	67	4	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Glenn Falls, N.Y.

10 NAME OF FATHER: Joseph Montour

11 BIRTHPLACE OF FATHER (city or town) (State or country): Montreal, Can.

12 MAIDEN NAME OF MOTHER: Arela Brewse

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Plattsburg, N.Y.

14 Informant: Eliz beth Young (sister)
(Address): 21 W. 86th St., N.Y.

15 Filed Dec 16 1931, 192 C. HERMAN JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1.55 P.M. Dec 14/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Crushed abdomen - amputated left ankle and both arms above wrist.
Accidently injured by freight train in Penna R. R. yard.
(Duration) yrs. mos da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D. Coroner

Dec 16/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Dec 17, 31

20 UNDERTAKER: Charles L. Sterne — ADDRESS: 139 E Fort Ave

AACo. 5-31 2M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E.74810

CERTIFICATE OF DEATH

161-004

E 74810

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Woman Hospital

CITY OF BALTIMORE: (No. 3210 Walbrook Ave Ward) 15-67

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Jarvis

(a) Residence: No. 3210 Walbrook Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec. 8, 1931

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	0	0	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME Franklin Elliott Jarvis
14. BIRTHPLACE (city or town) (State or country) New Mexico
15. MAIDEN NAME Irene Gwendolyn Parker
16. BIRTHPLACE (city or town) (State or country) Canada
17. INFORMANT Franklin E Jarvis (father)
(Address) 3210 Walbrook Ave
18. BURIAL, CREMATION, OR REMOVAL. Carnegie Institute Date 12/12/31 19
19. UNDERTAKER —
(Address) —
20. FILED 12 17 1931 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1931, to Dec 11, 1931
I last saw her alive on Dec 11, 1931 death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Disease of the New Born	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) W. A. Deckert, M. D.
(Address) Women's Hospital

Cor.—10-10-29—A Co.—100 Bks.

74811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

169 E 74811

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Union Memorial Hospital St. 12-50 Ward)

2-FULL NAME Hugo N. Weisberger

(a) RESIDENCE NO. 2645 N. Charles St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred About 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 4, 1893

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	38	9	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Prop. Peabody
(b) General nature of industry, business, or establishment in which employed (or employer) Book Shop
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Austria

PARENTS

10 NAME OF FATHER Solomon Weisberger

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Austria

12 MAIDEN NAME OF MOTHER Charlotte Langer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Austria

14 Informant (Address) Miss. I. Weiberger 2645 N. Charles St.

15 Filed [illegible] 19 [illegible] Registrar

DEC 17 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-16- 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

(a) CAUSE OF DEATH* was as follows: Injuries from Asphyxiation Suicidal Hanging

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature] M. D.

12/16, 19 (Address) 3632 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Hebrew Cem.	Dec. 17, 31
20 UNDERTAKER Harry Sondheim & Son	ADDRESS 1902 Eutaw Place

Spec.—9-30—A. & Co.—250 Blks

Louise Jones

HEALTH DEPARTMENT—CITY OF BALTIMORE

74812

74812

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2424 Woodbrook Ave St. 13-59 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Louise Jones

(a) RESIDENCE No. 2424 Woodbrook Av St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

6a If married, widowed, or divorced
(or) WIFE of John Jones

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER ? Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Ella Hutson
(Address) 2424 Woodbrook Ave

15 FILED DEC 17 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15/31

17

I HEREBY CERTIFY, That I attended deceased from June 15, 1929, to Dec 15, 1931

that I last saw her alive on Dec 14, 1931

and that death occurred, on the date stated above, at 6-45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E William Frey M. D.

12/16 1931 (Address) 928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 12/18/1931

20 UNDERTAKER Mrs. Geo. H. Holland — ADDRESS 1634 Druid Hill Ave

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74813

CERTIFICATE OF DEATH

8 E 74813

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 3808 W. Rogers Ave Ward) 07-55

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary K. Hawkins

(a) RESIDENCE NO. 3808 W. Rogers Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 29, 1895

7 AGE — Years: 36 — Months: 10 — Days: 17 — IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: U.S. Fidelity Co.

9 BIRTHPLACE (city or town)

(State or country): Md

PARENTS

10 NAME OF FATHER: John L. Hawkins

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Rose F. Cook

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Mrs. Mary K. Hawkins

(Address): 3808 W. Rogers Ave

15 Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec, 16 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 13th, 1931, to Dec 16, 1931,

that I last saw h alive on Dec 16, 1931,

and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical rash.

(Signed) Sidney L. Smith M. D.

12/16 1931 (Address) 450 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emerald, Md — Date of Burial 12/17 1931

20 UNDERTAKER: H. M. Cook — ADDRESS 1217 Light St

AACo. S-R 2108

Rose May Bryant

HEALTH DEPARTMENT—CITY OF BALTIMORE

74814 74814

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1940 Mchenry St. St. 14-28 Ward)

Length of residence in city or town where death occurred 70 yrs. mos ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Rose May Bryant

(a) Residence: No. 1940 McHenry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late William Bryant

6. DATE OF BIRTH (month, day, year) May 10, 1879.

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
52	7	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bayard, (State or country)

13. NAME John Hattingly

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Cunningham

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Irene Sullivan
(Address) 1940 McHenry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 12/17/31 19

19. UNDERTAKER Harry A. Wurzbacher
(Address)

FILED DEC 17 1931 19 C. HUBERT JONES, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/15/ 1931

22. I HEREBY CERTIFY, That I attended deceased from 12/11 1931, to 12/15/ 1931

I last saw h[illegible] alive on 12/14/ 1931 death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	
Other contributory causes of importance:	
Myocarditis	
Cerebral Apoplexy	2 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

M. D. (Signed) Leonard J. Tenny, M. D.

(Address) 910 W. Lanvale

Spec.—9-30—A. & Co.—250 Blks.

E 74815 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 74815

CERTIFICATE OF DEATH.

124-002

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2412 E. Fayette St. 6-10 WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Ann Porter

(a) RESIDENCE No. 2412 E. Fayette St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ernest Clay Porter

6 DATE OF BIRTH (month, day, and year): June 4 1874

7 AGE — Years: 57 — Months: 6 — Days: 12 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry business, or establishment in which employed (or employer): At Home

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Wm Corame

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Henrietta Leet

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Miss Mildred Carter
(Address) 2412 E. Fayette St.

15 Dec 17 1931 C. HAMILTON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 16th 31

17 I HEREBY CERTIFY, That I attended deceased from Nov 13, 1931, to Dec 17, 1931, that I last saw he alive on Dec 17, 1931, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Phlebitis (L leg)
Hepatic Cirrhosis (duration) 1 yrs. mos. dy.
CONTRIBUTORY (Secondary) Myocardial Insufficiency
Pulmonary Edema mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. G. Leupel M. D.

19 (Address) 516 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Ameteg Co.	Dec. 21 1931
20 UNDERTAKER	ADDRESS
Frederick Lancaster Sons	1401 Calvert St.

Spec.—9 30—A. & Co.—250 Blks

E-74816

74816 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46v

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) 3713 Foster Ave (Street) 46-37 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Louis Dorff

(a) RESIDENCE NO. 3713 Fosterave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced, (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elsie Dorff

6. DATE OF BIRTH (month, day, and year): Dec. 4, 1859

7. AGE: Years 72 | Months | Days 8 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10. NAME OF FATHER: Louis Dorff

11. BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14. Informant (Address): Mrs. Elsie Dorff 3713 Fosterave

15. Filed 19 DEC 17 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Dec. 16, 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov. 25 1931 to Dec. 16 1931 that I last saw him alive on Dec 15 1931 and that death occurred, on the date stated above, at 2:30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach and Liver (duration) yrs. Indef. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 1 ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) R. F. Campbell M. D.

12/16/31 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem

DATE OF BURIAL: dec 19 1931

20. UNDERTAKER: John Wenck

ADDRESS: Gwynns Falls

-30—M. & T. B—50L

E 74817

E 74817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

26-39

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 N. Newkirk ST. WARD)

2-FULL NAME Helen E. Nelson

(a) RESIDENCE NO 907 N. Newkirk ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	wjite	Widow

5a If married, widowed, or divorced (or) WIFE of Charles Nelson

6 DATE OF BIRTH (month, day, and year) Feb 14/1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	86	10	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF ~~Father~~ mother Amelia J. Miller

11 BIRTHPLACE OF ~~Father~~ mother (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF ~~Father~~ mother Charles Davis

13 BIRTHPLACE OF ~~Mother~~ Father (city or town) (State or country) Baltimore., Md.

14 Informant Mrs. Frederick Palus

(Address) 5203 Fernpark, Ave

15 Filed DEC 17 1937 1937 C. HUMPSON JONES M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15/37

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

Dec 15/37 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Dec 17 1937

20 UNDERTAKER John Ulmer — ADDRESS 2108 Aliceanna

AACo. 5-11 2500

74818 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 74818

Julia A Frankl

CERTIFICATE OF DEATH (Frankl)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St. 9-16 Ward) Registered No. 172-07

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia A Frankl (Frankl)

(a) Residence: No. 1706 Harford Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 2 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silk
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Rudolph Frankl
14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Julia Dell
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Report records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Lebanon 12/21/31

19. UNDERTAKER George S. Rinehart & Co.
(Address) 1700 Eutaw Pl.

20. FILED ____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-17-1931

22. I HEREBY CERTIFY, That I attended deceased from 11-5-, 1931 to 12-17-, 1931

I last saw h[illegible] alive on 12-17-, 1931, death is said to have occurred on the date stated above, at 4 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction (Adhesions)	4 days

Other contributory causes of importance:

Bronchopneumonia	?

Name of operation Relief of Obstruction Date of 12-12-31

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 19____

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert V. Chenoweth, M. D.

(Address) Md. General Hospital

20—M. & T.—100 B.—50L

E 74819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74819

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1316-S.Carey Street ST. 21-24 WARD)

2-FULL NAME Frances Urnisi

(a) RESIDENCE NO. 1316-S.Carey Street ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Urnisi

7 DATE OF BIRTH (month, day, and year) March 15, 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs.
	50	9	-	xxxxxx

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER Charles Glorioso

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Thomas Urnisi

(Address) 1316-S.Carey Street

Filed 1-7 1931 H. Edgar Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral hypoplexy

(duration) Suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) High blood pressure (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell, M. D. Coroner

12/15, 1931 (Address) 223 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 12/19/31

20 UNDERTAKER Geo. J. Burke Inc.

ADDRESS 1120 Hanover

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74820

23 V E 74820

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 11-24 St., Ward)

Length of residence in city or town where death occurred 6 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Lee Walker

(a) Residence: No. 1032 Eutaw St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie Walker

7. DATE OF BIRTH (month, day, year) Aug. 7, 1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	4	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Berkley Va.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Susie ?

16. BIRTHPLACE (city or town) (State or country) Berkley Va.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mayfield Va. Date Dec 17, 19 31

19. UNDERTAKER (Address) D. T. Williams 15 E. Eager St.

20. FILED Dec. 14, 1931 THOS. C. BAILEY JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1931 to Dec. 12, 1931

I last saw him alive on Dec. 12, 1931 death is said to have occurred on the date stated above, at 9:50 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary tuberculosis	Oct 1931
Other contributory causes of importance: Tuberculous Meningitis	5 days

Name of operation None Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. Stimson Jr. M. D.

(Address)

A&Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74821

CERTIFICATE OF DEATH

11-601

E 74821

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 S. Potomac St., 1 Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U. S. If of foreign birth? yrs mos ds

2. FULL NAME Elsa M. Kraemer

(a) Residence: No. 906 S Potomac St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept 12 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		3	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME William J. Kraemer

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Elsa Judson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT William J. Kraemer
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Dec 17 1931

19. UNDERTAKER Kelly & Butler Inc
(Address) 902 E. Lanvale St

20. FILED Dec 17 1931 W. H. Jones, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1931 to Dec 14 1931

I last saw her alive on Dec 14 1931 death is said to have occurred on the date stated above, at 9.20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Cerebral Hemorrhage	12/4/31
Broncho Pneumonia	12/8/31

Other contributory causes of importance:

Acute Myocarditis	12/13/31

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Ritter M. D.

(Address) 1 S. Highland Ave

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186 1001 E 74822

E 74822

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital ST. 26 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alonzo Nickum

(a) RESIDENCE NO 3316 Fleet St ST. 26 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Fifty yrs mos ds How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Nickum

6 DATE OF BIRTH (month, day, and year) Sept 13 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	2	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Ballo City

9 BIRTHPLACE (city or town) (State or country) Ballo Md

10 NAME OF FATHER Edward Nickum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ballo Md

12 MAIDEN NAME OF MOTHER Elmira Ballou

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ballo Md

14 Informant Marie Nickum

(Address) 3316 Fleet St

Filed 17 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull, accidental fall on stairs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Alcoholism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 3316 Fleet

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) L J Nerz M. D. Coroner

(Address) 1305 N Patterson Pk 16, 1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL 12/18 1931

20 UNDERTAKER Libby & Sentenstein

ADDRESS 4038 Park

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

74823 — 74823

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — 14-27 23 — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St., ____ Ward)

Length of residence in city or town where (he) died ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mack (Matthew) Davis

(a) Residence: No. 531 Vincent St. St., ____ Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Lucy Davis

6. DATE OF BIRTH (month, day, year): March 16, 1901

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	30	8	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: out of work
10. State deceased last worked at this occupation (month and year): 1 yr.
11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Petersburg Va.

FATHER
13. NAME: Thomad Davis
14. BIRTHPLACE (city or town) (State or country): ? Va.

MOTHER
15. MAIDEN NAME: Liza ?
16. BIRTHPLACE (city or town) (State or country): ? Va.

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL. Place: National Cemetery Date: Dec 17, 1931

19. UNDERTAKER: Mrs. Katie A. Williams (Address) 3221 E. Lafayette St.

FILED DEC 17 1931 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1931 to Dec. 13, 1931

I last saw him alive on Dec. 13, 1931 death is said to have occurred on the date stated above, at 6:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	1 Month
Other contributory causes of importance: Pneumo Thorax, spontaneous left	1 Week

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Jas. Thomas M. D.

(Address) Balto. City Hosp.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74824 108 E 74824

CERTIFICATE OF DEATH

E 74824

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 3-4 WARD)

2-FULL NAME Eleanor Klotzman

(a) RESIDENCE NO 1427 E. Pratt ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12-19-1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	2	11	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Jacob Klotzman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Minnie Vakofsky

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1439 E. Balto., St.

15 Filed DEC 17 1931 Registrar C. HARRISON JONES M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] Coroner, M. D.

Dec 17/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Cemetery Road

DATE OF BURIAL 12-17-31

20 UNDERTAKER Jack Lewis, Inc

ADDRESS 1439 E. Balto. St.,

1-20—M. & T.—100 B—50L

E 74825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74825

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 444 Aisquith ST. 5-8 (WARD)

2-FULL NAME Spiro Grima

(a) RESIDENCE NO 444 Aisquith ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Giovanne Grima

(Rue Houche 38, Tunis, North Africa)

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	about 65	yrs		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Peanut Vender
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Malta, (British)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) W

12 MAIDEN NAME OF MOTHER W

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W

14 Informant British Consulate (Balto)

(Address)

Filed JAN 7 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) on and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Lobar Pneumonia

(duration) yrs. mos ? ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

Dec 8/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND DEC 1 1931 HARVEY JONES (Commissioner Health)

1-30—M. & T.—100 B—50L

E 74826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 ✓ E 74826

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 Peach Alley. ST. 23-31 WARD)

2-FULL NAME Minnie Billups.(C)

(a) RESIDENCE NO 1112 Peach Alley. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	----		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia.

PARENTS

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do not know.

14 Informant: William Ford.(C)
(Address) 1112 Peach Alley.

15 Filed ..., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 9, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Leonhardt, M. D. Coroner

12/15/31 Address 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

DEC 17 1931 UNIVERSITY OF MARYLAND MEDICAL SCHOOL

Spec.—6-8-19—H. P. Co.—1000 Blks.

E 74827.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107,001 E 74827

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital (St.) 8-17 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John C. B. Dean

(a) RESIDENCE. No. 2013 E. Lanvale St. Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 1 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Laura V. Dean

6 DATE OF BIRTH (month, day, and year): Oct. 20 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer: Baltr. City Sewer Dept. Baltr. Md.

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Richard Dean

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknowed.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Mrs. Laura V. Dean 2013 E. Lanvale St.

15 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 16 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 7 1931 to Dec. 16 1931, that I last saw him alive on Dec. 15 1931, and that death occurred, on the date stated above, at 4.35 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary): exposure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edward Novak, M. D.

19 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltr. Cem.	Dec 19 1931

20 UNDERTAKER: John H. Valentine

ADDRESS 326 Aisquith St.

DEC 17 1931 HEALTH COMMISSIONER

Rec.—2-29-28—L. F. S.—500 Bks.

74828

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74828

CERTIFICATE OF DEATH

59

1—PLACE OF DEATH 1201 Laurens St

CITY OF BALTIMORE: (No.) 1201 Laurens St. (WARD) 16-23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eva Rickel

(a) RESIDENCE NO. 1201 Laurens ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Rickel

DATE OF BIRTH (month, day, and year) Oct 13-1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	2	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Morris Abrazer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Heiman

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Elenora Rickel

(Address) 1201 Laurens

FILED DEC 17 1931 H. SAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16-31

17 I HEREBY CERTIFY, That I attended deceased from Dec 14th, 1931, to Dec 16th, 1931, that I last saw her alive on Dec. 16th, 1931, and that death occurred, on the date stated above, at 1.50 P. m.

The CAUSE OF DEATH* was as follows:

Sepsis and suppression of urine

(duration) 1 yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Diabetis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evid

(Signed) L. Waldman, M. D.

12th 17th, 1931 (Address) 210 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Cem. DATE OF BURIAL Dec 19 1931

20 UNDERTAKER Chas D. Mitchell ADDRESS Pikesville Md

AACo. 5-31 2508

Elmer Ruff

HEALTH DEPARTMENT—CITY OF BALTIMORE

74829

CERTIFICATE OF DEATH

108 E 74829

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 24-34 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs 3 mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME

(a) Residence: No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7.	4.	5.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

20. FILED 1931 C. HILLSON JONES, M. D.
Registrar.
By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16 1931

I HEREBY CERTIFY, That I attended deceased from Dec. 11 1931 to Dec. 16 1931

I last saw h/M alive on Dec 15 1931 death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/11/31
Exhaustion	12/15/31

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

25. (Signed) M. D.

12/16/31 (Address)

AaCo. 5-31 2500

74830

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74830

CERTIFICATE OF DEATH

119

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 12-51 Ward)

Length of residence in city or town where death occurred 6 yrs. 11 mos. 6 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Olive Sullivan

(a) Residence: No. 708 Singer Ave (Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mall	White	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of /

7. DATE OF BIRTH (month, day, year) May 11, 1931

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Fanny Sullivan

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Mary Jeff

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mary Sullivan

(Address) 708 Singer Ave.

18. BURIAL, CREMATION, OR REMOVAL.

Place Laurel Hill Date DEC 19 1931

19. UNDERTAKER Fulton Funeral

(Address) 2016 Eutaw Place

20. FILED DEC 19 1931 C. HAMPSON JONES, M. D. Registrar. BY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1931, to December 1931

I last saw h[illegible] alive on Dec. 17, 1931 death is said to have occurred on the date stated above, at 5 30 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea and Enteritis	10-2-31

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Pete Meranski M. D.

(Address) Sydenham Hospital

1-20—M & T.—100 B—50L

E 74831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

86-E 001 74831

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 20-27 WARD)

2-FULL NAME Rosa Wall

(a) RESIDENCE NO 208 N Monroe ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas E Wells

6 DATE OF BIRTH (month, day, and year) July 5, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Home work
(b) General nature of industry, business, or establishment in which employed (or employer): at home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Salt Lake City

PARENTS

10 NAME OF FATHER John H Ball

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Catherine Carr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Hospital Record

(Address)

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

fracture Neck of Femur fall down stairs at home

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? 208 N Monroe St

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton Coroner, M. D.

12/16, 1931 (Address) 701 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 12/18/31

20 UNDERTAKER: George A Tansey — ADDRESS: Salter & Fayette

AACo. 5-11 2500

74832

HEALTH DEPARTMENT—CITY OF BALTIMORE

34 E 74832

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 28-66 ..... Ward)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 64 yrs. ... mos. ... ds.

2. FULL NAME Herman Kluth

(a) Residence: No. 1303 Walnut Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 29, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. out of work
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Germany

MOTHER FATHER

13. NAME Christian
14. BIRTHPLACE (city or town) (State or country) ? Germany
15. MAIDEN NAME Marie Haak
16. BIRTHPLACE (city or town) (State or country) ? Germany

17. INFORMANT Records of
(Address) Balto. City Hops.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date [illegible] 19 31

19. UNDERTAKER W. W. Sinner
(Address) 4120 Edmondson

20. FILED 17 1931 C. HAMPSON JONES, M. D. Registrar. By [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1931 to Dec. 17, 1931
I last saw him alive on Dec. 17, 1931 death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Congestion	
Hypostatic Congestion	
Acute Coronary Occlusion	1928

Other contributory causes of importance: Arteriosclerosis Sec. I. 3.

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) [illegible] M. D.
(Address) Balto. City Hops.

A4Co. 5-31 2500

74833 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

137 E 74833

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General St. (Hospital, etc.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Ridgely

(a) Residence: No. 1911 David Hill Av. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb 14, 1862

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	2	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Jerry Ridgely

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Elvina Santley

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19..

19. UNDERTAKER
(Address)

20. FILED 7-1931 C. HAMPSON JONES, M. D. 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-16-1931

22. I HEREBY CERTIFY, That I attended deceased from 10-24, 1931, to 12-16, 1931

I last saw h.... alive on 12-16, 1931 death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Lobar pneumonia (or)	1 day
b. Influenza	
c. Senility	

Other contributory causes of importance: Arteriosclerosis

Name of operation: Tracheotomy. Date of 12-1-31

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) ..... M. D.
(Address) ..... Hospital

UNIVERSITY OF MARYLAND DEC 17 1931 School of Hygiene and Public Health

AACo. 5-31 250M

74834★ **HEALTH DEPARTMENT—CITY OF BALTIMORE** 93-E 74834

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ? St. 16-37 Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie Snead

(a) Residence: No. ? St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	?

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min
appears to be 60-70?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL UNIVERSITY OF MARYLAND 19

19. UNDERTAKER (Address)

20. FILED DEC 17 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1931 to Dec. 14, 1931

I last saw her alive on Dec. 14, 1931 death is said to have occurred on the date stated above, at 9:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Gangrene	
Hypostatic Pneumonia, Chr	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Arnold Jr. M. D.

(Address) Balto. City Hosp.

AdCo. 5-31 250P

74835 HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 74835

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals 18-29 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... da. How long in U.S. If of foreign birth? ... yrs ... mos ... da.

2. FULL NAME John Brown

(a) Residence No. 15 S. Schroeder St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Mar.

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Brown (C)

7. DATE OF BIRTH (month, day, year)

8. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
46	(1)	(7)	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Wyatt Brown

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Matilda Lewis

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date DEC 1, 1931 19

19. UNDERTAKER
(Address) Dept. of Health.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-12 1931.

22. I HEREBY CERTIFY, That I attended deceased from 10-9, 1931 to 12-12, 1931

I last saw him alive on 12-12 1931 death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	→ 4 mo. (?)
Aneurysm of Abdominal Aorta	← 6 yrs

Other contributory causes of importance:
Starvation Acidosis 10 da.

Name of operation Exploratory Laparotomy Date of 11-5
What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Luther E. Sisk M. D.
(Address) Balto. City Hospitals

Spec.—12-8-31—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74836

CERTIFICATE OF DEATH.

159 E 74836

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1 S. Robinson St. 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Longhenour

(a) RESIDENCE NO. 1 S. Robinson St. 1st Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): December 17 1931 12 10 A.M.

7 AGE: Years 1 Months Days IF LESS than 1 day hrs. or 5 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) 1 S Robinson St Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Elmer E Longhenour

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Somerset Co Md

12 MAIDEN NAME OF MOTHER Cora Haden

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Tuckahoe Ky

14 Interment (Address) Cora Longhenour 1 S Robinson

15 DEC 17 1931 Filed DEC 18

C. RAWLSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 17 1931 19

17 I HEREBY CERTIFY, That I attended deceased from Dec 16 1931, to Dec 17, 1931, that I last saw h alive on , 19, and that death occurred, on the date stated above, at 12 15A m.

The CAUSE OF DEATH* was as follows:

Miscarriage 1 week

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lacerated Uterus

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Digital Exam

(Signed) A H Broderick M. D.

19 (Address) 2221 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

Date of Burial: DEC 19 1931

20 UNDERTAKER

ADDRESS

Commissioner Health

For use of Bureau

A&Co. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

74837

CERTIFICATE OF DEATH

23E 74837

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 814 N. Port St. 7-12 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Kadlec

(a) Residence: No. 814 N. Port St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Kadlec

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER FATHER

13. NAME Peter Kadlec

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Tonja Barlic

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mary Kadlec
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 19. 1931

19. UNDERTAKER Frank E. Jackson
(Address) Baltimore Md

20. FILED DEC 17 1931 19... C. HIMPSON JONES, M. D. Registrar.
21. ... Apt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16. 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1931, to Dec 16, 1931

I last saw him alive on 12/10/31 19... death is said to have occurred on the date stated above, at 10:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Exhaustion	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas L Bagby, M. D.

(Address) 709 N Broadway

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74838 E 74838

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Aves St.) (Ward) 25-22

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Nancy Applegate

(a) Residence: No. Sulphur Spring Rd St., Ward. Same (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alfred Applegate

6. DATE OF BIRTH (month, day, year) 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Mrs Nancy Applegate
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) unknown (State or country)

17. INFORMANT Mr Alfred Applegate
(Address) Sulphur Spring Rd
18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cemetery Date 12-18-1931
19. UNDERTAKER J. B. Probert
(Address) 3822 Eastern Ave
20. FILED DEC 17 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-16-1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1931 to Dec 16 1931
I last saw her alive on Dec 16 1931 death is said to have occurred on the date stated above, at 4 45 A. m.

The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis
& uremia

Date of onset

Other contributory causes of importance:
Chronic myocarditis
Generalized arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Isaac Ivrais, M. D.
(Address) Sinai Hospital

1-30—M. & T.—100 B—50L.

E 74839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1861 E 74839

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 6-9 WARD)

2-FULL NAME Charles H. Gebhardt

(a) RESIDENCE NO 138 Jackson Place ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blondell Gebhardt

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	43			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Printer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Cogan Printing Co

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Frederick Gebhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Bond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Mrs. K. Dorsey
(Address) 1529 N. Broadway

15 Filed 1931, 192 W W Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9.15 A.M. Dec 17/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Arm (8 40)

Fractured Skull & ~~Leg~~ Accidently fell from window of his bed room to floor of hallway. 3rd to 1st floor (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholism (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) J. H. Patterson, M. D. Coroner

Dec 17, 31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery

DATE OF BURIAL 12/19/1931

ADDRESS

20 UNDERTAKER Wm Cook 1217 St Paul St

AACo. 5-11 2508

74840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74840

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 136 E. Eutaw St. 24 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Robb

(a) Residence: No. 136 E. Eutaw St, Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If ~~married~~, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of John W. Robb

6. DATE OF BIRTH (month, day, year) Mar 17th 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	8	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME of Husband Wimmert

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Wagner

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Louise T. Riggin

(Address) 136 E. Eutaw St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 12/19/1931

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ....., 1931 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16th 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1931, to Dec. 15, 1931

I last saw her alive on Dec. 15, 1931, death is said to have occurred on the date stated above, at 6.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Auricular Fibrillation	

(Other contributory causes of importance:

Acute Cardiac Dilatation

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Edward Norris M. D.

(Address) 107 East West street.

A&Co. 5-11 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

74841

CERTIFICATE OF DEATH

46 E 74841

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 Appleby Ave Ward) 7-5-54

Length of residence in city or town where death occurred yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Georgianna F. Batte

(a) Residence: No. Mt Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If ~~married~~, widowed, ~~or divorced~~
~~HUSBAND~~ (or) WIFE of Gassoway N. Batte

7. DATE OF BIRTH (month day year) July 4th 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	5	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Henry Morrison

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Louisa Tresop

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Wm C. Ward

(Address) 1320 Appleby Ave Mt Washington

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 12/18/ 1931

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 7-5 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day, year) Dec 16th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1931 to Dec 16, 1931

I last saw h~~er~~ alive on Dec 15 1931 death is said to have occurred on the date stated above, at 3 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	About 1 yr
	ago

Other contributory causes of importance:

Malnutrition Dyspnea	about 4 mos.

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morris B. Green M. D.

(Address) Hamilton Baltimore Md

A4Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74842

CERTIFICATE OF DEATH

82-E 74842

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3025 Hoover Ave St. 27-44 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 1 mos. 2 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances M. P. Hoepner

(a) Residence: No. 3026 Hoover Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Nov 14. 1853

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Potts Run Md

13. NAME Casper B. Hoepner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Gentzlinn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Pauline M. Bell

(Address) 3025 Hoover Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Dec. 19 1931

19. UNDERTAKER Mrs. Mary Ann McCaffrey & Son

(Address) 501 N. Fayette St

20. FILED Dec 19 1931 H. J. K. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1931.

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1931, to Dec 16, 1931

I last saw her alive on Dec 16, 1931 death is said to have occurred on the date stated above, at 4.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteio Sclerosis	?

Other contributory causes of importance:

Cerebral Hemorrhage	11/16/31

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. L. Duston, M. D.

(Address) 501 E. Fayette

AaCo. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74843

CERTIFICATE OF DEATH

1314 E 74843

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3040 Hinton Ave 15-61 Ward)

Length of residence in city or town where death occurred 54 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Clay Dearborn Price. Jr

(a) Residence: No. 3040 Hinton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color, or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6. If married, widowed, or divorced
HUSBAND of (WIFE of) Gretta Mayfield Price

7. DATE OF BIRTH (month, day, year) March 22-1861

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	70	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month, year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexandria Va

13. NAME Charles F Price

14. BIRTHPLACE (city or town) (State or country) Alexandria, Va

15. MAIDEN NAME Mary Dearborn

16. BIRTHPLACE (city or town) (State or country) Alexandria Va

17. INFORMANT Clay D Price Jr
(Address) 29 N Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Date Dec 18 1931

19. UNDERTAKER Wm Linton Son
(Address) [illegible]

FILED [illegible] 19[illegible] H. H. JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1931, to Dec 15, 1931

I last saw him alive on Dec 15 1931 death is said to have occurred on the date stated above, at 7:55 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Chronic Bright's	

Other contributory causes of importance:

Myocarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward [illegible] M. D.

(Address) 3707 Hallaway Ave

Spec.—9-30—A. & Co.—250 Bks.

74844 HEALTH DEPARTMENT—CITY OF BALTIMORE

V E 74844

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Hebrew Home for aged & Infirm REGISTERED NO. 27454

CITY OF BALTIMORE: (No.) Belvedere & Greenspring Aves. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Simon Klitzner

(a) RESIDENCE NO. Belvedere & Greenspring Aves. (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): widower

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant: Sigmund Rumstadt

(Address) Hebrew Home for Aged & Infirm

Filed 1-8 1932 H. WILKE JONES, Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-18-31

17 I HEREBY CERTIFY, That I attended deceased from 12-12, 19 31, to 12-18, 19 31

that I last saw h— alive on 12-17, 19 31

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Chronic valvular disease

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Edmund Korn M. D.

. 19 (Address) Levindale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale Cemetery — DATE OF BURIAL: 12-18 1931

20 UNDERTAKER: Jack Lewis Inc — ADDRESS: 1439 E. Baltimore St

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74845

CERTIFICATE OF DEATH

13 V

E 74845

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3813 Dalrymple ave St., 15-65 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds How long in U.S. If of foreign birth? 40 yrs ... mos ... ds

2. FULL NAME Israel Nicholson

(a) Residence: No. 3813 Dalrymple ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mn	W.	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elicka Nicholson

7. DATE OF BIRTH (month, day, year)

8. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	85			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Joseph Nicholson

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Earl

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Lennie Goldstein
(Address) 3813 Dalrymple

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rel. Cem. Date 12-15 1931

19. UNDERTAKER Jack Lewis & Bro
(Address) 1029 E Baltimore St

20. FILED DEC 17 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-17-31, 19

22. I HEREBY CERTIFY, That I attended deceased from June 10th, 19 31 to Dec 16, 19 31

I last saw h alive on Dec 16, 19 31 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1925
Chronic Nephritis	

Other contributory causes of importance:

Coronary thrombosis	Dec. 15 1931

Name of operation none Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. E. Michelson, M. D.

(Address) 2270 Eutaw Place

1-30—M. & T.—100 B—50L

E 74846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

112 E 74846

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Enroute Hopkins Hospital ST. 10-13 WARD)

2-FULL NAME Clara Johnson Scott

(a) RESIDENCE NO 1444 E. Monument ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dores Scott

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER Harriet Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Annie Jolley (Daughter)
(Address) 1020 Rutland Ave

15 Filed 1 S 1931 H. [illegible] Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Myocardial Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) "History" of Asthma (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [illegible] Coroner, M. D.

Dec 19 17/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem. DATE OF BURIAL 12-18 19 31

20 UNDERTAKER Byron Wright 1218 E. Oliver St ADDRESS

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74847

CERTIFICATE OF DEATH

59 C 74847

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3016 E. Pratt St. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George E. Walker

(a) Residence: No. 3016 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel E Walker

7. DATE OF BIRTH (month, day, year): May 2 1854

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	77	9	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME OF FATHER: Wm Irving

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME OF MOTHER: Georgia Button

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Wm. Miles

(Address): 3016 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt Olivet Date 12/18/, 19 31

19. UNDERTAKER: Philip Sharp

(Address): 3016 E Pratt St

C. HAMPSON JONES, M. D.
Registrar

DEC 15 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/16/31, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 31 to Dec 16, 1931

I last saw he alive on Dec 15, 1931 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ernest Straley, M. D.

(Address) 1224 E Pratt

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74848 — X 108 E 74848

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-49 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 6 mos ... ds How long in U.S. If of foreign birth? ... yrs ... mos ... ds

2. FULL NAME Mr Alex W. Carroll

(a) Residence: No. 454 Westminster Ave St., Ward. Elizabeth, N.J.
(If usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of Mary Carroll (or) WIFE of

7. DATE OF BIRTH (month, day, year): May 30 1867

8. AGE: Years 64 | Months 6 | Days 24 | If LESS than 1 day, hrs ... or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: 40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore County

13. NAME: Henry Carroll

14. BIRTHPLACE (city or town) (State or country): Baltimore County

15. MAIDEN NAME: Mary Winchester

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT (Address): Daughter

18. BURIAL, CREMATION, OR REMOVAL. Place Woodlawn Date Dec 19 1931

19. UNDERTAKER (Address): Henry W. Kuhl & Sons 1911 North Charles St

20. FILED DEC 19 1931 C. HAWSON JOHNS, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 17th. 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1931, to Dec 17, 1931

I last saw him alive on 11:25 P.M. 1931, death is said to have occurred on the date stated above, at 11:25 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia - Bilateral

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? By Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Richard France, M. D.

(Address) Union Memorial Hosp.

Spec.—2-29-28—L. F. S.—500 Bks.

E 74849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 E 74849

1—PLACE OF DEATH

CITY OF BALTIMORE (No.) 2536 Harlem Ferry Rd. (WARD) 24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jacob Smith

(a) RESIDENCE NO. 2536 Harlem Ferry Rd WARD 24

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S., If foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lula Smith

DATE OF BIRTH (month, day, and year) 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Jacob Smith Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Mr John Smith

(Address) 1339 Myrtle ave

Filed DEC 18 1931 19 C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/14/31

17

I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1931, to Dec 14, 1931.

that I last saw him alive on Dec 12, 1931

and that death occurred, on the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

8

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J B Hartless, M. D.

Dec 16, 1931 (Address) 912 Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Auburn	Dec 18 1931
20 UNDERTAKER	ADDRESS
Joseph A Sisk	419 N Mount St

A&Co. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74850

CERTIFICATE OF DEATH

108 E 74850

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 12-46 Ward)

Length of residence in city or town where death occurred 7 yrs 2 mos 22 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Irvin Snyder Snyder

(a) Residence: No. 207 Ridgemede Rd St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept 17, 1924

8. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	7	3	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Charles Irving Snyder

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Florence Rauch

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Parents
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine, Date Dec 18, 1931

19. UNDERTAKER Edward Monath
(Address) Woodmont Ave.

20. FILED DEC 18 1931 C. HARRISON JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1931 to Dec 16, 1931

I last saw him alive on Dec. 16 1931 death is said to have occurred on the date stated above, at 7.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema Thoracis - (Right (Strep Hemolyticus)	12-12-31
Lobar Pneumonia - Right Lower	12-2-31

Other contributory causes of importance:

Name of operation Thoracotomy, Rt. Date of 12-12-31

What test confirmed diagnosis? Opx. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. Garis M. D.

(Address) Union Memorial Hospital

1-30—M & T—100 M—501.

E 74851

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74851

CERTIFICATE OF DEATH

82-00

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 Normandy Ave ST. 20-11 WARD)

2-FULL NAME Mary J. Elbert

(a) RESIDENCE NO 502 Normandy Ave ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Elbert

6 DATE OF BIRTH (month, day, and year) Feb. 2, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	10	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Warrington Va.

PARENTS

10 NAME OF FATHER John Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Joseph Elbert

(Address) 502 Normandy Ave.

15 Filed DEC 19 1931 192 C. HAWKINS Jr. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

THE CAUSE OF DEATH was as follows:

Cerebral Embolism

(duration) Suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy U. Cromwell, M. D. Coroner

12/18, 1931 (Address) 223 Palatine Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Washington, D. C.	12/18 1931
20 UNDERTAKER Walter S. Rowlson	ADDRESS 2738 W. North Ave.

1-30—M. & T.—100 B—50L.

E 74852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 74852

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2004 Fountain ST. 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michal Makowski

(a) RESIDENCE NO 2004 Fountain ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maryanna Makowski

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
61	61			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Maryanna Makowski

(Address) 2004 Fountain St

15 Filed . 192 C. H[illegible] Registrar

FEB 10 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B P Herzog M.D. M. D.
Coroner

Dec. 19 31 (Address) 305 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary's

DATE OF BURIAL Dec. 19 1931

20 UNDERTAKER John A Drebkowski Jr

ADDRESS 423 S Paca St

1-30—M & T—200 B—60L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74853

93E 74853

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2746 Winchester St. (WARD) 16-68

2-FULL NAME Florence A Hooper

(a) RESIDENCE NO 2746 Winchester St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry F Hooper

6 DATE OF BIRTH (month, day, and year): Jan 16-1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	8	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pittsburgh Pa

PARENTS

10 NAME OF FATHER: Alex West

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Hannah E Merrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Harry F Hooper

(Address) 2746 Winchester St.

15 Filed ..... 19.. H. MAURICE JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) H. L. Kerlin, M. D. Coroner

(Address) 1535 Eastern Ave

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem.

DATE OF BURIAL: Dec 19 1931

20 UNDERTAKER: Josiah Sifter

ADDRESS: Woodbrook

1-30—M. & T.—100 B—60L

E 74854

HEALTH DEPARTMENT—CITY OF BALTIMORE

93 E 003 74854

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2012 McCulloh St. 14-20 WARD)

2-FULL NAME Hester Heymond.

(a) RESIDENCE NO 2012 McCulloh St., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mulvin

6 DATE OF BIRTH (month, day, and year): 1867-

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): La.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Sarah Rudolph
(Address) 2012 McCulloh

15 Filed Dec 19 1931 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 16th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Mortimer Coroner, M. D.

(Address) Dec 16

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Int. Auburn Cemetery

DATE OF BURIAL: Dec 18th 1931

20 UNDERTAKER: Richard A. Cordell

ADDRESS: 824 McCulloh

AACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

74855

74855

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 17-25 (Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Winfield Troxel

(a) Residence: No. 526 W. Mulberry St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 20, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	77	7	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Fredrick Co. Md.

13. NAME Joseph Troxel

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Martha Skiles

16. BIRTHPLACE (city or town) (State or country) ? Pa.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date Dec 18 1931

19. UNDERTAKER George J. Smith (Address) 1532 E. Baltimore St

20. FILED DEC 16 1931 Registrar

For

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1931, to Dec. 16, 1931

I last saw him alive on Dec. 16, 1931 death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach metastasis	3 months
Anemia, secondary	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Leo Kessler M. D.

(Address) Balto. City Hosp.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

74856 E 74856

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. [illegible] Ward)
non resident

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Green

(a) Residence: No. Patapsco Neck, Balto. Co. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/17/30

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Patapsco Neck. Balto. Co. Md.

13. NAME Otho Bailey

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Beatrice Green

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Beatrice Green
(Address) Patapsco Neck, Balto. Co.

18. BURIAL, CREMATION, OR REMOVAL Ellen Howard Logan Md. Date 4/18/31 19...

19. UNDERTAKER J. J. Connelly
(Address) Essex Md

20. FILED ... 19... [illegible] JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/17 , 1931

22. I HEREBY CERTIFY, That I attended deceased from 4/14 , 1931, to 4/17 , 1931
I last saw her alive on 4/17 , 1931 death is said to have occurred on the date stated above, at 1.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	10 days ago
Other contributory causes of importance: Pneumonia	3 days ago

Name of operation None Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. V. Jackson M. D.
(Address) Sydenham Hospital

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74857

CERTIFICATE OF DEATH

108 E 74857

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 Lanvelton ST. 16-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thos Butler

(a) RESIDENCE NO. 730 Lanvelton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Dec 28-91

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
39	--	11	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer General Refining Co

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Warren Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Margaret Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Catherine Thomas

(Address) 730 Lanvelton St

Filed DEC 29 1931 H. RANDOLPH JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/17/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 14 . 1931 . to Dec 17 . 1931 .

that I last saw him alive on Dec 17 . 1931 .

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

15 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. N. Hatcher, M. D.

, 19 (Address) 1 W Va Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ft Auburn Cemetery	Dec. 20, 1931
20 UNDERTAKER	ADDRESS 3227 Edmondson St
Mrs. Katie R. Williams	

AACo. 5-11 2500

25-572

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74858 CERTIFICATE OF DEATH 159 E 74858

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 Ward)

Length of residence in city, or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Sheets

(a) Residence: No. 6 & 17 Hebrides Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-15-31

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
			1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

13. NAME Mrs. Sheets

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Unterman

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT

17. INFORMANT Friends

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date 19

19. UNDERTAKER Commissioner

(Address)

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 1931, to Dec 15 1931

I last saw h alive on Dec 15 1931, death is said to have occurred on the date stated above, at 1:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	12-15-31

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. L. Gordon M. D.

(Address) J. H. Hosp.

JOHNS HOPKINS HOSPITAL DEC 16 1931

AACo. 5-01 2500

74359 5567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 74359

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. ? - 9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laurence Willis !

(a) Residence: No. East St Turners Station Ward.
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/25/31

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
		10 11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME George Willis

14. BIRTHPLACE (city or town) (State or country) N.C

15. MAIDEN NAME Agnes Mitchell

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place ... Date DEC 1 19...

19. UNDERTAKER
(Address) Pat. Rm. & Morgue

20. FILED DEC 16 1931 ... Registrar.

JOHNS HOPKINS HOSPITAL DEC 16 1931
Commissioner Health

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from DEC 12, 1931, to DEC 16, 1931

I last saw h[illegible] alive on DEC 16, 1931 death is said to have occurred on the date stated above, at 11.20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 10
Other contributory causes of importance:	
Tetany	Dec 16

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. C. Wallis, M. D.

(Address) Johns Hopkins

AaCo. 4-H 2108

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74860

93-E 74860

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 12-20 Ward)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Woody

(a) Residence: No. 105 W. 20th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) Nov. 13, ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65?	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Va.

FATHER

13. NAME Jim
14. BIRTHPLACE (city or town) (State or country) ? Va.

MOTHER

15. MAIDEN NAME Lucy ?
16. BIRTHPLACE (city or town) (State or country) ? Va.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL (Date) DEC 19 1931

19. UNDERTAKER (Address)

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1931, to Dec. 15, 1931

I last saw h im alive on Dec. 15, 1931 death is said to have occurred on the date stated above, at 3:30 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, Renal Myocarditis, chr.	Unknown
Other contributory causes of importance: Benign Hypertrophy of Prostate Cystitis	Unknown

Name of operation None Date of

What test confirmed diagnosis Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Ghrist M. D.
(Address) Balto. City Hosp.

UNIVERSITY OF MARYLAND

E 74861 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74861

1 PLACE OF DEATH Baltimore City Hospitals 34

CITY OF BALTIMORE (No Balto Md St 18-26 (WARD)

2 FULL NAME Hannah Gillespie

(a) RESIDENCE No 1027 Harlem Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

2 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Widow

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work do

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) N. Carolina

PARENTS

10 NAME OF FATHER Solomon Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Carolina

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Carolina

14 Informant (Address) Record Balto City Hospitals

15 Filed 12-19-31 C. BLISS JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/15/31

17 I HEREBY CERTIFY, That I attended deceased from 1/14, 1931, to 12/15, 1931

that I last saw her alive on 12/15, 1931

and that death occurred, on the date stated above, at 8,10 P. m.

The CAUSE OF DEATH* was as follows:

1 Terminal Bronchopneumonia (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Psychosis Cerebral Arterio Sclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry Friedman M. D.

19 12/19/31 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lapsley DATE OF BURIAL 19

20 UNDERTAKER Baltimore Health. ADDRESS

For Wm. F. WOODALL

UNIVERSITY OF MARYLAND DEC 7 1931

A&Co. 5-H 2509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 74862

E 74862

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Patapsco Ave Stone House Cove 25-7b Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Mary E. Thierauf

(a) Residence: No. Stone House Cove St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frederick H. Thierauf
6. DATE OF BIRTH (month, day and year): Sept. 7th 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) (State or country): Balto. Md.
13. NAME: Joseph Gayheart
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER'S NAME

17. INFORMANT: Frederick H. Thierauf
(Address) Patapsco Ave Stone House Cove
18. BURIAL, CREMATION OR REMOVAL
Place: Holy Redeemer Date: Dec. 21 1931
19. UNDERTAKER: Margaret E. Flynn
(Address) 1222 Light St.
20. FILED ... C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 17. 1931
22. I HEREBY CERTIFY, That I attended deceased from Dec. 14. 1931, to Dec. 17. 1931.
last saw h[illegible] alive on Dec. 17 1931. Death is said to have occurred on the date stated above, at 11 0'. m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial Nephritis.

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. H. Smith, M. D.
(Address) 481 S. Pennington Ave

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

41 E 74863

CERTIFICATE OF DEATH

32-081 E 74863

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 16-23 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Flora Harris

(a) Residence: No. 1028 N. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) June 7, 1927

8. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	4	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME William Harris

14. BIRTHPLACE (city or town) (State or country) Indiana

15. MAIDEN NAME Estella Hall

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Dec 20 Date 1931

19. UNDERTAKER Forrest Undertaking Co.
(Address) Baltimore, Md.

20. FILED Dec 19 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17 1931

22. I HEREBY CERTIFY, That I attended deceased from December 13, 1931 to December 17 1931.

I last saw h[illegible] alive on December 17 1931, death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	about Aug 1931(?)
Tuberculous meningitis	12-8-31

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. C. Hopkins, M. D.

(Address) J. H. Hosp.

AdCo. 5-31 250B

74864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8 2 L 74864

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2520 E Balto St., 6-10 Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U S. if of foreign birth? yrs mos ds

2. FULL NAME Kunigunda Gungelmann

(a) Residence: No. 2520 E Balto St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 19th 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Balzar Gungelmann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Magdalena Rudd.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Conrad Gungelmann
(Address) 1816 N Washington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Pleasant Date Dec. 19th 1931

19. UNDERTAKER Lilly-Zeiler Inc
(Address) 203 E Lanvale St

FILED DEC 19 1931 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 9— 1931 to Dec 16— 1931
I last saw h— alive on Dec-16-1931 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows: Dec-9-31

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Coma—

1 wk

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ✓, 19....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Francis T Bruce M. D.

(Address) 125 E Monument

1-30—M. & T.—100 B—501.

74865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+70 E 74865

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emory S. Boring

(a) RESIDENCE NO Beckleysville, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 42 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of [illegible] Unknown

6 DATE OF BIRTH (month, day, and year) June 15th 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	65	6	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Murphy & Co.,

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Greenberry Boring

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Jeanette Shafer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr Burleigh Boring
(Address) Reisterstown, Md.

15 Filed [illegible] 1931 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17th 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said ~~& Autopsy~~ Inquest, also find that said deceased came to death (by autopsy or inquiry) on the day stated above.

The CAUSE OF DEATH* was as follows:

Emphysema
Fracture Fibia & Fibia

(duration) yrs. 1 mos 15 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Pettygrove Dam

Did an operation precede death? yes Date of Dec 15th 31

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible] M. D.
Coroner

(Address) Dec 19th 31

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Salem Church, Balto Co., Md. DATE OF BURIAL: 12/20/31

20 UNDERTAKER: Edward C. Lipton ADDRESS: Hampstead, Md.

Spec.—1-30—M. & T.—250 Bks

E 74866

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74866

CERTIFICATE OF DEATH.

124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3562 Poole St. ST. 13-57 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. Keller

(a) RESIDENCE NO. 3562 Poole St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Goldie F. Keller

7 DATE OF BIRTH (month, day, and year): May 8 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md.

10 NAME OF FATHER: John Keller.

11 BIRTHPLACE OF FATHER (city or town) (State or country): md.

12 MAIDEN NAME OF MOTHER: Elizabeth Lovell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md.

14 Informant: John Keller

(Address) 3550 Poole St.

15 Filed DEC 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from October 15, 1931, to Dec 17, 1931, that I last saw h[illegible] alive on Dec 17, 1931, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Deterioration of Liver

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Arthur J. Davis, M. D.

12-18 1931 (Address) 800 E 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem.

DATE OF BURIAL: Dec 21, 1931

20 UNDERTAKER: Chenowe & Son

ADDRESS: 3615 Harford Ave

Spec.—2-23-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74867

CERTIFICATE OF DEATH

1931 E 74867

REGISTERED NO. 27-53

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 23 Merrymount Rd (WARD) 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna B. Linthy

(a) RESIDENCE No. 23 Merry mount Rd. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Leo H. Linthy

DATE OF BIRTH (month, day, and year) June 28 1855

AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	76.	5	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Leopold Gotteri

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna C. Gretty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Mrs D. D. Johnson.

(Address) 23 Merrymount Road

Filed Dec 19 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-18-1931.

17 I HEREBY CERTIFY, That I attended deceased from Oct-6. 1931, to Dec-18. 1931.

that I last saw her alive on Dec-17 1931

and that death occurred, on the date stated above, at 2.a. m.

The CAUSE OF DEATH* was as follows:

Intestinal Hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac, Vescican Renal Disease (duration) 3+ yrs. mos. ds.

18 Where was disease contracted? —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physicians.

(Signed) M. J. Porter, M. D.

12/18. 1931 (Address) 4822 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Dec 19 1931
20 UNDERTAKER John O'Neill & Son	ADDRESS 1910 Eutaw Place

A&Co. 5-31 250M

HEALTH DEPARTMENT CITY OF BALTIMORE

74868

CERTIFICATE OF DEATH

126 E 74868

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Lum Memorial Hospital St. 12-49 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Colour Maurice Beard

(a) Residence: No. Lillian Ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amala J. Read

6. DATE OF BIRTH (month, day, year) Nov 19 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	0	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lab Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME of Father Wm H Read

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME of Mother Ann Purkinson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Mary L. Beard

(Address) Lillian Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Druid Ridge Date Dec 19 1931

19. UNDERTAKER Wm. C. Mitchell & Son

(Address) 1421 Druid Park Drive

20. FILED C. HILTON JONES, M. D. Registrar.

Dec 19 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-17 , 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-10 , 1931, to 12-17 , 1931

I last saw h[illegible] alive on 12-17 , 1931 death is said to have occurred on the date stated above, at 5:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Acute Cholecystitis	
(b) Cholelithiasis	
(c)	
(d)	

Other contributory causes of importance:

Ruptured Gall Bladder
Perihepatic Abscess

Name of operation Exploratory Laparotomy Date of 12-17-31

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) [illegible], M. D.

(Address) 1129 St Paul St

1-30—M. & T.—100 B—60L

E 74869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74869

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital ST. 25-72 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John K. Pfeiffer

(a) RESIDENCE NO. Laurel, Maryland ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 2 hrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
if HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 27, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	5	11	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — None
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Near Laurel Maryland

PARENTS

10 NAME OF FATHER John Pfeiffer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Della Stansfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Randolph Pfeiffer

(Address) Laurel, Maryland

15 Filed DEC 1931 Registrar

Cor. HARRISON JONES, M. D. R.P.V.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun-shot wound of lower back -- Accidental.

(duration) yrs. mos 3 hrs. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Guy N. Cromwell, M. D. Coroner

12/18, 1931 (Address) 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Md

DATE OF BURIAL Dec 29/31

20 UNDERTAKER Rudolph Kaiser

ADDRESS Laurel Md

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74870

CERTIFICATE OF DEATH

93 E 74870

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Laurens St. St. 16-23 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U.S. if of foreign birth? 65 yrs. mos. ds.

2. FULL NAME Henry Mueller

(a) Residence: No. 1200 Laurens St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Mueller

6. DATE OF BIRTH (month, day, year) Aug. 6, 1852

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
79	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butcher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Casper Mueller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret C. Mueller
(Address) 1200 Laurens St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 16 1931

19. UNDERTAKER Robert S. Little
(Address) 2700 Edmondson Ave.

20. FILED DEC 1931 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1931, to Dec. 16, 1931

I last saw him alive on Dec. 14, 1931 death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	6 mos.

Other contributory causes of importance: none

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo. C. Kemmeter M. D.

(Address) 3002 Garrison Blvd.

1-30—M. & T.—100 B—50L

E 74871

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74871

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2810 N Lamvale ST. 16-68 WARD)

2-FULL NAME Rosalthus Gregorius

(a) RESIDENCE NO. 2810 N Lamvale ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow.

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Christian J.

6 DATE OF BIRTH (month, day, and year): Mar 3-1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	9	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Centromilk

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Henry Redington

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Rose Gregorius

(Address) 2810 N Lamvale

15 Filed ..... 193 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 17th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows: A Chronic Myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H Beach Carter, M. D. (Coroner)

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem.

DATE OF BURIAL: Dec 21 1931

20 UNDERTAKER: Geo. W. Little

ADDRESS 2700 Edmondson Ave.

AACo. 5-31 2M

HEALTH DEPARTMENT—CITY OF BALTIMORE

74872

CERTIFICATE OF DEATH

46 E 74872

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 N. Payson St. 16-27 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John S. Cooksey.

(a) Residence: No. 613 N. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie M. Cooksey.

6. DATE OF BIRTH (month, day, year) March 31, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter A.S.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. & M Steam Ship Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Accomac Co. Va

FATHER

13. NAME Robert J. Cooksey,
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Ann Eliza Smith,
16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs Lillie M. Cooksey
(Address) 613 N Payson St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date DEC 19 1931

19. UNDERTAKER Geo W. Little
(Address)

20. FILED DEC 19 1931 C. Harrison Jones, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 17 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 31, 19.., to Dec 17 31, 19..

I last saw h— alive on Dec 16 31 Death is said to have occurred on the date stated above, at 4-20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Pneumonia	
Pyelitis Stomach	

Other contributory causes of importance:

Asthenia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify No

(Signed) Wm O McCleary M. D.

(Address) 400 N Payson

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74873 × 93-2-E 3 74873

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eleanor Hood

(a) Residence: No. 1 Haskell Mass. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass.
13. NAME Salmon D Hood
14. BIRTHPLACE (city or town) (State or country) Mass
15. MAIDEN NAME Ruthena C Pearson
16. BIRTHPLACE (city or town) (State or country) Vermont
17. INFORMANT Prof E Hood (Address) Miami Fla
18. BURIAL, CREMATION, OR REMOVAL Interfield Date 12/8 1931
19. UNDERTAKER Forge & Finley (Address) Fallston & Forest Hill
DEC 8 1931 J. C. HAMPSON JAMES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6 1931

22. I HEREBY CERTIFY, That I attended deceased from December 15, 1931, to December 6, 1931

I last saw her alive on December 6 1931 death is said to have occurred on the date stated above, at 2 21 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 Days
Arteriosclerotic Cardio Vascular Disease	?

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Simon Jones M. D.
(Address) Mercy Hospital

1-30—M. & T.—100 B—501.

E 74874

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74874

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Gen Hosp. (St.) 27-5-6 (WARD) 10

REGISTERED NO. 1001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Louis H Callahan

(a) RESIDENCE NO. 3019 Belvedere Av St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Married, Widowed or Divorced (write word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 14 1929

7 AGE Years 2 Months 5 Days 3/14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Jos. B. Callahan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Beatrice Ryder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant: Jos B. Callahan

(Address) 3019 Belvedere

15 DATE RECEIVED 1931

C. HARRISON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec 17th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Erysipelas

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Bacteriology

(Signed) A. Leitch, M. D.

Coroner

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 12/21/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

AaCo. 5-31 2MB

E 74875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 74875

1. PLACE OF DEATH (Carrollton)

CITY OF BALTIMORE: (No. 407 Carrolton ave St. 18-26 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Robert A White

(a) Residence: No. 407 N. carrolton ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha White

6. DATE OF BIRTH (month, day, year) 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) unknown
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Bertha White
(Address) 407 N carolington

18. BURIAL, CREMATION, OR REMOVAL
Place Druy Cemetery Date Dec 19 1931

19. UNDERTAKER Edward Bryan
(Address) 1611 Edmondson Ave

Dec 19 1931 C. HAMPSON JONES, JR.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-15, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-5, 31 to 12-15, 31

I last saw h alive on 12-15 1931 death is said to have occurred on the date stated above, at 6 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	12-5-31
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.
(Address)

AACo. 4-H 3109

E 74876

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 74876

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 Gold St. 14-59 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lucile Griffin

(a) Residence: No. 518 Gold St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 21, 1913

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	18	11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0'0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Charles E. Griffin

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Ellis Barnes

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Charles E. Griffin
(Address) 518 Gold st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date Dec 20, 1931

19. UNDERTAKER Thomas E. Kelsey
(Address) 1303 Pentman St

20. FILED Dec 21, 1931 [illegible] Registrar

TC 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/16, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12/13, 1931, to 12/16, 1931

I last saw her alive on 12/14, 1931, death is said to have occurred on the date stated above, at 12:15 M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Burkett ....., M. D.

(Address) 1134 Bolton

Form — 1 30 — M A T — 250 Blks

E 74877 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74877

CERTIFICATE OF DEATH. 11-008

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1345 N. Stricker ST., 15-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Stovall

(a) RESIDENCE NO. 1345 N. Stricker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5[illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosie Stovall

DATE OF BIRTH (month, day, and year) May, 1876.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	[illegible]	7		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lab. 1440

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Georgia

10 NAME OF FATHER Bell Stovall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga.

12 MAIDEN NAME OF MOTHER Eliza Venett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga

14 Informant (Address) Rosie Stovall 1345 N. Stricker St

15 Filed 19 1931. 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-17-31

17 I HEREBY CERTIFY, That I attended deceased from 12-15-, 19 31, to 12-17, 19 31,

that I last saw him alive on 12-17, 19 31,

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Lagrippe

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Marce Williams, M. D.

12-19-31 (Address) 1530 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetary	Dec 20 1931
UNDERTAKER	ADDRESS
Thomas A Kelson	1303 Preston St

Rper.—2-19-28—L. F. S.—500 Blks.

E 74878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74878

REGISTERED NO. 106

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1010 N. Carrollton ave. St.) 6-23 (WARD)

2—FULL NAME Leonard Wright

(a) RESIDENCE NO. 1010 ½ Carrollton ave. St.
(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Col	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 40

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Essex Co. Va.

10 NAME OF FATHER Wm Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Essex Co Va

12 MAIDEN NAME OF MOTHER Susan Woods

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Essex Co Va

Informant Lena Woods

(Address) 1010 ½ Carrollton ave

Filed . 19 C. HARRISON JONES, M. D. Registrar

DEC 19 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 12 . 1931 . to Dec 16 . 1931 .

that I last saw him alive on Dec 16 . 1931

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. N. Fletcher M. D.

12/17 . 1931 (Address) 1725 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn (Cem)

DATE OF BURIAL Dec. 19 1931

20 UNDERTAKER Samuel W. Chase & Son

ADDRESS 638 N. Gilmor

Spec.—9-30—A. & Co.—250 Blks.

74879 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74879

CERTIFICATE OF DEATH

94-001

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No 3416 E. Pratt ST. 36-37 WARD)

2 FULL NAME EMILIE HERMINA ROESE

(a) RESIDENCE NO. 3416 E. Pratt ST. WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 32 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ewald Roese

6 DATE OF BIRTH (month, day, and year) Jan. 13. 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER August Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Fredericka Storch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Interment Mr. Ewald Roese (Husband)
(Address) 3416 E. Pratt St.

15 DEC 9 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 16. 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 14 31 to Dec 16 31

That I last saw h[illegible] alive on Dec 16 31,

and that death occurred, on the date stated above, at 3.15 p.m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) _____

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Kent J. Worley M. D.

12/18/31 (Address) 2958 E. Balt

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Paul's Cemetery — DATE OF BURIAL: Dec. 16 1931

20 UNDERTAKER: Henry Sonder & Sons, Inc. — ADDRESS: Baltimore & Broadway

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74880

CERTIFICATE OF DEATH

82 L 74880

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2240 Linden Ave. St. 14-30 Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Freida Mitchell

(a) Residence: No. 2240 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel Mitchell

6. DATE OF BIRTH (month, day, year) Aug. 28, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	69	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prop. Fur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York.

MOTHER FATHER

13. NAME Morris Bash
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME --------- Stow
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. M. Mitchell
(Address) 2240 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Phila. Pa. Date Dec. 20 1931

19. UNDERTAKER [illegible]
(Address) 1902 Eutaw Place.

20. FILED DEC 19 1931 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 7. 1924 to Dec 17. 1931
I last saw h[illegible] alive on Dec 15. 1931, death is said to have occurred on the date stated above, at 6 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Dec 30.
Other contributory causes of importance: Arteriosclerosis } Symptoms and Hypertension } signs	1924

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis E. Hamburger M. D.
(Address) 1207 Eutaw Place.

Spec.—9 30—A. & Co.—250 Blks

74881 HEALTH DEPARTMENT—CITY OF BALTIMORE 46 L 74881

CERTIFICATE OF DEATH

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3018 Aisquith ave St. 27-Wd WARD)

2 FULL NAME Elizabeth C. Kane

(a) RESIDENCE NO. 3018 Aisquith ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: W | 5 Single, Married, Widowed, or Divorced (write the word): Wd

5a If married, widowed, or divorced (H~~usband~~ of) (or) WIFE of: Charles Jas. Kane

6 DATE OF BIRTH (month, day, and year): Jan 21-1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	10	28/7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS
10 NAME OF FATHER: Jeremiah Finn
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland
12 MAIDEN NAME OF MOTHER: Johannah Conklin
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Charles Jas Kane 3018 Aisquith ave

15 Filed 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-18-31

17
I HEREBY CERTIFY, That I attended deceased from June, 1930, to 12/18, 1931
that I last saw h~~e~~r alive on 12/18, 19 31
and that death occurred, on the date stated above, at 1.10 a. m.
The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach
?
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Hypertension & Cerebral Hemorrhage (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical.
(Signed) Hyman Goll M. D.
19 (Address) 5103 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pinkwood Cem — DATE OF BURIAL: 12-21 1931

20 UNDERTAKER: Leonard J. Ruck — ADDRESS: 5305 Harford Rd.

C. HAMPSON JONES, M. D.

AACo. 5-31-2908

E 74882 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 74882

CERTIFICATE OF DEATH

Registered No. 17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 E. 23rd St., 2 Ward) Bryn Mawr 25 Lane 27 43

Length of residence in city or town where death occurred 25 yrs. 2 mos 4 ds. How long in U.S. If of foreign birth? ~~yrs. mos. ds.~~

2. FULL NAME Mrs. Ella M. Edwards

(a) Residence: No. 3006 Bayonne Ave St., Ward. Hamilton Baltimore
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widowed.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George T. Edwards

6. DATE OF BIRTH (month, day, year) Nov 4-1872

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
59.	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clare Md.

MOTHER FATHER

13. NAME James Carback

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Thomas V Edward 3006 Bayonne Ave

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cemetery Dec 21. 1931

19. UNDERTAKER (Address) Leonard J. Ruck 5305 Hanford Rd

20. FILED DEC 21 1931 C. Hankson Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1931, to Dec 18, 1931

last saw her alive on Dec 18, 1931 death is said to have occurred on the date stated above, at 6:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lethargic Encephalitis.	
Other contributory causes of importance: Terminal pneumonia.	

Name of operation none. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Nathaniel M Beck M. D.

(Address) 100 E 23rd St.

1-30—M. & T.—100 B—50L

E 74883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-09

E 74883

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital. ST. 28-66 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer H. Cross.

(a) RESIDENCE No 807 Walnut Ave. Rognal Heights ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 2 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married

5a If married HUSBAND of Martha Donna Cross.

6 DATE OF BIRTH (month, day and year) September 25, 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	2	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Auto tire Salesman.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Edward H. Cross.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co. Md.

12 MAIDEN NAME OF MOTHER Mary Kempe.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Martha Donna Cross. (wife)

(Address) 807 Walnut Ave.

15 Filed DEC 19 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) December 17, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to Inquest his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull,
Struck and knocked down by
Automobile while crossing the
street, Accidental Death (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 25th st. nr. Bonaparte
December 16, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquest

(Signed) Otto M. Kennardy, Coroner, M. D.

12/19/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cemetery	Dec 21 19 31
20 UNDERTAKER George W. Zirkle	ADDRESS 1737 E. Eager St

Spec.—1-10-21—M&T—1500 Blks.

E 74384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6-001
10 E 74384

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 N. Carey St. 6-23 WARD)

2-FULL NAME Mabel Manning

(a) RESIDENCE NO. 722 N. Carey ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 4, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
			12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Manning

11 BIRTHPLACE OF FATHER (city or town) (State or country) Nashville N. C.

12 MAIDEN NAME OF MOTHER Margaret Freeman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Nashville N. C.

14 Informant Mother
(Address)

15 Filed DEC 19 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 16, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1931, to Dec. 16, 1931,
that I last saw her alive on Dec. 16, 1931,
and that death occurred, on the date stated above, at 4:15 a.m.
The CAUSE OF DEATH* was as follows:

Broncho-pneumonia right.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Sputum

(Signed) Louis H. Mackelvan, M. D.

12/18 1931 (Address) 1111 Hanover.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL DEC 19 1931

20 UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND
C. HAMPSON JONES, M. D.

Spec.—9-30—A. A. Co.—250 Blks.

71335 HEALTH DEPARTMENT—CITY OF BALTIMORE 71335

CERTIFICATE OF DEATH

48 E

1 PLACE OF DEATH

CITY OF BALTIMORE: (a) RESIDENCE No. 2737 W. Fairmount Ave (WARD)

2 FULL NAME Sarah Frances Phipps

(b) RESIDENCE No. 2737 W. Fairmount Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. — mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 ~~Single~~, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: John W. Phipps

6 DATE OF BIRTH (month, day, and year): Dec 7 1888

7 AGE: Years 43 | Months — | Days 11 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore md

PARENTS

10 NAME OF FATHER: Harry W Edelmann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore md

12 MAIDEN NAME OF MOTHER: Margaret Kayton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore md

14 Informant (Address): John W. Phipps 2737 W. Fairmount Ave

Filed DEC 19 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 18 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 16 1931 to Dec 18 1931

that I last saw him alive on Dec 17 1931

and that death occurred, on the date stated above, at 2 30 m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis (Primary) Endocervicitis (Secondary) Pulmonary Embolism (duration) unknown

CONTRIBUTORY (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert E. Dutch M. D.

Dec 19 1931 (Address) 2151 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: Dec 21 1931

20 UNDERTAKER: Jos Joerdens Son

ADDRESS: 217 S. Paca

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74886

CERTIFICATE OF DEATH

Registered No. 31 1 74886

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 Upton Road St., Homeland Ward 9)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs ... mos ... ds How long in U.S. if of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Wesley W. Hosier

(a) Residence: No. 101 Upton Road, Homeland St., ... Ward. Baltimore.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or WIFE of): Nola E. L. Hosier

6. DATE OF BIRTH (month, day, year): Aug 9th 1854

7. AGE — Years: 77 — Months: 4 — Days: 19 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mill
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...
10. Date deceased last worked at this occupation (month and year): ...
11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Norfolk Va

FATHER

13. NAME: Robert Hosier
14. BIRTHPLACE (city or town) (State or country): Norfolk Va

MOTHER

15. MAIDEN NAME: Jane Thompson
16. BIRTHPLACE (city or town) (State or country): Norfolk Va

17. INFORMANT: Dr Turnbull
(Address) 101 Upton Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Norfolk Va Date Dec 20 1931

19. UNDERTAKER: Henry J. Jenkins & Co
(Address) Eutaw & Fayette Sts

Filed 19 1931 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 19 Dec 1931

22. I HEREBY CERTIFY, That I attended deceased from July 1931 to 19 Dec 1931

I last saw him alive on 19 Dec 1931 death is said to have occurred on the date stated above, at 10.30 a m.

The principal cause of death and related causes of importance were as follows:

Arterio-Sclerosis — Date of onset: ...

Other contributory causes of importance:

Hypertension and Myocardial insufficiency.

Name of operation none — Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, how? ...

(Signed) D. Gordon Strait M.D.

(Address) 712 Park ave. Baltimore

1-30—M. & T.—100 B—50L

74887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#169 L 74887

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Murray Lee

(a) RESIDENCE NO. 1916 E. Eager ST., ... WARD N.6.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Lee

6 DATE OF BIRTH (month, day, and year) Dec 25/1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
63	54	11	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Littleton, N.C.

10 NAME OF FATHER Henry Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Rosa Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Lizzie Brown

(Address) 1645 Millaman St

15 Filed 1931 By H. E. Jones M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6.45P.M. Dec 16/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Base Skull- Climbed out 2nd story window Hopkins Hospital Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Insane- Hyperthyroidism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

12/19/31 (Address) 108 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Littleton N. C.

DATE OF BURIAL 12 19 31

20 UNDERTAKER Pat't Williams

ADDRESS 1515 W. Lexington St

1-30—M. & T.—100 B—30L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74388

CERTIFICATE OF DEATH

Pier #1, Pratt St.

94 E-001

E 74883

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. aboard Steamer Richard Rain (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benedict S. Haynie

(a) RESIDENCE NO 2844 Orleans ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Victoria Haynie

6 DATE OF BIRTH (month, day, and year) Oct 4 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	2	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman 62
(b) General nature of industry, business, or establishment in which employed (or employer) Steam ship.
(c) Name of employer Penn. R.R.

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Benedict Haynie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Virginia Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Victoria Haynes (Address) 2044 Orleans

15 Filed 2 0 1931 C. H. [illegible] JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Angina Pectoris

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James H Emerson, M. D. Coroner

(Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL White Stone Va

DATE OF BURIAL Dec 21 19 31

20 UNDERTAKER John Ullrich

ADDRESS 1008 Orleans

AaCo. 5-41 2908

HEALTH DEPARTMENT—CITY OF BALTIMORE

74889

CERTIFICATE OF DEATH

31 VE 74889

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1634 Linden Ave. St. 14-20 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Lewis Elliot

(a) Residence: No. 1634 Linden Ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 20, 1854

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	77	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Cigar
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mnfgr.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Abraham Elliot

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Regina Weiller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. A. Levi (Niece)
(Address) 1634 Linden Ave.

18. BURIAL, CREMATION OR REMOVAL
Place Oheb Shalom Date Dec. 21, 1931.

19. UNDERTAKER Sol. Sondheim & Son
(Address) 1902 Eutaw Place

C 20 1931 [illegible] JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from April, 1919 to Dec 19, 1931

I last saw h[illegible] alive on Dec 12, 1931, death is said to have occurred on the date stated above, at 1.10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary artery Thrombosis	Dec 19/31

Other contributory causes of importance:

Cardio Vascular Renal disease	
Symptoms signs from	1919
Angina pectoris Coronary artery disease	1923

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) 1207 Eutaw Place.

Form—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74890

CERTIFICATE OF DEATH.

9 ✓

REGISTERED No. E 74890

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No 708 W. Saratoga St 4-Na WARD

2-FULL NAME Arabia Stewart

(2) RESIDENCE No. 708 W. Saratoga ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (Write the word): [illegible]

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 8 years; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore City

PARENTS

10 NAME OF FATHER Archie Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto md

12 MAIDEN NAME OF MOTHER Ella Lack

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto md

14 Informant (Address): Florence Pitts 708 W Saratoga St

C 20 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-17 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 11 1931, to Dec 17 1931.

that I last saw h alive on Dec 17 1931.

and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(durations) yrs. mos. ds.

CONTRIBUTORY (Secondary): Whooping Cough 2 Weeks

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H F Jones, M. D.

12-19 1931 (Address) 711 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Ct

DATE OF BURIAL: 12/20 1931

20 UNDERTAKER: Isaiah L Brown Sons

ADDRESS: 1016 Montgomery St

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74891

CERTIFICATE OF DEATH

92E 74891

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 225 S. Washington St. 7-4 WARD)

2 FULL NAME Joseph. Gruntowicz

(a) RESIDENCE NO. 225 S. Washington st. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Sophia Gruntowicz

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinetmaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Sophia Gruntowicz

(Address) 225 S. Washington st

15 Filed ___, 19___ ___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-18-31

17

I HEREBY CERTIFY, That I attended deceased from March 14, 1924, to Dec 18, 1931, that I last saw h[illegible] alive on Dec 16, 1931, and that death occurred, on the date stated above, at 8:30 A. m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease (duration) 13 yrs. mos. ds.

CONTRIBUTORY (Secondary) " " " (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Geo. H. Kelbel M. D.

12/19/31 (Address) 1937 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cemetery — DATE OF BURIAL Dec 21st 1931

20 UNDERTAKER George A. Weber — ADDRESS 705 S. Amm[illegible]

AaCo. 5-31 250B

E 74892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24 E 74892

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 1-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Pilachowski

(a) Residence: No. 804 S. Port St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10 - 1929.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Walter Pilachowski
14. BIRTHPLACE (city or town) (State or country) Balto Md.
15. MAIDEN NAME Mary E. Cazzone
16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Walter Pilachowski.
(Address) 804 S Port St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Dec 22-1931

19. UNDERTAKER George A. Weber
(Address) 1 S Eden St.

DEC 20 1931 C. BERNEY JONES, M. D.
(Signed) ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12/16/31, 19... to 12/19, 1931
I last saw him alive on 12/19, 1931 death is said to have occurred on the date stated above, at 5:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	12/3/31

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinically Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Manuel Tumasonis, M. D.
(Address) University Hospital

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74893

E 74893

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. ST. WARD

2-FULL NAME William F. Matthews

(a) RESIDENCE NO Orchard Beach, G.G.Co. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Matthews

6 DATE OF BIRTH (month, day, and year) Feb. 4, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	64	10	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): St. Louis Missouri

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Susie Starr

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Anna Matthews

(Address): Orchard Beach G.G.Co.Md.

15 Filed ..... 192 ..... HARRY H. JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 17th. 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy, or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Cerebral Embolism

(duration) Suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) Small cave in of scalp- accidental (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell Coroner M. D.

12/19/ 1931 (Address) 203 Patapsco Ave. Brooklyn

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cem.	12/20 1931
20 UNDERTAKER: Philip Herring & Co.	ADDRESS: 16 Calvert

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74894

CERTIFICATE OF DEATH.

23 VE 74894

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 2143 W Saratoga St. 70-69 WARD.)

2. FULL NAME Frank D McDonald

(a) RESIDENCE NO. 2143 W Saratoga St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence McDonald

6 DATE OF BIRTH (month, day, and year) June 26 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Appraisers Office

9 BIRTHPLACE (City or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John McDonald

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sophia Hanford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Florence McDonald
(Address) 2143 W Saratoga

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15-31

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1930, to Dec 15 1931

that I last saw him alive on Dec 14 1931

and that death occurred, on the date stated above, at 12 40a.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Don't know

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Geo. C. Hemmeter, M. D.

19 (Address) 3002 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	12/18/31
20 UNDERTAKER	ADDRESS
George A Finley	Fulton & Fayette

A&Co. S-H 250R

E 74895

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

CERTIFICATE OF DEATH

Registered No. E 74895

1. PLACE OF DEATH Jonhins Memorial Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1100 - Eaton Avenue St. 11-2 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Elizabeth Schmidt

(a) Residence: No. 616 - Park Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August Schmidt

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78 years			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Henry Kayser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Johns Hopkins Hospital
(Address) 1100 - Eaton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Greenlawn Cemetery Date Dec 21, 1931

19. UNDERTAKER Edward P. Carter & Co.
(Address) 1800 Eager St.

DEC 29 1931 FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1931, to Dec 18, 1931

I last saw her alive on December 18, 1931 death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Bronchio-pneumonia
Cardiac - decompensation

Date of onset

Other contributory causes of importance:
Generalized arterio sclerosis
Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Roth Oliver M. D.

(Address) St Agnes Hospital

Spec.—9-30—A. & Co.—250 Blks.

E 74896

HEALTH DEPARTMENT—CITY OF BALTIMORE, 3

CERTIFICATE OF DEATH

93E 74896

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 N. Gay St. S. 10-14 WARD)

2 FULL NAME Hinda Rebecca Koppel

(a) RESIDENCE NO. 814 N. Gay St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Berg.

6 DATE OF BIRTH (month, day, and year): 1875

7 AGE: Years 53 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 03

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Isaac Koppel

(Address) 814 N. Gay st

15 DEC 20 1931 19 A. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 20, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 18, 1931 to Dec 20, 1931

that I last saw her alive on Dec. 20, 1931

and that death occurred, on the date stated above, at 2A m.

The CAUSE OF DEATH was as follows:

Hypertension

Myocardial degeneration

Myocardial insufficiency

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Thos. Sharp M. D.

12/28 1931 (Address) 920 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herring Run

DATE OF BURIAL: 12/30 1931

20 UNDERTAKER: Hol Levinson + Bro

ADDRESS 1127 E Baltimore st

1-20—M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74397

REGISTERED NO. E 74397

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital. WARD) 16-26

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur L.Leazer.(C)

(a) RESIDENCE NO 611 N.Calhoun St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. ---mos---- ds. How long in U. S., if of foreign birth? yrs. mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, HUSBAND of Mary Leazer.(C)

6 DATE OF BIRTH (month, day, and year) October 6,1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	2	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Acid Chamber man.
(b) General nature of industry, business, or establishment in which employed (or employer): Standard Guano Company.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): North Carolina.

PARENTS

10 NAME OF FATHER: Amos Leazer)C)

11 BIRTHPLACE OF FATHER (city or town) (State or country): North Carolina.

12 MAIDEN NAME OF MOTHER: Teressa Graham(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): North Carolina.

14 Informant: Mary Leazer.(C) wife.

(Address) 611 N.Calhoun St.

15 Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 18,1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) and inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Oedema & congestion of the Lungs,
Oedema & congestion of the brain,
Inhalation of Nitric Acid Fumes.
Occidental Death (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos ds.

18 Where was disease contracted if not at place of death? Standard Guano Co. Dec. 17, 1931 Curtis Bay.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Autopsy & inquiry.

(Signed) Otto M. Steinhardt, M. D. Coroner

12/19/31 (Address) 917 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary — DATE OF BURIAL: 12-22 1931

20 UNDERTAKER: John H Toadvine — ADDRESS 1027 Hull

DEC 19 1931 C. HARVEY JONES, M. D.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

74898 X 53E 74898

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. 16 ds. How long in U.S. If of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME Samuel Lee Tart Portsmouth Va.
(a) Residence: No. 210 Green St Portsmouth Va. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown.

6. DATE OF BIRTH (month, day, year) Mar. 2 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress 61 14
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME Chas. Tart
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Portsmouth Va Date Dec. 20 1931

19. UNDERTAKER John H. Trader
(Address) 1027 Druid Hill Ave
C. HARRISON JONES, M. D.

20. FILED ... 19 ... Regis.rar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 18 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1931 to Dec 18 1931
I last saw h[illegible] alive on Dec 5 1931 death is said to have occurred on the date stated above, at 6 00 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of sternum	May 1931
Other contributory causes of importance, Arteriosclerotic heart disease	5-6 years

Name of operation None Date of ...
What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [signature] M. D.
(Address) Johns Hopkins Hospital Baltimore

AACo. 5-31 2500

E 74899

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74899

CERTIFICATE OF DEATH

82-E 74899

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 836 W Mark St. 13-53 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Elizabeth Manfoot

(a) Residence: No. 836 W Mark St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm Manfoot

6. DATE OF BIRTH (month, day, year) May 13-1852

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	79	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME JC Ivey

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME N Mallonee

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr Wm Manfoot
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenlawn Date ... 19 31

19. UNDERTAKER
(Address)

20. FILED ... 19 ...
Registrar

DEC 20 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 6th, 1931, to Dec 18, 1931

I last saw her alive on Dec 18, 1931 death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 14 1931

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of ...

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Thos A Kelso, M. D.
(Address) 1610 Hanlon Road

Spec—9 30—A & Co—200 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74900 | 82 E 74900

1 PLACE OF DEATH

CITY OF BALTIMORE (No 2826 Harlem Ave ST. 20-64 (WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Julia Emma Lutheck

(a) RESIDENCE NO 2826 Harlem Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? 60 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Lutheck

6 DATE OF BIRTH (month, day, and year) July 1, 1858

7 AGE: Years 73 | Months 5 | Days 19 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Lampecht
12 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) John Lutheck 2826 Harlem Ave

15 Filed DEC 20 1931 C. HILTON JONES M. D. (Registrar)
per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC 20 1931

17
"I HEREBY CERTIFY, That I attended deceased from Dec 3, 1930 to Dec 20, 1931
that I last saw h[illegible] alive on Dec. 17, 1931
and that death occurred, on the date stated above, at 1.30 A. m.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) one yrs. — mos. 12 ds.
CONTRIBUTORY (Secondary) 2nd Cerebral Hemorrhage
(duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(signed) H. H. Pattalaine M. D.
, 19 (Address) 817 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Matthews Cemetery | DATE OF BURIAL: DEC 22 1931

20 UNDERTAKER: Robert S. Little | ADDRESS: 2760 EDMONDSON AVE.

AdCo. 5-31 1500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74901 CERTIFICATE OF DEATH #6 E 74901

1. PLACE OF DEATH Baltimore City Hospitals 22-30 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Clase (Clore)

(a) Residence: No. 630 S. Hanover St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-8-1862

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	69	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Zenora, California

FATHER

13. NAME Hugh Clase
14. BIRTHPLACE (City or town) (State or country) Mass

MOTHER

15. MAIDEN NAME Mary Barry
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Dec 24 1931

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 1931. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-17-31 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12-15-31 . 19 . to 12-17-31 . 19
I last saw him alive on 12-17-31 . 19 death is said to have occurred on the date stated above, at 4:05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	?

Other contributory causes of importance:

Acute intestinal obstruction	12-11-31

Name of operation Caecostomy Date of 12-16-31
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Luther E. Leader M. D.
(Address) Balto City Hospitals

AdCo. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

74902 CERTIFICATE OF DEATH 31 E 74902

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 8-17 (Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Frederick

(a) Residence: No. 3900 Luzerne St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louisa Frederick

6. DATE OF BIRTH (month, day, year) March 6-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop
10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John G. Frederick
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Julia Fuhst
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Dec. 21 1931 Date Dec. 1 19 31

19. UNDERTAKER Geo. C. Waller & Son Funeral Directors
(Address) 1700 E. FAYETTE, COR. JONES, ST.

20. FILED Dec 21 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from 5-19-30, 19 , to 12-18-31, 19

I last saw him alive on 12-18-31, 19 , death is said to have occurred on the date stated above, at 12:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Arteriosclerotic cardio-vascular renal disease	?
(2) Ingrowing gangrene left foot	11-24-31
Other contributory causes of importance: Bronchopneumonia	12-12-31

Name of operation Mid thigh amputation Date of 11-29-31

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Luther E. Luts M. D.

(Address) Balto. City Hospitals

1-30—M. & T.—100 B—201.

Parker

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 74903

E 74903 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 2223 Madison St. 73-59 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pauline A Parker

(a) RESIDENCE NO. 2223 Madison ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Parker

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Henry Parker

(Address) 2223 Madison ave

Filed DEC 20 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/16 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonar Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D. Coroner

12/31 1931 (Address) 1623 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL Dec 20 1931

20 UNDERTAKER Mrs. R. A. Elliott

ADDRESS 1725 Broadway

1-30—M. & T.—100 B—50L.

E 74904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001 E 74904

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~1234 E. Fayette~~ ST. 5-8 WARD)

2-FULL NAME Sidney Tuggle

(a) RESIDENCE NO. 1234 E. Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 18/1931

7 AGE	Years	Months	Days	If LESS than 1 day, . . hrs. or min.
		1	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER William Tuggle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Dorothy Cosberry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant William Tuggle
(Address) 1234 E. Fayette St

15 Filed 2 8 1931 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Bronchopneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

Dec. 29/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery

DATE OF BURIAL Dec 31 19

20 UNDERTAKER [illegible]

ADDRESS 413 N Eden St

Spec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74905

CERTIFICATE OF DEATH.

82-001

E 74905

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4939 Reisterstown Road) 27-57 WARD

2-FULL NAME William Kluth

(a) RESIDENCE NO. 4939 Reisterstown Road WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Augusta Kluth

6 DATE OF BIRTH (month, day, and year) Aug 27 - 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) 606

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER William Klutz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Marie Hauk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Augusta Kluth (Address) 4939 Reisterstown Road

15 Filed DEC 20 1931 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 13. 1931 to Dec. 18. 1931, that I last saw h~~e~~ alive on Dec. 18. 1931, and that death occurred, on the date stated above, at 12:45 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Left Hemiplegia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Arterial Hypertension

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James E. Adelmund, M. D.

(Address) 912 Park Heights

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Ridge Cemetery	Dec 21 1931
20 UNDERTAKER	ADDRESS
Wilson W. Service	4130 Edmondson Ave

Cor.—10-10-29—A Co.—100 Blks.

674906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 2 10-802 ✓

E 74906

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Union Memorial Hospital. 12-49 Ward)

2-FULL NAME Rose K.Dunnigan

(a) RESIDENCE NO. Street, Harford Co. Md. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ (or) wife of James P.Dunnigan.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER John Kerr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Ellen -------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant John W.Galbreath(soninlaw)
(Address) Street, Harford Co. Md.

15 Filed 12/20/31 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) December 20,1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Chest injuries due to automobile accident at Belair, Md.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Location) Harford Co, Md.

18 Where was disease contracted? If not at place of death? Belair, Dec.20,1931.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) Otto M. Steinhardt M. D.

(Address) 1017 S.Charles St. 12/20/31

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Harford Co Hickory Meth Cem	Dec 23 1931
20 UNDERTAKER	ADDRESS
Sam Sater	Belair Md

Important. See instructions on back of certificate.

AaCo. 5-tt 2408

HEALTH DEPARTMENT CITY OF BALTIMORE

74907

CERTIFICATE OF DEATH

E 74907

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1142 Fait ave St. [illegible] (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Vito Luciano

(a) Residence: No. 1142 Fait ave Balto Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Assunta Luciana

6. DATE OF BIRTH (month, day, year) He not know

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Abt 60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 30
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME He not Know
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME He not Know
16. BIRTHPLACE (city or town) (State or country) He not know

17. INFORMANT John St Mike
(Address) 1142 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Washington Date Dec 23 1931

19. UNDERTAKER J. Thomas Sons
(Address) 703 Hanover St

C. HAMPTON JONES, M. D.
Registrar.

RECEIVED 1931

C 271931

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931 to Dec 20, 1931.

I last saw h[illegible] alive on Dec 20 1931 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis 5 mos.	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. B. Wheeler M. D.

(Address) 1174 Williams St

A&Co. 5-11 2508

74908 ? HEALTH DEPARTMENT—CITY OF BALTIMORE E 74908

CERTIFICATE OF DEATH

32 V 003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1[illegible] St., [illegible] Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Simms

(a) Residence: No. 809 W. Mulberry St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas

6. DATE OF BIRTH (month, day, year): Aug 9-1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): md

MOTHER FATHER

13. NAME: Everett Butler

14. BIRTHPLACE (city or town) (State or country): md

15. MAIDEN NAME: Josephine (?)

16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place: Johns Hopkins Date: Dec 21 1931

19. UNDERTAKER: Ernest Bell
(Address) 95 Dennison street

DEC 21 1931 C. HAYDEN JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 17. 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov-3 . 1931 to Dec 17 . 1931

I last saw her alive on Dec 17 . 1931 death is said to have occurred on the date stated above, at 1105 p.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis (Generalized) — Date of onset: probably 1928

Other contributory causes of importance:

Name of operation: ... Date of: ...

What test confirmed diagnosis? See in Pathology Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) Karl Sunster, M. D.

(Address) Johns Hopkins Hospital

A&Co. 5-31 2508

E 74909 . **HEALTH DEPARTMENT CITY OF BALTIMORE** E 74909 .

CERTIFICATE OF DEATH 100

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 7-10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Cook

(a) Residence: No. 2122 Jefferson, (or) St., Ward.
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Odelia Cook

6. DATE OF BIRTH (month, day, year) June 3, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	6	16.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George H. Cook

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Margaret Meade

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Odelia Cook.

(Address) 2122 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL.

Place Cathedral Date Dec 21, 1931

19. UNDERTAKER Rita Wiedefeld

(Address) 914 Greenmount Ave

FILED DEC 21 1931 19.. U. S. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1931, 19.., to Dec 19, 1931

I last saw him alive on Dec 19, 1931, death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombo angitis Obliterans	1yr.
Gangrene Rt. foot.	3 wks.

Other contributory causes of importance

Name of operation Amputation Date of 12/14/31

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. Champion M. D.

(Address) Mercy Hosp.

Spec.—1-30—M. & T.—650 Blks

E 74910. HEALTH DEPARTMENT—CITY OF BALTIMORE. E 74910.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 Valley ST. 9-18 WARD)

2-FULL NAME Mrs Emma Jane Scott

(a) RESIDENCE NO. 1311 Valley ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Wm R. Scott

6 DATE OF BIRTH (month, day, and year) Dec 11 59

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72		7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm Sands

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliz. Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Miss Edith Scott
(Address) 1311 Valley St.

Filed DEC 21 1931 Registrar C. HAMPSON JONES, M. D.

BY .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-18-1931

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1931, to Dec 18, 1931, that I last saw her alive on Dec 17, 1931, and that death occurred, on the date stated above, at 1-10 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) yrs. 7 mos 20 ds.

CONTRIBUTORY (Secondary) Metastasis in Lungs

(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) C. Gill Hall M. D.

Dec 18 1931 (Address) 1631 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet	Dec 21 1931
20 UNDERTAKER	ADDRESS
Rita Weidefeld	914 Greene Ave

1-30—M & T—100 B—50L

E 74911

Buck Young

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74911

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Good Shepherd Hosp. (Street) (WARD)

2-FULL NAME Buck. Young

(a) RESIDENCE NO. 573 W Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie Young

6 DATE OF BIRTH (month, day, and year) May 7-1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	42	4	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Grocer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER M

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER M

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Interment Mattie Young

(Address) 573 W Biddle

15 Filed DEC 21 1931, 192 . Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec 17th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) Inquest thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocardiac Failure

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) H. Leslie Hollett, M. D. Coroner

19 (Address) Dec 18 1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ht Auburn Cem — DATE OF BURIAL Dec 21, 1931

20 UNDERTAKER Emmett J Kenealy — ADDRESS 736 N Bridle

THIS is very important. See instructions on back of certificates.

1-20—M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74912

E 74912

CERTIFICATE OF DEATH

REGISTERED NO. 173

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp (Ward) 21st Ward

(If death occurred in a hospital or institution, give its NAME (instead of street and number) and fill out (a) or (b).)

2 FULL NAME Elias Henry Matthews

(a) RESIDENCE No. 21 E Madison St., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie Matthews

6 DATE OF BIRTH (month, day, and year) Sept 18th 1872

7 AGE Years 59 Months 3 Days ... If LESS than 1 day, hrs. or min. ...

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Chauffeur

(c) Name of employer Lexington Va

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Nannie Matthews (Address) 1219 Madison

15 Filed OCT 21 1931 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 21st 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Homicide Pistol Wound of Brain (duration) Sudden

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 21 E Madison St

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. Leo Knox, M. D. Coroner

(Address) 22 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL Oct 24 1931

20 UNDERTAKER Samuel Kemsley ADDRESS Eddie

THIS is very important! See instructions on back of certificates.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74913

CERTIFICATE OF DEATH

74913 OF DEATH Baltimore City Hospitals

Registered No. 15-2-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 15 Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Bannard

(a) Residence: No. 1350 N. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible] 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	~~55~~ 56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Ft. Auburn Cem. 12/21 1931

19. UNDERTAKER Samuel E. Hemsley (Address) 3078 Eutaw St.

20. FILED 12/21 1931 [illegible] Registrar.

OCCUPATION is very important. See instructions.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1931 to Dec. 17, 1931

I last saw her alive on Dec. 17, 1931 death is said to have occurred on the date stated above, at 6:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis Cerebral	unknown

Other contributory causes of importance:

Myocarditis Chr.	unknown
Diabetes mellitus	
Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. E. Arnold Jr. M. D.

(Address) Balto. City Hosp.

Spec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74914 ✓ E 74914

E 74914

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1138 Calhoun ST. 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillie Matthews

(a) RESIDENCE NO. 1138 Calhoun St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Geo. W. Matthews

6 DATE OF BIRTH (month, day, and year) Oct 15 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Samuel P. Bright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Fannie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Pauline Matthews (Address) 1138 Calhoun St

15 DEC 21 1931 H. J. JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec, 18-31

17 I HEREBY CERTIFY, That I attended deceased from 11-23-1931 to 12-15-1931.

that I last saw her alive on 12-15-1931.

and that death occurred, on the date stated above, at 10:45 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 25 ds.

CONTRIBUTORY (Secondary) Diabetes Nephritis & Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? NO Date of

Was there an autopsy? No

What test confirmed diagnosis? Lab. & physical diagnosis

(Signed) Frank T. Sampson, M. D.

12-18 1931 (Address) 1029 N. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL Dec 21 1931

20 UNDERTAKER Samuel D. Beasley

ADDRESS 1138 Mad

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE E 74915

25576 E 74915

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 9-46 Ward)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Muir

(a) Residence: No. 608 E. 31st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, ~~or divorced~~ HUSBAND of (or ~~WIFE of~~) Ella unknown

6. DATE OF BIRTH (month, day, year) May-23-1856

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	75	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Uriah Muir

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Parkwood Cemetery Date 12/23/1931

19. UNDERTAKER Wm Rock & Son
(Address) 1612 E. Baltimore St.

DEC 21 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/20/1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1931, to Dec 20, 1931

I last saw him alive on Dec 20 1931 death is said to have occurred on the date stated above, at 6.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	12-19-31

Other contributory causes of importance:
Cardio-sclerosis
Senility

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Jones, M. D.

(Address) Johns Hopkins Hosp

1-20—M. & T.—100 B—50L

E 74916

E 74916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 731 E. 30th ST. 9-46 WARD)

2-FULL NAME Walter William Gingell

(a) RESIDENCE NO. 731 E. 30th ST., WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Adalaide (Green)

6 DATE OF BIRTH (month, day, and year) June 18/1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	6	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Sheet Metal Worker
(b) General nature of industry, business, or establishment in which employed (or employer) (Retired)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prince George Co, Md.

PARENTS

10 NAME OF FATHER Wm. Oliver Gingell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prince George Co., Md.

12 MAIDEN NAME OF MOTHER Mary E.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mary Elizabeth Plato (daughter)
(Address) 338 S. Newkirk St

15 Filed DEC 21 1931 Registrar

DEC 21 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cardiac Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably Apoplexy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) [illegible] M. D.
Coroner

Dec 18/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL 12/21/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec—9-30—A. & Co.—250 Blks.

E 74917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74917

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No Sinai Hospital ST.) (3 WARD)

2 FULL NAME Irving Gerhardt

(a) RESIDENCE No 26 S. Madeira St ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 23rd 1911

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Georgs Gerhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Rosa Mauckey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Georgs Gerhardt
(Address) 26 S. Madeira St

15 Filed ....., 19.. .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/20/31

17

I HEREBY CERTIFY, That I attended deceased from Nov 9, 1931, to Dec 20, 1931

that I last saw h[illegible] alive on Dec 20, 1931

and that death occurred, on the date stated above, at 6:00 Am.

The CAUSE OF DEATH* was as follows:

acute myeloid leukemia

(duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) None

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Walter A. Cross M. D.

, 19 (Address) Union Mem Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: 12/23/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

AACo. 5-B 1908

Noble Connolley

HEALTH DEPARTMENT—CITY OF BALTIMORE

74918

CERTIFICATE OF DEATH

+53

E 74918

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. 4-30 Ward)

Length of residence in city or town where death occurred yrs. 4 mos ds. How long in U.S. If of foreign birth? yrs mos. ds.

2. FULL NAME Connolley, Noble

(a) Residence: No. Emerson Apts. Md., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb 12 1917

7. AGE	Years	Months	Days	If LESS than 1 day: hrs. or min.
	14	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Edgewood Md

FATHER

13. NAME: Carroll Connolley

14. BIRTHPLACE (city or town) (State or country): Boston Mass

MOTHER

15. MAIDEN NAME: Mary A Dorsety

16. BIRTHPLACE (city or town) (State or country): Edgewood Md

17. INFORMANT: Carroll Connolley
(Address) Emerson Apts Md

18. BURIAL, CREMATION, OR REMOVAL: Denton, Caroline Co. Md. Date 12/21, 1931

19. UNDERTAKER: Wm Cook
(Address) 1217 E Fayette St

C. H. [illegible] JONES, M. D.

20. FILED: 12/21/31 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1931, to Dec 20, 1931

I last saw him alive on Dec 20, 1931, death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebellar Tumor	Feb 1931

Other contributory causes of importance:
Pulmonary Edema thru Cardiac failure

Name of operation Exploratory Craniotomy Date of Nov. 17/31

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Mildred H. Strecher M. D.

(Address) University Hospital

Sp— —30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74919

CERTIFICATE OF DEATH

E 74919

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE. (No. 40th & Kenwick Rd ST.) 13-53 WARD

2 FULL NAME Mrs Margaret Showman

(a) RESIDENCE NO. Home for Incurables ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred R Showman

6 DATE OF BIRTH (month, day, and year) June 16 1863

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68 yrs	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Berryville Va

PARENTS

10 NAME OF FATHER William T Castleman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Berryville Va

12 MAIDEN NAME OF MOTHER Anne Isler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Berryville Va.

14 Informant (Address) Hospital Records

15 Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 19 1930 to Dec 20 1931

that I last saw h Dr alive on Dec 20 1931

and that death occurred, on the date stated above, at ..... or

THE CAUSE OF DEATH was as follows:

Chronic Nephritis and Arterial Hypertension over 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pulmonary oedema - (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No Physical Exam

What test confirmed diagnosis? —

12/20/31 (Signed) W W B Thayo M. D.

(Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Berryville Virginia	12/23 1931
20 UNDERTAKER Wm Cook	ADDRESS 1217 St Paul St

AACo. 5-11 250R

87 4920

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74920

CERTIFICATE OF DEATH

8 E 74920

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 70-69 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Vernon Hancock

(a) Residence: No. 2629 Hoyer St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 22 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	16	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Joseph Hancock

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Marie Freiter

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. Joseph Hancock

(Address) 2629 Hoyer St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Dec. 22 19 31

19. UNDERTAKER C. H. Pratt

(Address) Baltimore, Md.

20. FILED DEC 22 1931 C. HAYDEN JONES Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/18 , 19 31

22. I HEREBY CERTIFY, That I attended deceased from 12/12/31 19 ... to 12/18/31 19 ...

I last saw h~~im~~ alive on 12/14/31 19 ... death is said to have occurred on the date stated above, at 10.40 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	12/4/31
Other contributory causes of importance:	
Peritonitis	12/18/31
Nephritis	12/18/31

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. V. Jackson, M. D.

(Address) Sydenham Hospital

AdCo. 5-31 2500

E 74921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74921

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 16-22 Ward)

Length of residence in city or town where death occurred 19 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 19 yrs. ... mos. ... ds.

2. FULL NAME Mrs. Max Ostapuk (Tillie)

(a) Residence: No. 1722 W. Lanvale St. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced (or) WIFE of Max Ostapuk

6. DATE OF BIRTH (month, day, year) Mar. 22, 1896

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	35	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) 11-31

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Joseph Sadrowza

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Tillie Ozerwesh

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Husband
(Address) 1722 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Dec 22, 1931

19. UNDERTAKER John M. Weber
(Address) 1401 S. Chester St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1931, to Dec. 19, 1931

I last saw her alive on Dec. 18 1931 death is said to have occurred on the date stated above, at 6:00 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast with metastases	May 1929
Broncho pneumonia	12-17-31

Other contributory causes of importance:

Name of operation Amputation Left Breast Date of Feb. 1930

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert W. Lurie, M. D.
(Address) Union Memorial Hospital

AAC. (41 2M)

E 74922 HEALTH DEPARTMENT CITY OF BALTIMORE E 74922

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. 1100 Rennert Caton Ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mrs Amelia Brown

(a) Residence: No. 407 S. Curley St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Unknown Brown

MOTHER

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT In Inez Brown

(Address) 407 S. Curley St

18. BURIAL, CREMATION, OR REMOVAL

Place Swartz Date Dec 23 1931

19. UNDERTAKER John M. Welty

(Address) 1141 E. Chester St. BALTIMORE, MD.

Registrar.

DEC 21 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1931 to Dec 20, 1931

I last saw h alive on Dec 20 1931, death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cerebral Hemorrhage	1 week
Other contributory causes of importance	6 mos
(a) Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 511 Hagerstown [illegible]

AACo. 5-31 250B

E 74923

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74923

CERTIFICATE OF DEATH

161-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 S. Amm St., 2-H Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leo Potrzuski

(a) Residence: No. 11 S Amm St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 20 1931

7. AGE	Years	Months	Days	If LESS than 1 day 12 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Walter Potrzuski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Anna Siwiecka

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Walter Potrzuski
(Address) 11 S. Amm St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 21 1931

19. UNDERTAKER John P. Weber
(Address) 1411 Lombard St

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1931.

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 -, 1931, to Dec 20 -, 1931.

I last saw him alive on Dec 20 -, 1931, death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital debilitas	12 20 31

Other contributory causes of importance:

Hydramnios.	"

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Dudley F Bowie, M. D.

(Address) 904 N. Charles St.

AACo. 5-31 250B

E 74924 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74924

CERTIFICATE OF DEATH

X 15V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 9-45 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard T. Johnson

(a) Residence: No. Edgemere, Md. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/1/31

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	20 79	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edgemere, Md.

FATHER

13. NAME Everett Johnson

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Helen Bennenhausen

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Everett Johnson
(Address) Edgemere, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Dec 22 1931

19. UNDERTAKER John F. Dennis
(Address) 715 Light St

DEC 21 1931 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/20, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12/14, 1931, to 12/20, 1931

I last saw him alive on 12/20, 1931, death is said to have occurred on the date stated above, at 2:42 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalomeningitis (Meningococcic)	12/12/31

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. V. Jackson, M. D.

(Address) Sydenham Hospital.

Rev.—2-29-28—L. F. S.—500 Pds.

E 74925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 E 74925

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 E. Barney St ST. 24-34 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Michael J. Feeley Jr.

(a) RESIDENCE NO. 112 E. Barney St ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 26 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 23 1931

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Michael J. Feeley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Christina Kelm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. Feeley

(Address) 112 E. Barney

15 Filed 12 27 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-19-31

17 I HEREBY CERTIFY, That I attended deceased from Dec 15 1931 to Dec 19 1931

that I last saw him alive on Dec 19 1931

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Otis Colitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Obstruction

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

Signed R. K. Edmonds M. D.

12/27 1931 (Address) 164 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery

DATE OF BURIAL 12/29 1931

20 UNDERTAKER S. Frew McCurley

ADDRESS 130 E Fort

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74926

CERTIFICATE OF DEATH

E 74926

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1936 Stenson St. (Ward) Northwest Balto.

Length of residence in city or town where death occurred 18 yrs. 3 mos. 7 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Helene Fondelliet

(a) Residence: No. 1936 Stenson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 12th 1913

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	18	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Baltimore Md.
(State or country)

FATHER

13. NAME Frederick Fondelliet
14. BIRTHPLACE (City or town) Baltimore Md.
(State or country)

MOTHER

15. MAIDEN NAME Mary E. Gatt
16. BIRTHPLACE (City or town) Baltimore Md.
(State or country)

17. INFORMANT Mary E. Fondelliet
(Address) 1936 Stenson St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 12/21/31

19. UNDERTAKER F. D. Pleasant
(Address) 1654 W. Baltimore St

DEC 21 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/19/1931

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931 to Dec 19, 1931
I last saw her alive on Dec 19, 1931 death is said to have occurred on the date stated above, at 12.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia Right	
Endocarditis (Chronic)	
Acute Dilatation	

Other contributory causes of importance:
Pulmonary Edema

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Norman R. Welsh, M. D.
(Address) 2851 Wilkens Ave

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74927

CERTIFICATE OF DEATH. 13-52 92-001 E 74927

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 3337 Chestnut Ave. (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Annie E. Loringer

(a) RESIDENCE NO. 3337 Chestnut Ave. ST. WARD

(Usual place of abode.) Lifetime

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of William Loringer

6 DATE OF BIRTH (month, day, and year) August 27th. 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll County. Maryland

PARENTS

10 NAME OF FATHER Adam Lucabaugh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Kliza Hoffacher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Flora Doran 3337 Chestnut Ave.

15 Filed 12 21 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec, 20, 1931

17

I HEREBY CERTIFY, That I attended deceased from 12-1 - 31 to 12-20 31

that I last saw h[illegible] alive on 12-19 31

And that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam

(Signed) C. F. Cullen M. D.

12/21 19 31 (Address) 3101 Reisterstown Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Manchester Carroll Co. Md.

DATE OF BURIAL Dec. 22nd 31

20 UNDERTAKER Chas. J. Trautwein's Sons

ADDRESS 1101 Reisterstown Ave

FOR is very important. See instructions on back of cer

AdCo. 5-H 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

74928

CERTIFICATE OF DEATH

46 E 74928

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 Ridgely St. 21-31 Ward)

Length of residence in city or town where death occurred 56 yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME JOSEPH MACHIULIS

(a) Residence: No. 1525 Ridgely St., Ward. 36
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of U.M. Machiulis

6. DATE OF BIRTH (month, day, year) Nov. 1874

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
57	58	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithvania

FATHER

13. NAME John Machiulis
14. BIRTHPLACE (city or town) (State or country) Lithvania

MOTHER

15. MAIDEN NAME Antanina Kesnielute
16. BIRTHPLACE (city or town) (State or country) Lithvania

17. INFORMANT John Machiulis
(Address) 2502 W Pratt Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec. 22 19 31

19. UNDERTAKER John Grabliauckas
(Address) 423 S Paca Street

20. FILED Dec. 21 19 31 JAMES, J. D. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1931, to Dec. 19, 1931
I last saw him alive on Dec 18, 1931, death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma head of pancreas metastasis to liver	2 mos
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis Physician Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Joseph E. Benesung M. D.
(Address) 669 Washington Blvd.

AaCo. 5-11 250B

E 74929 HEALTH DEPARTMENT—CITY OF BALTIMORE 74929

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospital 21-29 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore 60 St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs ..... mos ..... da. How long in U. S. if of foreign birth? ..... yrs ..... mos ..... da.

2. FULL NAME John Boyles

(a) Residence: No. 1258 Washington Boulevard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 10, 1876 2-1-0-76-71

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
~~Last~~	55	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Queen Ann Co. Md

MOTHER FATHER

13. NAME John Boyles, Sr.
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Rebecca Morgan
16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT (Address) Record, Baltimore City Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Centreville, Md. Date Dec. 22, 1931

19. UNDERTAKER Kelly & Cook
(Address) 1005 E. Baltimore St.

20. FILED DEC 21 1931 19.. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-14, 1931 to 12-19, 1931
I last saw him alive on 12-19, 1931 death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Myocardial failure	2 week ago
coronary	unknown
myocarditis chronic	unknown
Arteriosclerosis Severe	

Other contributory causes of importance:
arteriosclerosis unknown

Name of operation none Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

12-20-31 (Signed) Elmer Hughes M. D.
(Address) Baltimore City Hospitals

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74930

CERTIFICATE OF DEATH

E 74930

REGISTERED NO. 45V

1. PLACE OF DEATH

CITY OF BALTIMORE (No. West Balto Gen Hosp ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mr. Adolph Spihlser

(a) RESIDENCE NO. 120 Argyle St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Mose Apelbaum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rose —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Next of kin 120 Argyle St

15 Filed 2-1-1932 G. HAYDN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/21/31

17 I HEREBY CERTIFY, That I attended deceased from 12/12, 1931, to 12/21/31, 1931

that I last saw him alive on 12/21/31, 19

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma of Tonsil.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Extension to Lymph Nodes of Neck

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Harry Katzenstein M. D.

, 19 (Address) West Baltimore Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington Cemetery — DATE OF BURIAL 12-24-1931

20 UNDERTAKER Jno. Lewis, Jr. 1439 Lewis, Jr. ADDRESS E Balto St

1-30—M. & T.—100 B—50L

E 74931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74931

REGISTERED NO. 119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 E. Madison ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mazie Jackson

(a) RESIDENCE NO. 1215 E. Madison ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 2.31

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1o	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Lucas Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Ruth Hopkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Ruth Jackson

(Address) 1215 E. Madison St

15 Filed DEC 21 1931 C. HARRISON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition-Gastro intestinal Disturbance

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) John H. Caven, Jr. Coroner, M. D.

Dec 20/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL Dec 23 1931

UNDERTAKER Mrs. M. A. Elliott

ADDRESS 1225 Eutaw

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. A Co.—250 Blks.

E 74932

74932 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-001

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) Hopkins Apts ST. 12-50 WARD

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William S. Wolfe

(a) RESIDENCE No. Hopkins Apts ST. _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Dryden

6 DATE OF BIRTH (month, day, and year) Sept 14 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Masonry

(c) Name of employer _____

9 BIRTHPLACE (city or town) (State or country) Phila Pa

PARENTS

10 NAME OF FATHER David Wolfe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Phila Pa

12 MAIDEN NAME OF MOTHER Elizabeth Rosier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila Pa

14 Informant Mrs. Grace Wolfe (Address) Hopkins Apts

15 Filed DEC 2 1 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19. 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 2. 1931 to Dec. 11. 1931

that I last saw him alive on Dec. 11 1931

and that death occurred, on the date stated above, at 6-30 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Embolism

died instantly.

(duration) yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Angina Pectoris? Probably Coronary Thrombosis. yrs. _____ mos. 11 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Jones

(Signed) H. Gibson Porter M. D.

12/21 1931 (Address) 4822 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Dec 22 1931

DATE OF BURIAL

20 UNDERTAKER Chas. O. Mitchell Sons ADDRESS 1700 Eutaw Pl.

IMPORTANT—Fill in all items. See instructions on back of certificate.

AaCo. 5-11 2508 C

E 74933

Charlotte P Bundy

HEALTH DEPARTMENT—CITY OF BALTIMORE E 74933

CERTIFICATE OF DEATH

Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 15-22 Ward)

Length of residence in city or town where death occurred ..... yrs ..... mos ..... ds How long in U.S. If of foreign birth? ..... yrs ..... mos ..... ds

2. FULL NAME Charlotte Pitt Bundy

(a) Residence: No. 1359 Glenmore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 19 1931

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs or ..... min.
			2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME James Bundy

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Lola Stewart

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Dec 21 1931

19. UNDERTAKER Simms Funeral Home
(Address) 1911 Eutaw Place

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See Instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1931, to Dec 19, 1931

I last saw her alive on Dec 19, 1931 death is said to have occurred on the date stated above, at 3 10/12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity,	12 16 31

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J C Jaglom, M. D.

12/30/31 (Address) 5 E Hoyt

AaCo. 5-31 250B

74934

HEALTH DEPARTMENT—CITY OF BALTIMORE E 74934

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 28-63 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary McKeon

(a) Residence: No. Texas Balto Co. Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bernard McKeon

6. DATE OF BIRTH (month, day, year) Unknown 1860

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	71	Unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Mrs Hope Friends
(Address) Mrs Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL
Place Texas Date Dec 24 1931

19. UNDERTAKER Wm C Brady & Son
(Address) Sparrows Md

20. FILED DEC 21 1931 C. BAYNARD JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1925, to Dec 21, 1931

I last saw her alive on Dec 19, 1931, death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Unknown
Chole-cystitis	6 Weeks

Other contributory causes of importance:

Senile dementia	10 years

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Linton P Hall M. D.
(Address) Mt Hope Retreat

OCCUPATION is very important. See instructions on back of certificate.

Spec-12-23-2—E.B.R.S.—400 Bks.

Bruns

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74935

CERTIFICATE OF DEATH.

82-001

E 74935

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2126 Hollins St. 20-69 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J. Bruns

(a) Residence No. 2126 Hollins St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb. 2-1879

7-AGE. 52 yrs. 10 mos. 17 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shoe Cutter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Ferdinand Bruns

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER. Johanna M. Funk

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Balto Md

14- (Informant) Mrs. Johanna M. Bruns

(Address) 2126 Hollins St.

15- Filed DEC 21 1931 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 19-1931

17- I HEREBY CERTIFY, That I attended deceased from 12/10 1931 to 12/18 1931.

That I last saw him alive on 12/18 1931.

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ? yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) E Heller Hemmeter M. D.

12/19 1931 (Address) 2100 Hollins Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Cathedral Cemetery

DATE OF BURIAL. Dec. 22 1931

20-UNDERTAKER. George L. Schwab

ADDRESS 2101 Eutaw Ave

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 74936 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74936

CERTIFICATE OF DEATH. 82-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 340 S. Stricker St. 19-24 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Piller

(a) Residence No. 340 S. Stricker St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female 4-COLOR OR RACE White 5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

3a-If married, widowed, or divorced HUSBAND of (or) WIFE of John Piller Sr.

6-DATE OF BIRTH (month, day and year) June 15-1854

7-AGE. 77 yrs. 11 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife
(c) Name of employer

9-BIRTHPLACE (city or town). (State or Country). Balto. Co. Md

PARENTS.
10-NAME OF FATHER. Andrew Stadler
11-BIRTHPLACE OF FATHER (city or town). (State or Country). Germany
12-MAIDEN NAME OF MOTHER. Barbara Rice
13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Germany

14- (Informant) Mrs Anna E Piller
(Address) 340 S. Stricker St

15- Filed DEC 21 1931 HARRY M. JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 18/1931

17- I HEREBY CERTIFY, That I attended deceased from 11/30, 1931 to 12/18, 1931 that I last saw h[illegible] alive on 12/18/ 1931 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:
Art. Sclerosis
Hypertension
Endarteritis
Begin Gangrene foot & Hand
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy
(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. Bernard J. Terry, M. D.
(12/14/ 1931) (Address) 910 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral Cemetery DATE OF BURIAL. Dec 22 1931

20-UNDERTAKER. George L. Schwab ADDRESS 2101 Eutaw Ave.

Instructions on back of certificate.

AdCo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74937 ✓ E. 7493 E 74937

E 74937

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals 108

CITY OF BALTIMORE: (No. Baltimore Md. St. 15-32 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Wright

(a) Residence: No. 1504 Lawrence St., Ward.
(Usual place of abode Laurens. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-20-1856

7. AGE Years	Months	Days	If LESS than 1 day hrs or min
45	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) mill, Ga

FATHER
13. NAME Eaton Wright
14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER
15. MAIDEN NAME Wells
16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Records Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Forsythe Va Date Dec 23 1931

19. UNDERTAKER Frank M. Elsner & Son
(Address) 638. N. Gilmor

20. FILED ..... Registrar

OCCUPATIONS is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19-1931

22. I HEREBY CERTIFY, That I attended deceased from 12-14-1931 to 12-19-1931

I last saw him alive on 12/19 1931 death is said to have occurred on the date stated above, at 4:00 AM

The principal cause of death and related causes of importance were as follows:

Pneumonia (a) — Date of onset 12-6-31

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

12-20-31 (Signed) Elmer Highberger, M. D.

(Address) Baltimore City Hospitals

AACo. 5-31 2500

E 74938 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74938

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.M. Hospital St. 7-11 Ward)

Length of residence in city or town where death occurred 64 yrs. 6 mos. 4 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Christian Jerschied

(a) Residence: No. 2928 McElderry St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	M

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Mrs Christian Jerschied

6. DATE OF BIRTH (month, day, year) Oct 26-1864

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	67	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME John D. Jerschied

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oakhawn Date Dec 23 1931

19. UNDERTAKER John Leitnick
(Address) 1000 Edmondson Ave

DEC 21 1931 H. C. JONES, M. D.
Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12 - 13, 1931, to 12 - , 1931.

I last saw him alive on 12 - 20, 1931, death is said to have occurred on the date stated above, at 1:08 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach.	6-1-31?
Other contributory causes of importance: Bronchopneumonia Bilat	12-17-31

Name of operation Resecting Stomach Date of 12-16-31

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel McLanahan, M. D.

(Address) Union Memorial Hosp.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74939

1 PLACE OF DEATH Sinai Hosp

CERTIFICATE OF DEATH

107 E 74939

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1 2 WARD)

2 FULL NAME Margaret Shipley

(a) RESIDENCE No. 23 S Robinson ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Francis P. Shipley

6 DATE OF BIRTH (month, day, and year) May 21-1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Herman Kaufman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dont Knows

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Francis P. Shipley 26 S. Robinson St.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 19-1931

17

I HEREBY CERTIFY, That I attended deceased from Dec 18, 1931, to Dec 19, 1931

That I last saw h alive on Dec 19, 1931

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Non Epidemic Encephalitis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia Type?

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Walter B Kemp M. D.

. 19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Beth Sheba Church Cem — DATE OF BURIAL: Dec 21 1931

20 UNDERTAKER: John Lennies — ADDRESS: 2008 Albans

DEC 21 1931

FROM is very important. See instructions on back of certificates.

AACo. 5-31 2508

Mary Hamilton Rumsey.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74940 E 74940

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33rd & Calvert St. St. 11-24-31 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 6 mos. 5 ds. How long in U.S. If of foreign birth? yrs mos. ds.

2. FULL NAME Mrs. Charles L. Rumsey (Mary H.)

(a) Residence: No. 812 Park ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write (Sp Word))
Female	white	Married

5a. If married, widowed, or divorced
(or) WIFE of Dr. Charles L Rumsey

6. DATE OF BIRTH (month, day, year) May 14 1872

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	59	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Waite

14. BIRTHPLACE (city or town) (State or country) Salisbury Md

MOTHER

15. MAIDEN NAME Hanna Catlin

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Chas. Rumsey
(Address) 812 Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Dec 22 1931

19. UNDERTAKER Henry H. Harkins Sons Co
(Address) 1701 Eutaw Place

Dec 24 1931 HARRY JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 16th, 1931, to Dec 19th, 1931

I last saw her alive on Dec 19th, 1931 death is said to have occurred on the date stated above, at 7.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic cholecystitis & cholelithiasis?	
Post operative shock	Dec. 17
chr. myocarditis	
chr. nephritis	

Other contributory causes of importance:

chr. myocarditis	?
chr. nephritis	?

Name of operation Dec 17th 1931 cholecystectomy Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Samuel McClenahan, M. D.
(Address) Union Mem. Hospital.

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 74941

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74941

CERTIFICATE OF DEATH

59 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital 12-14 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Virginia M. Hilleyer

(a) Residence: No. 201 Lucan Road St. Belto. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W	W	M

3a. If married, widowed, or divorced, (or) WIFE of Mrs. Virginia Hilleyer

6. DATE OF BIRTH (month, day, year) Sept 2-1873

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
58	2 3	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Medical Master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) (State or country) Mass.

FATHER

13. NAME Virgil M. Hilleyer

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Linda Whiting Tould

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT Mrs. Virginia Hilleyer

(Address) 201 Lucan Rd. Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Union Park Cem Date 12-22 1931

19. UNDERTAKER Leroy T. Hopkins Sons & Co.

(Address) Richard Undertaker

20. FILED DEC 24 1931 Registrar

OCCUPATIONS is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-17 1931 to 12-20 1931

I last saw h alive on 12-20 1931 death is said to have occurred on the date stated above, at 2.30 m.

The principal cause of death and related causes of importance were as follows:

Ruptured Appendix

Date of onset 12-17

Other contributory causes of importance:

Duration of disease

Diabetes

Name of operation Appendectomy Date of 12-17 31

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes 12-19-31

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) Union Memorial Hosp

AACo. 5-31 1500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74942

E 74942

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Jackson St. 2d Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James F. O'Connor

(a) Residence: No. 1711 Jackson St. St., ... Ward.
(If usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

8. DATE OF BIRTH (month, day, year) Nov 15, 1864

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
67	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk & Bookkeeper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Hugh O'Connor.

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Kennedy.

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. John Hollgnd
(Address) 1711 Jackson St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Dec 22, 1931

19. UNDERTAKER John J. Mowen
(Address) 3000 E. Balto St.

DEC 21 1931 H. [illegible] JONES, Jr. Registrar.

OCCUPATION is very important. See instructions on BACK of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec, 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1931 to Dec 17, 1931

I last saw h[illegible] alive on Dec 17, 1931 death is said to have occurred on the date stated above, at 3 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anaemia	Endocd

Other contributory causes of importance:

Acute Myocarditis	12/1/31

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) ..., M. D.

(Address) 715 S. Highland Ave

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE 74943

74943

CERTIFICATE OF DEATH

Registered No. 15

1. PLACE OF DEATH Baltimore City Hospitals
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md. 23-31 St. ... Ward)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Mallory 2 Supt

(a) Residence: No. 1134 Hanover St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah —

6. DATE OF BIRTH (month, day, year) Aug 26, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Haven, Conn

FATHER

13. NAME Paul Mallory

14. BIRTHPLACE (city or town) (State or country) Conn

MOTHER

15. MAIDEN NAME Hannah Kelly

16. BIRTHPLACE (city or town) (State or country) Conn.

17. INFORMANT BCH Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Nat'l Cemetery Date Dec 22, 1931

19. UNDERTAKER John F. Moran
(Address) 3000 E. Baltimore St.

20. FILED DEC 21 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20-1931

22. I HEREBY CERTIFY, That I attended deceased from 12-10, 1931 to 12-20, 1931

I last saw him alive on 12-20, 1931 death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

Erysipelas of face — Date of onset 12-17-31

Other contributory causes of importance:

Bronchopneumonia — 12-19-31
Old Hemiplegia left — unknown
Arteriosclerosis — unknown

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

12-20-31 (Signed) Elmer Leigh Lee, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

E 74944

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74944

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 19-27 St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Cuff

(a) Residence: No. 1510 W. Mulberry St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen

6. DATE OF BIRTH (month, day, year) Nov. 3, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Smock Pa.

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) ? Pa.

MOTHER

15. MAIDEN NAME Jeanette James

16. BIRTHPLACE (city or town) (State or country) ? Pa.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Patrick's Cem. Date Dec. 22, 1931

19. UNDERTAKER [illegible] 12-19-31
(Address) 322 [illegible] St.

20. FILED Dec 22 1931 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1931 to Dec. 18, 1931

I last saw h im alive on Dec. 18, 1931 death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chronic	Dec 1930

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 19—

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elmer Highberger, M. D.

(Address) Balto. City Hosp.

AaCo. 5-11 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71945

CERTIFICATE OF DEATH

E 71945

1. PLACE OF DEATH Old Bon Hospital 27-56 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Lucy Mason

(a) Residence: No. 3514 - Spaulding Ave. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret T. Mason

6. DATE OF BIRTH (month, day, year) Sept 24 1885

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	46	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Letter Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Alfred Mason

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Dec 22 1931

19. UNDERTAKER Mr. & Mrs. John T. Tuffel & Son
(Address) 501 N Fayette St.

20. FILED 21 1931 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-16-31 to 12-18 1931
I last saw h[illegible] alive on 12-18 1931 death is said to have occurred on the date stated above, at 10 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	?
Arteriosclerosis & hypertension	?
Cerebral apoplexy	4 days
uremia	3 days

Other contributory causes of importance:

Name of operation I Date of

What test confirmed diagnosis Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert J. Chenault M. D.
(Address) Md. General Hosp

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250M

74946

HEALTH DEPARTMENT—CITY OF BALTIMORE

93 E 74946

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3509 Carter Ave St. Hamilton Ward) 27-43

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William C. Gundlach

(a) Residence: No. 3509 Carter Ave St., Hamilton Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Flora Gundlach.

6. DATE OF BIRTH (month, day, year) Nov. 9, 1857.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cheese Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME George Gundlach
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Robinson
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. Gundlach
(Address) 3509 Carter Ave. Hamilton

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park, Date Dec. 23 1931

19. UNDERTAKER J. H. Wm. H. Taylor & Son
(Address) 501 N. Fayette St.

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1929 to Dec 21, 1931
I last saw h alive on Dec 9 1931 death is said to have occurred on the date stated above, at 2.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	
Surgical under	

Other contributory causes of importance:

Arterio Sclerosis and ulcer of Legs	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Clark Sewick, M. D.

(Address) 4702 Harford Road

OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74947

CERTIFICATE OF DEATH

50

E 74947

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3019 Erdman Ave) (Ward 43)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nellie M. West

(a) Residence: No. 3019 Erdman Ave., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles S. West

6. DATE OF BIRTH (month, day, year) Nov 12, 1888

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	43	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bath Md

FATHER

13. NAME Francis B. Kellogg

14. BIRTHPLACE (city or town) (State or country) New Haven Connecticut

MOTHER

15. MAIDEN NAME Mary Sturtevant

16. BIRTHPLACE (city or town) (State or country) Bath N. J.

17. INFORMANT Charles S. West
(Address) 3019 Erdman Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Dec 22. 1931.

19. UNDERTAKER Mr & Mrs. John W. Tingle & Son
(Address) 801 W. Fayette St.

20. FILED 2-1-1931 C. HAWSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 1931. to Dec 19, 1931

I last saw h e alive on Dec 19 1931 death is said to have occurred on the date stated above, at 2.45 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast.	about June 1/31

Other contributory causes of importance:

Metastasis.

Name of operation Removal of Breast. Date of Aug 28/31.

What test confirmed diagnosis? Histology Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) C N Meyer Jr., M. D.

(Address) 1500 E. 3 Fords

OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

E 74948

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74948

CERTIFICATE OF DEATH

X 108

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 25-72 Ward)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Catherine Spickelmeyer

(a) Residence: No. 7 Montrose Ave - Catonsville St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George A Spreckelmeyer

6. DATE OF BIRTH (month, day, year) April 17-1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

MOTHER FATHER

13. NAME Conrad McCourt
14. BIRTHPLACE (city or town) Ireland
(State or country)
15. MAIDEN NAME Elizabeth Keegan
16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Mrs. Thos J Condle
(Address) 3807 Pinehurst Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Calvary Date Dec 22 1931

19. UNDERTAKER C. V. Sammons
(Address) 4611 Harford Ave

20. FILED 19 C. H. JONES, Jr. Registrar
21 1931 By A. P. H.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-13 1901, to 12-19 1931

I last saw her alive on 12-19 1931 death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Lobar pneumonia	12 19

Other contributory causes of importance:

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Patrick Murphy M. D.

(Address) St. Agnes Hospital

AaCo. 5-31 2508

E 74949 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

254557

CERTIFICATE OF DEATH

× 56 E 74949

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 7-4 (Ward)

Length of residence in city or town where death occurred yrs 1 mos 11 ds How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Helen Mazor

(a) Residence: No. Kingsville Md St. Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 8-1926

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	5	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Louis Mazor
14. BIRTHPLACE (city or town) (State or country) Poland
15. MAIDEN NAME Mary Matrich
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Trinity Cemetery Date Dec 22 1931

19. UNDERTAKER J W Brazenski
(Address) 1930 Eastern Ave

DEC 21 1931 C. HERBERT JONES, M. D. Registrar. B. of H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1931, to Dec 20, 1931
I last saw her alive on Dec 20, 1931 death is said to have occurred on the date stated above, at 1.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rheumatic Fever	Oct 5 1931
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. C. Goodwin, M. D.
Dec. 31 (Address) Kingsville Md

OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-11 1928

HEALTH DEPARTMENT—CITY OF BALTIMORE

74950

CERTIFICATE OF DEATH

94 E 74950

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2723 Eastern ave St. 1-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U.S. If of foreign birth? 65 yrs. mos. ds.

2. FULL NAME Annie L. Miller

(a) Residence: No. 2723 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles L. Miller

6. DATE OF BIRTH (month, day, year) July 27, 1863

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	68	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Christian Schueler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Bergs

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles L. Miller
(Address) 2723 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Dec 22 1931

19. UNDERTAKER Howard Evans
(Address) 3[illegible] E. Fort Ave

FILED 12-21-1931 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1931, to Dec 19, 1931

I last saw her alive on Dec 19 1931 death is said to have occurred on the date stated above, at 4.45 a.m.

The principal cause of death and related causes of importance were as follows:

Virginia Pertussis — Date of onset 1/1/31

Other contributory causes of importance

High Blood Pressure, Hardening of Arteries — 2-71

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) C. C. Keen M. D.

(Address) 320 S. Eutaw St.

Spec—9-30—A & Co—250 Blks

74951

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74951

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 v Preston St 11-24 Ward) 59

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Girl Arie Thomas

(a) RESIDENCE NO. 30 v Preston St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12-20-31

7 AGE	Years	Months	Days	If LESS than 1 day, / hrs. or min.
		0		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —do

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) 30 v Preston

PARENTS

10 NAME OF FATHER John Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Arie Moorhead

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Arie Thomas (Address) 30 v Preston

15 Filed DEC 21 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-20-31

17

I HEREBY CERTIFY, That I attended deceased from 12-20-31, 19 31 to 12-20-31, 19 31

that I last saw h alive on 12-20-31, 19 31

and that death occurred, on the date stated above, at 5 01 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchial

6 months Finished

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Asphyxia Neonatorum

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. [illegible] M. D.

19 (Address) 324 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

UNDERTAKER [illegible] Undertaker

ADDRESS DEC 21 1931

For the B. W.

L. HARRISON JONES, M.

Commissioner of Health

Filed in back of certificates. See instructions on back of certificates. TION is very important.

AdCo. 5-31 2108

E 74952

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74952

CERTIFICATE OF DEATH

Registered No. 107

1. PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ? St. 2-4 Ward)

Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U.S. If of foreign birth? 65 yrs. ? mos. ? ds.

2. FULL NAME Jugo Ivosevich

(a) Residence: No. 1600 Thames St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sophia unknown

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer ?
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Serbia

FATHER

13. NAME Mike ?
14. BIRTHPLACE (city or town) (State or country) Serbia

MOTHER

15. MAIDEN NAME Katie ?
16. BIRTHPLACE (city or town) (State or country) Serbia

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER (Address)

FILED 2 1 1931 19 C. HAMPSON JONES, M. D. Registrar

Par. Act

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1931 to Dec. 18, 1931

I last saw him alive on Dec. 18, 1931 death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	12-16-31
Other contributory causes of importance; non-specific colitis and enteritis	6-31

Name of operation None. Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

12-21-31 (Signed) Elmer Leitzinger Jr., M. D.

(Address) Balto. City Hosp.

C — SEE CAUSE OF DEATH in plain letters, without abbreviations. Fill in all items. OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND Department of Legislative Reference

AACo. 5-11 2500

Dr Beetham Clinton + Balto

74953 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

(First three letters of name)

E 74953

Registered No. .....

(If death occurred in a hospital or institution; give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1230 - 62nd St. (or Ward) 26-38

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie C. Frey

(a) Residence: No. 1230 - 62nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Frey

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 13

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt Jackson Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Wm Frey

(Address) 1230 - 62nd Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Jackson Va Date 12/22, 1931

19. UNDERTAKER William Cook

(Address) 1217 W Pratt St

DEC 21 1931, 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1931, to Dec 21, 1931

I last saw her alive on Dec 20, 1931 death is said to have occurred on the date stated above, at 7 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-14-31

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Allen C. Beetham, M. D.

(Address) 3139 E. Baltimore St

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 74954 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74954

CERTIFICATE OF DEATH.

158

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 522 Parkslay Ave ST., 20-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jerome D. Steinacker

(a) RESIDENCE NO. 522 Parkslay Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) Sept 10 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Jerome Steinacker

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Martha Schmitt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md.

14 Informant (Address) 522 Parkslay Ave.

Filed 2-1-1931 .19 A.F.H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 16 .1931. to Dec 20 .1931.

that I last saw him alive on Dec 20 .1931.

and that death occurred, on the date stated above, at 8.55 P. m.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. 3. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Leo L. Wiesig M. D.

.19 (Address) 4006 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Dec 22 1931
20 UNDERTAKER Chesnow & Son	ADDRESS 3015 Chestnut Ave

THIS is very important. See instructions on back of certificates.

AaCo. 5-11 250B

E 74955 HEALTH DEPARTMENT—CITY OF BALTIMORE

255539

CERTIFICATE OF DEATH

X 13 | E 74955

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 7-9 Ward)

Length of residence in city or town where death occurred ... yrs ... mos 11 ds How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Fred Sewell

(a) Residence: No. Beachville Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta

6. DATE OF BIRTH (month, day, year) Sept 7 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	3 2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oyster Digger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Fred Sewell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Julia (?)

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Records

18. BURIAL, CREMATION, OR REMOVAL Date Dec 22 31

19. UNDERTAKER (Address) Samuel F Bruce 576 N Broadway

20. FILED ..... in ..... H. C. H. ..... Registrar

C 21 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1931, to Dec. 20, 1931

I last saw him alive on Dec. 20 1931 death is said to have occurred on the date stated above, at 8 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with Hypertension and Chronic Vascular Nephritis	?
Uremia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Uremia Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Caroline C Bedell, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

A4Co. 5-31 2508

E 74956

HEALTH DEPARTMENT—CITY OF BALTIMORE

49 E 74956

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 E 25th St. 9-46 Ward)

Length of residence in city or town where death occurred yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Emma V. Kemp

(a) Residence: No. 518 E 25½ St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Samuel A. Kemp

6. DATE OF BIRTH (month, day, year) Oct 16-1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	77	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Hildebrandt
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna Martin
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Reuben L Kemp
(Address) 518 E 25th St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date Dec 22 1931

19. UNDERTAKER J. Fletcher Jones, Inc
(Address) North Avenue & Pulaski St

DEC 22 1931 J. Fletcher JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1931, to Dec 19, 1931

I last saw her alive on Dec 19, 1931 death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Tumor of abdomen	

Other contributory causes of importance:

Advanced age

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. M. Duncan, M. D.

(Address) 5106 York Rd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—0-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74957

CERTIFICATE OF DEATH

93

E 74957

1 PLACE OF DEATH Home for Incurables

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 40th St & Resident Rd of Baltimore

2 FULL NAME Miss Sallie E. Harper.

(a) RESIDENCE NO Home for Incurables St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 29-1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Darlington Md.

PARENTS

10 NAME OF FATHER Samuel Harper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Hannah Watson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Darlington Md.

14 Informant (Address) Hospital Records.

15 Filed DEC 22 1931 H. H. HOPKINS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20-1931.

17

I HEREBY CERTIFY, That I attended deceased from July, 1931, to 12-20, 1931

That I last saw h[illegible] alive on 12-19, 1931

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, cerebral hemiplegia, myocarditis.

(duration) 4+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility, Cardiac failure (duration) yrs. mos. ds. sudden.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. H. Hopkins M. D.

(Address) Med. Art. Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Darlington Md	Dec 22 1931
20 Undertaker Harmony Cemetery W. J. Tickner & Sons	ADDRESS Delta Pa

TION is very important. See instructions on back of certificates.

1-20—M. & T.—100 B—50L.

E 74958

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-001

E 74958

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1829 Penna Ave ST. 14-20 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorathea Buschardt

(a) RESIDENCE NO. 1829 Penna Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of William G. Buschardt

6 DATE OF BIRTH (month, day, and year) Jan. 26th 1847

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
84	10	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: at home

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER Aug. Siechting.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER Ella. Wegman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant Ella. Engel (Daughter)

(Address) 1829 Penna Ave

15 Filed DEC 22 1931 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21st 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (inquest, autopsy or inquiry.) find that said deceased came to [illegible] on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident
Fractured Skull
Fell down steps
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. E. Funk, M. D.
Coroner

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Pauls (Violetteville)	12-23rd 1931
20 UNDERTAKER	ADDRESS
Mrs Chas A. J. Rohde	2327 Edmondson Ave

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74959 | CERTIFICATE OF DEATH | E 74959

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 N. Fayette St. 18-26 (Ward)) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Estella Bales Pinkney

(a) Residence: No. 901 N. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 5 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

13. NAME Alex. Pinkney

14. BIRTHPLACE (city or town) (State or country) D. C.

FATHER

15. MAIDEN NAME Emma Atwood

16. BIRTHPLACE (city or town) (State or country) D. C.

17. INFORMANT Alex. Pinkney
(Address) 901 N. Fayette

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 12/22 1931

19. UNDERTAKER Daniel Easton
(Address) 916 Penna ave

DEC 22 1931

20. Filed ... 19 ...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21, 19 31

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 19 31 to Dec. 21, 19 31

I last saw h[illegible] alive on Dec. 21, 19 31 death is said to have occurred on the date stated above, at 4:30 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12/11
(other contributory causes of importance)	
Uremia Toxemia	12/19

Name of operation ... Date of ...

What test confirmed diagnosis Physical ... autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John H. Tippins M. D.

(Address) 1012 N. Lafayette ave

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74960

CERTIFICATE OF DEATH

E 74960

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. W-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Olive B. Register

(a) Residence: No. St. Michaels St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Samuel C Register

6. DATE OF BIRTH (month, day, year) Sept 15 1867

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	64	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duties.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Eli H Boughton

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Olive Whitaker

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT Samuel C Register
(Address) St Michaels Md

18. BURIAL, CREMATION, OR REMOVAL
Place St Michaels Md Date Dec 27 1931

19. UNDERTAKER Edward O Mitchell & Sons
(Address) 1900 Eutaw Place

DEC 22 1931 H. [illegible] Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21 . 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 . 1931, to Dec 21 . 1931

I last saw h[illegible] alive on Dec 21 . 1931 death is said to have occurred on the date stated above, at 4.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	Dec.
caused by adhesions	
(Other contributory causes of importance)	
Operative Shock	Dec 21

Name of operation Laparotomy Date of 12/21/31

What test confirmed diagnosis? Operative Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M D Davis M. D.

(Address) University Hospital

CAUSES OF DEATH in plain terms, not abbreviations. Each statement must be independent of every other. OCCUPATION is very important. See instructions on back of certificate.

AoCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74961

CERTIFICATE OF DEATH

93 E 74961

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 N. Appleton St. 15-21 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nathan Levy

(a) Residence: No. 1617 N. Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Beatrice

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confectionery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Abraham Levy

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Dora —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Beatrice Levy
(Address) 1617 N appleton st

18. BURIAL, CREMATION, OR REMOVAL
Place Chev Shalom Date 12/22/1931

19. UNDERTAKER Sol. Levinson & Bro
(Address) 1126 N. North ave

20. FILED 12-22-1931 C. HARRY JONES, M. D.
Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21. 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 20. 1927 to Dec 20. 1931

I last saw h[illegible] alive on Dec 20 1931 death is said to have occurred on the date stated above, at 7a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
coronary thrombosis	

(Other contributory causes of importance:

Bursal Brona Block	1929.
-myocardial insufficiency	1929.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lucien Whitehorne M. D.

(Address) 1810 Eutaw St.

A4Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74962

CERTIFICATE OF DEATH

46Y

E 74962

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1301 E. Eager St. 10-14 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret J. Houck

(a) Residence: No. 1301 E Eager St., Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Henry J. Houck

6. DATE OF BIRTH (month, day, year) March 27 1857

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	74	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME James Burrier

14. BIRTHPLACE (city or town) (State or country) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Henry J. Houck

(Address) 1301 E Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec. 24 1931

19. UNDERTAKER Fred Lasselus & Son

(Address) Belair Rd. Fallstown, Md.

20. FILED DEC 22 1931 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21st. 1931

22. I HEREBY CERTIFY, That I attended deceased from July 20th. 1931 to Dec 21st. 1931

I last saw h alive on Dec 21st. 1931 death is said to have occurred on the date stated above, at 2.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	7

Other contributory causes of importance:

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Paul O'Leary M. D.

(Address) 1400 Belair Road

A•Co. 5-11 2'08

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74963

CERTIFICATE OF DEATH

93-603 E 74963

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore St. 5-4 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Jenkins

(a) Residence: No. 1216 Jefferson St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Sadie

6. DATE OF BIRTH (month, day, year) 12-19-1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	53	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Records of Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Grove. Date 12/22 1931

19. UNDERTAKER Edward Bryans
(Address) 1001 Gilmor St

20. FILED DEC 22 1931 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18-1931

22. I HEREBY CERTIFY, That I attended deceased from 11-27, 1931 to 12-18, 1931

I last saw him alive on 12-18 1931 death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	5 months ago
Other contributory causes of importance: Hypertension	2 years ago

Name of operation None. Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

12-22-31 (Signed) Elmer Hitchcock D. M. D.

(Address) Baltimore City Hospitals

1-30—M. & T.—100 B—50L.

E 74964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

E 74964

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3720 Gwynn Oak ave ST., 15-58 WARD)

2-FULL NAME Louis Caplan

(a) RESIDENCE No. 3720 Gwynn Oak ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Sda Caplan

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER Frank Caplan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Bessie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant Jack Lewis Inc

(Address) 1429 E. Baltimore St

15 Filed DEC 22 1931 HERMAN JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to the death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) H. Bruce Woolley, Coroner, M. D.

Dec 21 1931 (Address) Govans

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale	12-22 1931
20 UNDERTAKER: Jack Lewis Inc	ADDRESS: 1429 E. Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74965

CERTIFICATE OF DEATH

X 46

E 74965

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. W-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U.S. If of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME Henry Friedman

(a) Residence: No. Orford North Carolina St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris Friedman
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lillian ?
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Date 12-22 1931
Hebrew Washington Blvd

19. UNDERTAKER Jack Lewis Inc
(Address) 1429 E. Baltimore St

20. FILED DEC 22 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21, 1931

22. I HEREBY CERTIFY, That I attended deceased from December 4, 1931, to December 21, 1931
I last saw h alive on December 21 1931, death is said to have occurred on the date stated above, at 6 25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	6 mo ?
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Simon Bryer, M. D.
(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement on back of certificate.
OCCUPATION is very important. See instructions on back.

AsCo. 5-31 2M

HEALTH DEPARTMENT—CITY OF BALTIMORE

74966

CERTIFICATE OF DEATH

107-E 74966

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 3-N (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U.S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Bernard Klotzman

(a) Residence: No. 1427 E. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	single.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Single.

6. DATE OF BIRTH (month, day, year) Oct. 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Isaac Klotzman
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Simons
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Isaac Klotzman
(Address) 1427 E. Pratt St

18. BURIAL, CREMATION, OR REMOVAL.
Plan Holding Mem Gd Date 12-22- 1931

19. UNDERTAKER Jack Kemps Inc
(Address) 1439 E. Baltimore St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1931, to Dec. 21, 1931

I last saw h 17 alive on Dec 21, 1931 death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12/19/31.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Sus. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) C. Maurice Jones Abrams M. D.

(Address) Univ. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250M

74967

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74967

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 26-37 ..... Ward)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles R. Rice

(a) Residence: No. 3529 Gough St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Ida E.

6. DATE OF BIRTH (month, day, year) May 4, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67 ?	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — ?

10. Date deceased last worked at this occupation (month and year) — ?

11. Total time (years) spent in this occupation — ?

12. BIRTHPLACE (city or town) (State or country) — Middletown Md.

MOTHER

13. NAME — Adam Rice

FATHER

14. BIRTHPLACE (city or town) (State or country) — Md Md.

15. MAIDEN NAME — Annie Leightner

16. BIRTHPLACE (city or town) (State or country) — Md Md.

17. INFORMANT (Address) — Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL. Place Oak Lawn Date 12/22/1931

19. UNDERTAKER — Wm Cook
ADDRESS 217 St Paul St

20. FILED DEC 27 1931 — C. HARPER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1931, to Dec. 20, 1931

I last saw h im alive on Dec. 20, 1931 death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Bronchopneumonia	Dec 17 '31

Other contributory causes of importance:

Name of operation Caudal anesthesia Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

12-21-31 (Signed) Elmer Highburger Jr. M. D.

(Address) Balto. City Hosp.

C OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11-1928

E 74968

HEALTH DEPARTMENT CITY OF BALTIMORE

E 74968

CERTIFICATE OF DEATH

1085

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 26-E Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John O. Brown

(a) Residence: No. 4315 Valley View Ave. (Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katie Brown

6. DATE OF BIRTH (month, day, year) Oct. 28-1892

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	39	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Insurance 053

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec. 1931

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Maggie Figure

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION OR REMOVAL. Mount Cathedral Cemetery Date 12/23/1931

19. UNDERTAKER J. Wm Cook
(Address) 1217 St Paul St

20. [illegible] C. HAMPSON JONES, M. D. Registrar.

DEC 22 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1931, to Dec 19, 1931

I last saw him alive on Dec 19th, 1931 death is said to have occurred on the date stated above, at 6.35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	8 days ago

Other contributory causes of importance:

Vasomotor Collapse	Today

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. F. Baumgartner, M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

E 74969

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74969

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1333 Hanover St. 23-32 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Christian Ritz

(a) Residence: No. 1333 Hanover St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine A. Ritz

6. DATE OF BIRTH (month, day, year) April 29 1868

7. AGE: Years 63 | Months 7 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME Christian Ritz
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Marie Ritz
(Address) 1333 Hanover St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 23 1931

19. UNDERTAKER Margaret V. Flynn
(Address) High St.

DEC 22 1931

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 13th, 1931, to ..., 19...
I last saw him alive on Dec 19th, 1931 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute interstitial nephritis	1 year before death
Uraemia	10 days

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mary Reibel M.D.
(Address) 224 N. Howard St.

If DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-21-1928

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74970

E 74970

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital — Registered No. 137

CITY OF BALTIMORE: (No. 1512 N. Gilmor St., 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Wright Richard

(a) Residence: No. 1648 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. | 4. Color or Race C. | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Mary Richard

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE — Years About 54 | Months | Days | If LESS than 1 day hrs or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Richard

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary Richard

(Address) 1648 N. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Dec 22 1931

19. UNDERTAKER Mrs. R. H. Ellis & Son

(Address) 1122 Eastlond Ave

DEC 22 1931

Registrar

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19 — 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 — 1931 to Dec 19 — 1931

I last saw him alive on 12/19 — 1931 death is said to have occurred on the date stated above, at 4:30 Am

The principal cause of death and related causes of importance were as follows:

Chron. Nephritis
Renal Edema
General Ascites

Date of onset Sept 1931

Other contributory causes of importance:

Mitral Regurgitation
Edema of Extremities

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. Hopkins M. D.

(Address) 1512 N. Gilmor

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74971

CERTIFICATE OF DEATH.

E 74971

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 Westwood Ave. St.) (Dec 15-21 WARD) 11

2-FULL NAME Mary Jane Smith

(a) RESIDENCE NO. 1620 Westwood Ave. St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Oscar Smith

6 DATE OF BIRTH (month, day, and year): Unknown.

7 AGE: About 56 (Years / Months / Days / If LESS than 1 day, hrs or min.)

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Piedmont Co Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Richmond Co Va

12 MAIDEN NAME OF MOTHER: Henrietta Busby

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Mrs. R. G. Elliott 1725 Ashland Ave

15 Filed: DEC 22 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 20th 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 15th 1931 to Dec 20th 1931, that I last saw her alive on Dec 20th 1931, and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer (Cyloric)

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Geo. H. Lautenbach M. D.

12-20 1931 (Address) 2515 N. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodland Co Va — DATE OF BURIAL: Dec 22 1931

20 UNDERTAKER: Mrs R. G. Elliott — ADDRESS: 1725 Ashland

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 74972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 74972

REGISTERED NO.

1-PLACE OF DEATH Home for the Aged of the M E Church

City of BALTIMORE: (No. 2211 Rogers Ave St. 27-54 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Amanda Emrich

(a) RESIDENCE NO. 2211 Rogers Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred all her life How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 5 1855

Baltimore Md

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	76	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Andrew Emrich

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Harriot

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant Etta Cuddy

(Address) 2211 Rogers Ave

DEC 22 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1931

17

I HEREBY CERTIFY, That I attended deceased from Nov 2 1931, to Dec. 21, 1931, that I last saw h alive on Dec 14, 1931, and that death occurred, on the date stated above, at 9.15 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Stenosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical methods

(Signed) George C. Shannon, M. D.

12/21, 1931 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery Date of Burial Dec 23 1931

20 UNDERTAKER George J Smith ADDRESS 153 Hollins

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

Bartholomew

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 74973

CERTIFICATE OF DEATH

E 74973
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Johns Hopkins Hosp. St. 7-9 Ward)

2-FULL NAME Margaret Bartholomew

(a) RESIDENCE NO. 502 N. Chester St St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mns. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter Bartholowen

6 DATE OF BIRTH (month, day, and year) July 19th 1890

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
41	5	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Casper Lippert

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary----------

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Walter Bartholowen
(Address) 502 N. Chester St.

15 Filed DEC 22 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20/31 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Myocardial Degeneration (Necrotic)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Pulm. Odema etc.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes at Hopkins

What test confirmed diagnosis?

(Signed) Jos H Carter, M. D.

Dec 24/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem,	Dec. 24/31
20 UNDERTAKER Phillips Herwig	ADDRESS 206 Calvert St.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 74974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001 E 74974

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

2-FULL NAME Gertrude L. Moore

(a) RESIDENCE NO. Preston + Valley ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER George Berg

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Ellen Carr

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor
(Address) Preston + Valley St

15 Filed ..... C. HAMILTON JONES M. D. Registrar
By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21st 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 3rd, 1931, to Dec 21st, 1931, that I last saw h[illegible] alive on Dec 21st, 1931, and that death occurred, on the date stated above, at 7:45 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Asthma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) ..... M. D.

12-24-19 (Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Dec 24th 31
20 UNDERTAKER Rita Wiedefeld	ADDRESS 917 Gremont Av.

CAUSE OF DEATH to be given in plain terms, so that it may be properly classified. Certificate will be returned for correction if this is not done. DATE OF DEATH is very important. See instructions on back of certificate.

C 24 1931

Spec—130—M.A.T.—200 Blks

Wisner

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74975

CERTIFICATE OF DEATH.

92-001 E 74975

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Wisner

(a) RESIDENCE NO. Preston + Valley ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 6th 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77		15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Md

PARENTS

10 NAME OF FATHER George Frederick

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Barbara Grumm

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Little Sisters of the Poor Preston + Valley St

15 DEC 22 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec: 21st 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1931, to Dec 21st, 31, that I last saw h[er] alive on Dec 21st, 1931, and that death occurred, on the date stated above, at 6. p. m.

The CAUSE OF DEATH* was as follows:

Intest Emphysema

(duration) 2 yrs. 2 mos 3 ds.

CONTRIBUTORY (Secondary) Asthma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. C. Cohen, M. D.

12 Dec, 1931 (Address) 1116 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick, Md. DATE OF BURIAL Dec 22 1931

20 UNDERTAKER Rita Wiedefeld ADDRESS 914 Fremont Ave

CAUSE OF DEATH to be properly classified, so that information on back of certificates may be of value. CAUSE OF DEATH must be properly certified. Each question must be answered. See instructions on back of certificates. INFORMATION is very important.

A4Co. 5-31 250B

E 74976 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74976

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME

(a) Residence: No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or WIFE of)

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
35	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

DEC 22 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from to 19

I last saw h alive on death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
(b)	
(c)	
(d)	
(e)	
(f)	

(Other contributory causes of importance)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) , M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

Beckman ✓

E 74977 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74977

CERTIFICATE OF DEATH

139-001

1-PLACE OF DEATH

CITY OF BALTIMORE. (No 1742 E. 25th St. St 9-44 Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hettie Beryl Beckman

(a) RESIDENCE NO. 1742 E. 25th St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fred W. Beckman

6 DATE OF BIRTH (month, day, and year) Dec. 12, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	35		10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Albert M. Leonard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Hettie M. See

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant ... (Address) ...

15 Filed ... 19 ... Registrar ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 - 1931

17
I HEREBY CERTIFY, That I attended deceased from
Dec 7, 1931, to Dec 22, 1931
that I last saw her alive on Dec 21, 1931
and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:
Acute Dilitation of Heart.
Hypostatic Congestion Lungs.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza Grippe
(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec 1-1931

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & Clinical

(Signed) R. C. Carman M. D.

12-23 1931 (Address) 1701 N. Carman

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 12/24/31 19
20 UNDERTAKER	ADDRESS 4101 Edmondson Ave.

DEC 23 1931 Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AsCo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74978

Registered No. E 74978

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME J Ernest Willson, Jr

(a) Residence: No. Rock Hall Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 19 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rock Hall Md

FATHER
13. NAME J. Ernest Willson
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Mary Fingold
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT J Ernest Willson Sr
(Address) Rock Hall Md

18. BURIAL, CREMATION, OR REMOVAL
Place Rock Hall Md State 12/24 1931

19. UNDERTAKER Tyre & Farley
(Address) Sykesville Maryland

20. FILED DEC 22 1931 HOWARD JENKINS, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21/1931

22. I HEREBY CERTIFY, That I attended deceased from 12/5/1931 to 12/21/1931

I last saw him alive on 12/21/1931 death is said to have occurred on the date stated above, at 9:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a Post Scarlet Fever Nephritis	12.3.31
2 Strep. Endocarditis	12.3.31

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward S. Anderson, M. D.

(Address) St Agnes Hospital

State CAUSE OF DEATH in plain terms, so that OCCUPATION is very important. See instructions on back of certificate. Exact statement of

1-30—M. & T.—100 B—50L

E 74979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 74979

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced Dead at Mercy Hospital

CITY OF BALTIMORE: (No.) 4-7 ST. (WARD)

2-FULL NAME Samuel Havlik

(a) RESIDENCE NO. Pretty Boy Dam Carroll Co. Md. 1849 Wennebago Chicago Ill ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 20 1931 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	unknown		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer): Pretty Boy Dam
(c) Name of employer: Contractor

9 BIRTHPLACE (city or town) (State or country): Bohemia

PARENTS

10 NAME OF FATHER: John Havlik

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant: John Havlik (Address) 1849 Wennebago Ave Chicago Ill

15 [illegible] 192 Registrar

2 2 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed Abdomen
Lacerating Liver Hemorrhage
Accident while at work 1 hr

CONTRIBUTORY (Secondary) (duration) yrs. mos. Caught between Timbers (duration) 1 year yrs. mos. ds.

18 Where was disease contracted if not at place of death? Pretty Boy Dam

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton Coroner, M. D.

12 29 1931 (Address) 700 E Lake

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chicago Ill	12/22 1931
20 UNDERTAKER	ADDRESS
Leo J Cook	1723 Patterson Pk Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—60L

E 74980

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74980

CERTIFICATE OF DEATH

124-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Provident Lying-in Hospital

CITY OF BALTIMORE, (No.) Mercy Hospital ST. 5-8 (WARD)

2-FULL NAME George F. Livingstone

(a) RESIDENCE NO 227 N High ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 6 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	2	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Common
(c) Name of employer: Harmer Co

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER Wm Livingstone

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER Margaret Carr

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland

14 Informant Mrs Margaret DeWald

(Address) 1912 W North ave

DEC 22 1931

[illegible] JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Cirrhosis of Liver

(duration) One yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? High & Low Sts

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D. Coroner

, 19 (Address) 700 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Dredge Co	Dec 23 1931
UNDERTAKER: Chas. H. Stevens	ADDRESS: 1501 E Fort Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should file CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-11 2508

E 74981 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 E 74981

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3110 Wyler ave St. 27-56 Ward.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Maria Newton

(a) Residence: No. 3110 Wyler ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George J. Newton

6. DATE OF BIRTH (month, day, year) 61

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
Under 24				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

13. NAME Unknown

FATHER

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT George J. Newton
(Address) 3110 Wyler ave

18. BURIAL, CREMATION, OR REMOVAL. Place Windsor Lawn Date Dec 31 1931

19. UNDERTAKER Paul Wagner & Son
(Address) Pratt & Pennsylvania

DEC 22 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22nd, 1931.

22. I HEREBY CERTIFY, That I attended deceased from July 5th, 1931, to December 22nd, 1931, I last saw her alive on December 1st, 1931, death is said to have occurred on the date stated above, at 6.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno-carcinoma of the cervix of the uterus,	July 1930.
Duration, 1½ years.	
Secondary anemia and exhaustion,	November, 1931.
Duration, 6 weeks.	

Other contributory causes of importance:

Name of operation No operation-refused. Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) C. W. F. Dohmer, M. D.
(Address) 2814 Ailsa Avenue.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. C-11 1508

E 74982 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 74982

CERTIFICATE OF DEATH × 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4410 Belvieu Ave St., 28-63 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Muir Brooks

(a) Residence: No. 4410 Belvieu Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mame Louise Brooks

6. DATE OF BIRTH (month, day, year) March 28 1867

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	64	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.E.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Albans Vermont

FATHER
13. NAME Silas F Brooks
14. BIRTHPLACE (city or town) (State or country) St Albans Vermont

MOTHER
15. MAIDEN NAME Jane Fuller
16. BIRTHPLACE (city or town) (State or country) St Albans Vermont

17. INFORMANT Mrs Maggie L. Brooks
(Address) 4410 Belvieu Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodberry Date Dec 23 1931

19. UNDERTAKER F. McGuire Young
(Address) 1021 Pennsylvania Ave

Dec 23 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1931.

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931 to Dec 21, 1931
I last saw him alive on Dec 21, 1931, death is said to have occurred on the date stated above, at 8.3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	12-21-31
Duration 1 hour	

Other contributory causes of importance:
Arteriosclerosis
Interstitial Nephritis 6 yrs

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Howard J. Garner, M. D.
(Address) 4604 Garrison, Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Xper.—9-30—A & Co.—250 lbs

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 74983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-E 74983

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 863 N. Howard St. 11-24 WARD)

2 FULL NAME John H. Deck

(a) RESIDENCE No 863 N. Howard St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 6 mos. 5 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Frainie

6 DATE OF BIRTH (month, day, and year) June 16, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	70	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John S. Deck

11 BIRTHPLACE OF FATHER (city or town) (State or country) ---- Germany

12 MAIDEN NAME OF MOTHER Rosalie Christ

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Interment George J. Deck

(Address) 863 N. Howard St.

15 [illegible]

DEC 22 1931

C. HARRIS JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21/31

17

I HEREBY CERTIFY, That I attended deceased from Dec 19, 1931, to Dec. 21, 1931,

that I last saw h[illegible] alive on Dec. 21, 1931,

and that death occurred, on the date stated above, at 4.1, m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) Cystitis in Senility

(duration) yrs. mos. [illegible] ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Pelteaan M. D.

(Address) 817 Hamilton Ter.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 12/24 1931

20 UNDERTAKER Henry U. Mears & Sons

ADDRESS [illegible] N. Calvert

AACo. 5-31-1500

E 74984 HEALTH DEPARTMENT—CITY OF BALTIMORE E 74984

255623

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [illegible] St. 7-9 Ward)

Length of residence in city or town where death occurred yrs. mos 10 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Perry

(a) Residence: No. Lewisburg N. Carolina St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N Car

FATHER

13. NAME Isaac Cook
14. BIRTHPLACE (city or town) (State or country) N Car

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Henderson N.C. Date Dec 22 1931.

19. UNDERTAKER Mrs. R. H. Elwell
(Address) 125 Eastlund Ave.

DEC 22 1931

C. HAMPSON JONES M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec-11- 1931, to Dec 21 1931

I last saw her alive on Dec 21 1931 death is said to have occurred on the date stated above, at 10.15 p m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of cervix uteri with extension to bladder - glands - and liver.

Uraemia.

Date of onset

Other contributory causes of importance:

Name of operation Biopsy & curet Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) V. B. Hurd M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-0 1908

E 74985
154128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 74985

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 10-14 St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Johnson

(a) Residence: No. 807 Sterling St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept-16-1930

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	1	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Clarence Distance

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Geraldine Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS HOSPITAL Date DEC 22 1931 19

19. UNDERTAKER [illegible]
(Address)

20. FILED DEC 22 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 27 1931, to Dec 18 1931

I last saw him alive on Dec 18 1931 death is said to have occurred on the date stated above, at 11 10 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-12-31

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.

12-20-31 (Address) [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 74986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

157 E 74986

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. St.) 9-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Slaughter

(a) RESIDENCE NO. 1540 N. Spring St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	B.	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/14/31

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Preston Slaughter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Florence Shorter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D.C.

14 Informant
(Address) Johns Hopkins Hospital, Baltimore, Md.

15 DEC 22 1931 16 C. HARRISON JOHNS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/14/31

17

I HEREBY CERTIFY, That I attended deceased from 12/14, 19 31, to 12/16, 19 31

that I last saw h/m alive on 12/16, 19 31

and that death occurred, on the date stated above, at 3:15 P. m.

The CAUSE OF DEATH* was as follows:

Meningitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Meningocele

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. P. Schuyler M. D.

19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL — DATE OF BURIAL DEC 22 1931 19

20 UNDERTAKER Commissioner Health — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 74987 HEALTH DEPARTMENT—CITY OF BALTIMORE

159 E 74987

CERTIFICATE OF DEATH

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No 17-24 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Johnson

(a) RESIDENCE NO 551 W. Hoffman ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	B	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 12/31

7 AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Saito

PARENTS

10 NAME OF FATHER William Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Goldie Havey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant
(Address) Johns Hopkins Hospital

15 C. HARPER JONES, M. D.
Registrar

DEC 22 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-12-31

17

I HEREBY CERTIFY, That I attended deceased from 12/12, 19 31, to 12-12, 19 31

that I last saw h/ M alive on 12-12, 19 31

and that death occurred, on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) O. Snyder M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

Per Wm. E. Woodall

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AdCo. 5-31 250B

Dr Toukey 800 S. Ellwood Ave 7768

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74938

CERTIFICATE OF DEATH

162 E 74988

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2519 Fleet St. 1-B Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Jackson

(a) Residence: No. 2519 Fleet St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~or WIFE of~~ Mary E. Jackson

6. DATE OF BIRTH (month, day and year) Oct 18th 1847

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
84	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Alfred Jackson

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

MOTHER

15. MAIDEN NAME Martha Tinkins

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

17. INFORMANT Mary E. Jackson

(Address) 2519 Fleet St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cemetery Date 12/24 1931

19. UNDERTAKER Wm Cook

(Address) 1317 E. Baltimore St

DEC 22 1931 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 22nd 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st 1931 to Dec 22 1931

I last saw h[illegible] alive on Dec 21 1931 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Debility of aged —	
Other contributory causes of importance:	

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) Joseph Toukey, M. D.

(Address) 800 S. Ellwood Ave

information should be carefully supplied. All ... should be stated EXACTLY. PHYSICIANS should it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may ... OCCUPATION is very important. See instructions on ... of certificate.

I-30—M & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74989

E 74989

CERTIFICATE OF DEATH

130

REGISTERED NO. 24-34

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital WARD)

2-FULL NAME William Henry Burkmann.

(a) RESIDENCE NO 1638 Jackson St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs 8 mos 14 ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of Frances Burkmann.

6 DATE OF BIRTH (month, day, and year) April 7, 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	36	8	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Baltimore Tube Co.
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: William Burkmann.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Bertha Rex.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Frances Burkmann. (wife)
(Address) 1638 Jackson St.

15 DEC 22 1931

12 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 21, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis.
Uraemia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1638 Jackson St. Dec. 21, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Chas M. Steinhardt Coroner, M. D.

12/23/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Schwartz's Cemetery — DATE OF BURIAL: 12/23/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important! See instructions on back of certificates.

1-30—M & T—100 B—50L

E 74990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-021

E 74990

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2227 Essex ST 13 WARD)

2-FULL NAME Frank Pavlak

(a) RESIDENCE NO. 2227 Essex ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 11 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43	43	1	8 9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER John Pavlak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Helen Pavlak

(Address) 2227 Essex St

15 Filed Dec 24 1931 192 C. J. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Haemorrhage from Bursting Varicose Veins.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Valvulitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) B B Herzog M D, Coroner, M. D.

12/24, 1931 (Address) 3052 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	Dec 23 1931
20 UNDERTAKER John M Weber 401	ADDRESS S. Chester St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74991

92-001

E 74991

CERTIFICATE OF DEATH

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 S. Ann St ST. 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Wierzynski

(a) RESIDENCE NO 731 S Ann ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Lillian Wierzynski

(Address) 731 S Ann St

15 Date Received DEC 22 1931 Registrar C. HARPER JONES, M. D.

Permit 11 AM

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Arthritis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B. Ostergrund M. D.

Coroner

12/31, 1931 (Address) 1305 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	Dec 23 1931
20 UNDERTAKER	ADDRESS
John M Weber	401 S. Chester St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DEC 22 1931

Spec.—2-19-28—L. F. S.—500 Blks.

E 74992

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74992

CERTIFICATE OF DEATH

82-001

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 610 W. Baltimore ST. 4th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ugo Mariano Parmigiani

(a) RESIDENCE NO. 610 W. Baltimore ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Parmigiani

6 DATE OF BIRTH (month, day, and year) Jan 31-1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Francesco Parmigiani

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Anna Cerruschi

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Julia Parmigiani

(Address) 610 W. Baltimore St.

15 Filed DEC 23 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21-1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1931, to Dec 21, 1931, that I last saw him alive on Dec 20, 1931, and that death occurred, an the date stated above, at 9 10 a. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi D. Di Stefano M. D.

Dec 22, 1931 (Address) 407 N. Exeter St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL Dec 23d. 1931

20 UNDERTAKER George J. Ruth Sec. M.T.R.

ADDRESS 1735 Harford Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74993

E 74993

CERTIFICATE OF DEATH

92-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2000 Charles Ave ~~Fallsway~~ St. ~~...~~ 14-20 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cora Johnson

(a) RESIDENCE NO. 526 Lamont ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 5-1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
✓	49	9	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Maid
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Mrs Fowler

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Hamer Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Bell Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mary Hall

(Address) 526 Lamont St

15 Filed ..... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) Fred J. Mayer, M. D. Coroner

12-29-31 (Address) 163 E Rotunda

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 12/29/31

20 UNDERTAKER Mrs. Leon A. Holland — ADDRESS 1631 Druid Hill Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74994

CERTIFICATE OF DEATH

23 E 74994

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 3041 Elliott St., 1-1 Ward)

2-FULL NAME Frances Malczewska

(a) RESIDENCE NO. 3041 Elliott St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Malczewski

6 DATE OF BIRTH (month, day, and year) March 1 1884

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
47	9	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Germany
(State or country)

PARENTS

10 NAME OF FATHER John Wredycki

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant (Address) John Malczewski 3041 Elliott St.

15 Filed ..... 19.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. O'Shea M.D. M. D.

12-29-1931 (Address) 1302 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cem.	Dec 24 1931
20 UNDERTAKER	ADDRESS
Stephen J. Fiskowski	1000 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 74995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1/31 E 74995

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2015 N Fulton Ave ST. 15-21 (WARD)

2-FULL NAME George B Sheblem

(a) RESIDENCE NO. 2015 N Fulton Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ann E Sheblem

6 DATE OF BIRTH (month, day, and year) Sept 26. 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Sheblem

11 BIRTHPLACE OF FATHER (city or town) (State or country) At Sea in German Ship

12 MAIDEN NAME OF MOTHER Sarah E Parrott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ann E Sheblem (Address) 2015 N Fulton Ave.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 22. 1931. to Dec 22. 1931.

that I last saw h alive on Dec 21. 1931.

and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms

(Signed) Fred C Jewett, M. D.

, 19 (Address) 2516 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Dec 24-31
20 UNDERTAKER	ADDRESS
Wm. J. Tickenbrock Sons	N Paca.

C. E. C. 1931 [illegible] M. D.

E—WHITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A&Co. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

74996 E 74996

74996 531

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 Dollers Road St. Howard Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob A Young

(a) Residence: No. 629 Dollers Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ruth Young

6. DATE OF BIRTH (month, day, year) Aug 26 1889

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	42	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter & Bldg Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prussia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT A. W. Suter
(Address) 3035 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 23 1931

19. UNDERTAKER Wm. H. Kuehnsons Sons
(Address) North & Penna Aves

20. FILED ... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1928 to Dec 21, 1931

I last saw h im alive on Dec 14, 1931 death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Chondro-Sarcoma - Humerus Revision — Date of onset Nov. 1927

Other contributory causes of importance:

Broncho-pneumonia

Name of operation Resection Humerus Date of Aug 21, 1928

What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. Clarence Cohn, M. D.

(Address) 904 N. Charles St.

Information should be carefully supplied. All items must be answered; if it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it m OCCUPATION is very important. See instructions on

E 74997

E-30 ... B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74997

CERTIFICATE OF DEATH

21-90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General Hospital (Ward) 27-56

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julian Burton George.

(a) RESIDENCE NO. 2910 Woodland Ave. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. 6 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) June 7, 1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	12	6	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Student.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: J. Aaron George.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Cumberland, Md.

12 MAIDEN NAME OF MOTHER: Eulalie Jolley.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Winchester, Va.

14 Informant: J. Aaron George. (father)

(Address): 2910 Woodland Ave.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 20, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Compound fracture of right Tibia and Fibula. Gas Gangreen. Amputation of right leg. Struck, knocked down and run over by an automobile.

Duration yrs. mos ds.

CONTRIBUTORY (Secondary) Accidental Death.

Duration yrs. mos. ds.

18 Where was disease contracted if not at place of death? Pimlico Rd. & Sylie Ave.

Did an operation precede death? Yes Date of Dec 19/31

Was there an autopsy? No.

What test confirmed diagnosis? Inquest.

(Signed) Otto Reinhardt M. D. Coroner

12/21/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Dec 23 1931
20 UNDERTAKER	ADDRESS
Wm J. Tucker & Son	N. Pa. Ave.

N. B.—WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-20—M. & T.—100 B—50L

E 74998

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74998

CERTIFICATE OF DEATH

181

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. Joseph Hospital ST. 26-41 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Lee Ehoff

(a) RESIDENCE No ..... 4208 Woodlea Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 16/1929

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	2	0	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Robert J. Ehoff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Anna E. Westerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Anna E. Ehoff

(Address) 4208 Woodlea Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia- Burns over buttocks & lower extremities accidently sat in bucket of scalding water. Dec 10th.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) ..... M. D.
Coroner

19 (Address) Dec 22/31 606 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	12/24 1931
20 UNDERTAKER	ADDRESS
George W. Zurfeler	1731 E Eager

N. B. WHITE CLERKS, WRITING ORDINARY HAND, should be careful to make every letter and figure plain. Every question in this form should be answered. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74999

CERTIFICATE OF DEATH

E 74999

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md St. 5-8 Ward)

Registered No. 93

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Leader

(a) Residence: No. 1214 St. Mathews St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) — 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Indies

FATHER

13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Record Baltimore City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Dec. 23rd 19 31

19. UNDERTAKER Bishop & Wright
(Address) 1210 E. Eutaw St

20. FILED — 19 —
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20-1931

22. I HEREBY CERTIFY, That I attended deceased from 12-19-, 1929 to 12-20, 1931

I last saw him alive on 12-20 1931 death is said to have occurred on the date stated above, at 6:45 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	?
Other contributory causes of importance: arteriosclerosis	?

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

12-21-31 (Signed) Elmer Hightower, M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75000

93-803

E 75000

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4620 York Rd St. 12-49 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phillip F. Klug

(a) Residence: No. 4620 York Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Ella E Klug.

6. DATE OF BIRTH (month, day, year) Feb. 18, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	62	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Phillip A. Klug

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wife.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Yard Date Dec 24, 1931

19. UNDERTAKER John A. Myers
(Address) 3000 E. Baltimore St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1931 to Dec. 21, 1931

I last saw him alive on Dec. 20 1931 death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis with	
dard dilatation	

Other contributory causes of importance: Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Carl H. Benson, M. D.

(Address) 5111 York Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2500

25 715 E 75001

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75001 93-0 E 75001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 14-20 Ward)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Fannie Allen

(a) Residence: No. 2020 Eutaw Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6m. If married, widowed, or divorced
(or Wife of) Geo H. Allen

6. DATE OF BIRTH (month, day, year) May 3 1852

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	79	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N Y.

MOTHER FATHER

13. NAME James Raymond
14. BIRTHPLACE (city or town) (State or country) N Y
15. MAIDEN NAME Sarah Fokes
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Dec 24 1931

19. UNDERTAKER Henry Heuisler & Co
(Address) Edward McCabe Sr

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1931 to Dec 23, 1931

I last saw her alive on Dec 23, 1931 death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis with myocardial failure; auricular fibrillation — Date of onset

Other contributory causes of importance:

Bronchopneumonia
Cerebral embolism

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

75002

CERTIFICATE OF DEATH

93-003 ✓ E 75002

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals 76-37

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Thomas Broughton

(a) Residence: No. no home St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 17, 1869

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
✓	62	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margie ?

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 12-23-31

19. UNDERTAKER Wendell C. Humphreys
(Address) 1501 N. Broadway

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1928 to Dec. 21, 31

I last saw him alive on Dec. 21, 31 death is said to have occurred on the date stated above, at 5:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	unknown
Cerebral arteriosclerosis	unknown
Other contributory causes of importance:	
Arteriosclerosis.	unknown

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

12-22-31 (Signed) Elmer Hesslinger, Jr. M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Carrie V. Schleicher

1-30—M & T—100 B—501.

E 75003

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75003

92-001

CERTIFICATE OF DEATH

REGISTERED NO. 46-68

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Health Department ST., (If not in City, give WARD)

2-FULL NAME Carrie V Schleicher

(a) RESIDENCE No. 1243 Bentalou ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Schleicher

6 DATE OF BIRTH (month, day, and year) June 11 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	6	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer md

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Walter Hubbard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Bucher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Charles Schleicher

(Address) 1243 Bentalou

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Embolism Cardiac

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Coronary Embolism ?

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D. Coroner

12/22, 1931 (Address) 200 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	12/24 1931

20 UNDERTAKER Joseph Leyton ADDRESS 1503 N Mount

mation should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75004

CERTIFICATE OF DEATH

E 75004

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 McCabe Ave. ST. 27-48 WARD)

2-FULL NAME Henriette Crocker

(a) RESIDENCE No. 704 McCabe Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James A. Crocker

6 DATE OF BIRTH (month, day, and year) October 17, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	79	2	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Winchester Virginia

PARENTS

10 NAME OF FATHER John Killpatrick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Amelia Autz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Rhoda Mauller
(Address) 704 McCabe Ave.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 22 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension-Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Ford Bacon, M. D. Coroner

12/22/31 (Address) 508 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Dec 24" 1931.

20 UNDERTAKER Theo. H. Cook

ADDRESS 1003 West Baltimore St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AAGo 8 H 9109

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75005

CERTIFICATE OF DEATH

23 E 75005

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. Mulberry & Caton Aves) (Ward) 21-24

Length of residence in city or town where death occurred 40 yrs. 11 mos. 13 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Tim Mi Carthy

(a) Residence: No. 1241 W. Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 9th 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler maker's helper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship yards
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER
13. NAME Tim M. Carthy
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Celia Quaid
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sister Ina Felix M. Carthy
(Address) 1241 W. Cross St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12/24/1931

19. UNDERTAKER John J. Gawley & Son
(Address) 901 Hollins St.

20. FILED Dec 27 1931 Registrar.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/22/1931.

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1931, to Dec 22, 1931

I last saw h[illegible] alive on Dec 22 1931 death is said to have occurred on the date stated above, at 2 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	
Tuberculous peritonitis	

Other contributory causes of importance:

Acute appendicitis	

Name of operation Appendectomy Date of 4/3/21

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) [illegible] M. D.
(Address) St Agnes Hospital

A&Co. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75006

CERTIFICATE OF DEATH

133 E 75006

Registered No. 76464

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 16-67 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cephas A. Parsons

(a) Residence: No. 3208 Freeman St. Ward. Balto, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Grace Adkins Parsons

6. DATE OF BIRTH (month, day, year): Aug 19 1892

7. AGE: Years 39 | Months 4 | Days 3 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Thomas A. Parsons

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Julia Bridgingham

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs. Grace A. Parsons
(Address) 3208 Freeman St

18. BURIAL, CREMATION, OR REMOVAL
Place Pittsville Md Date Dec 24 1931

19. UNDERTAKER: John C. Mitchell Sons
(Address) 1300 Eutaw Place

20. FILED ____, 19__ ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Thu 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1931, to Thu 22, 1931

I last saw him alive on Thu 22, 1931, death is said to have occurred on the date stated above, at 1135 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis	6/15/31
Uremia	Dec 11, 1931
Myo-cardial failure	Dec 22, 1931

Other contributory causes of importance:

Name of operation: Cystoscopy Date of: Dec 16, 1931

What test confirmed diagnosis? above Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emil J. C. Mitchell M. D.

(Address) Univ. Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—9-31—A & Co—250 Blks

E 75007 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75007

CERTIFICATE OF DEATH

1 PLACE OF DEATH Hebrew Home for Aged & Infirm REGISTERED NO 75545

CITY OF BALTIMORE: (No.) Belvedere & Greenspring Aves. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Cyril Waranch

(a) RESIDENCE NO. Belvedere & Greenspring Aves. (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): widow.

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Lee Joseph

6 DATE OF BIRTH (month, day, and year): 1859

7 AGE: Years: 72 | Months: — | Days: — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS
10 NAME OF FATHER: Joe Bark
11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

11 Informant (Address): Sigmund Hambleton Belvedere & Greenspring

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-23-31

17
I HEREBY CERTIFY, That I attended deceased from 12-19, 19 31 to 12-23, 19 31
that I last saw h[e] alive on 12-23, 19 31
and that death occurred, on the date stated above, at 4 P.M.
The CAUSE OF DEATH* was as follows:
Intestinal Obstruction

(duration) yrs. mos. 4 ds.
CONTRIBUTORY (Secondary): Chr. card. valvular disease
(duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Edmund Levin M. D.
12/23 19 31 (Address) Lauriedale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Hearing Park | DATE OF BURIAL: 12/23 19 31

20 UNDERTAKER: Hol Levinson & Bro | ADDRESS 112 E Biddle St

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T—100 M—60L

E 75008

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75008

CERTIFICATE OF DEATH

174

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 16-23 (WARD)

2-FULL NAME Cephas Watkins

(a) RESIDENCE NO 810 Harlam Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda Watkins

6 DATE OF BIRTH (month, day, and year) June 4-1401

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	30	6	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Cephas Watkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Bettie Conway

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs Hilda Watkins

(Address) 810 Harlam Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorhage due to Stab wound of Neck. Homicide.

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted, if not at place of death? Myrtle Ave Hoffman St

Did an operation precede death? Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Eugene Zellert, M. D. Coroner

1-2-1932 (Address) 2709 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond Va — DATE OF BURIAL Dec 24 1931

20 UNDERTAKER Wm. H. Ellis — ADDRESS 1112 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T—100 B—501.

E 75009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

E 75009

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. In front of 563 W. Biddle St. / 11-24 WARD)

2-FULL NAME Marie Lewis.(C)

(a) RESIDENCE NO 120 W. Biddle St. ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) November 17, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	1	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER James Lewis.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Marie Lewis.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware.

14 Informant Marie Lewis.(C) mother.
(Address) 120 W. Biddle St.

15 Filed _____, 192 _____, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 21, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture of the skull. Struck by an automobile while running across the street. Occidental Death.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquest.

(Signed) Otto M. Reinhardt, M. D.
Coroner

12/29/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem. DATE OF BURIAL 12-23, 19 31

20 UNDERTAKER Daniel Easton ADDRESS 916 E 4 m

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-12-23—3&1—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75010

CERTIFICATE OF DEATH.

131 E 75010

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1303 Holbrook ST., 9-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Giuseppe A. Torchia

(a) RESIDENCE No. 1303 Holbrook ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (Write the word): Married

5a If married, widowed, or divorced (a) HUSBAND of (or) (b) WIFE of: Antonia Torchia

6 DATE OF BIRTH (month, day, and year): Feb 17 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: City of Balto

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Salvadore Torchia

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Rak Morocco

13 BIRTHPLACE OF MOTHER (city or town) (State or country?): Italy

14 Informant (Address): Frank Torchia 1303 Holbrook St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-22-1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 11, 19 31, to Dec. 22, 19 31, that I last saw him alive on Dec. 22, 19 31, and that death occurred, on the date stated above, at 11:50 a. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Renal Disease.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation with Anasarca (duration) yrs. 2 mos. 11 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination & Urine.

(Signed) Chas Wm Edmonds, M. D.

, 19 (Address) 2746 Alameda Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: 12/24 1931

20 UNDERTAKER: Wm Lorch

ADDRESS: 1217 E Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T.—100 B—50L

E 75011

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75011

CERTIFICATE OF DEATH

173

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 Hanover St. ST. 22-30 WARD)

2-FULL NAME Herbert C. Bowen.

(a) RESIDENCE NO 605 Hanover St. ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, HUSBAND of (or WIFE of) Hattie Bowen.

6 DATE OF BIRTH (month, day, and year) January 25, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	10	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): State Tobacco
(c) Name of employer: warehouse.

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER Henry Bowen.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Hattie Bowen. (wife)

(Address) 605 Hanover St.

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 20, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) and inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage, due to a bullet wound through the heart, inflicted by his step-son Robert Jones. Justifiable Homicide. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & inquest.

(Signed) Carroll Weinhardt, M. D. Coroner

12/28/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Cemetery

DATE OF BURIAL 12/23 1931

20 UNDERTAKER .....

ADDRESS 1212 E. Baltimore St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-001

E 75012

REGISTERED NO. E 75012

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 75012

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2210-E.Fayette Street ST. 6-10 WARD)

2-FULL NAME Katherine E. Leimbach

(a) RESIDENCE NO 2210-E.Fayette Street ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - - - - - -

6 DATE OF BIRTH (month, day, and year) 12/25/1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	46	11	23 22	xxxxx

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Dressmaker
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry P.Leimbach

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER Clara Balk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant A.A.Buerman
(Address) 2210- Lake Ave. Balto. Md.

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Illuminating Gas Poisoning-Suicide
All burners from gas stove were on in kitchen
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) ..... M. D.
Coroner

Dec 22/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmal Cemetery — DATE OF BURIAL: 12/23/31 19

20 UNDERTAKER: George J. Kath Inc. — ADDRESS: 1733 Hoff

TION is very important. See instructions on back of certificate.

1-30—M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75013

E 75013

CERTIFICATE OF DEATH

23

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 909 Boyd ST. 18-29 WARD)

2-FULL NAME Thomas Jones

(a) RESIDENCE NO 909 Boyd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Jones

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
✓	58			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER — Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Patricia M Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Albert Jones

(Address) 13 N Amity St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis.

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Zellers, M. D. Coroner

12/21, 1931 (Address) 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Dec 23, 1931
20 UNDERTAKER	ADDRESS 322
Mrs Katie R Williams	N Edwards St

DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75014

CERTIFICATE OF DEATH

164-001

E 75014

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1941 W. Lombard ST. 70-64 WARD)

2-FULL NAME Martin J. Wille

(a) RESIDENCE No 2100 Wilhelm ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 9 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena A. Wille

6 DATE OF BIRTH (month, day, and year) Feb 24th 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	9	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Proprietor
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Chas Wille

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Funkenstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Lena A. Wille

(Address) 2100 Wilhelm St

15 Filed DEC 22 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/21/1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Illuminating Gas.

suddenly (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Esposito, M. D. Coroner

12/23 1931 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	12/24/1931

20 UNDERTAKER F. O. Wippert ADDRESS 1850 N. Bells St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DEC 22 1931 CLYDE JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Blks.

Bessie Takas

HEALTH DEPARTMENT—CITY OF BALTIMORE

75015

46 ✓

CERTIFICATE OF DEATH

E 75015

1—PLACE OF DEATH St Agnes Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Caroline St. WARD 6) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bessie Takas

(a) RESIDENCE NO. 3215 E Baltimore St WARD 6

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE white | 5 Single, Married, Widowed, or Divorced, (write the word) married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of James Takas

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Greece

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Gus Pennis

(Address) 3210 E. Baltimore St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-23-31

17 I HEREBY CERTIFY, That I attended deceased from 12-19-31, 19 ..., to 12-23-31, 19 ...,

that I last saw h ✓ alive on 12-23-31, 19 ...

and that death occurred, on the date stated above, at 8 2 9 m.

The CAUSE OF DEATH* was as follows:

Lupus vulgaris

Stomach

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? X Ray

(Signed) W W Hendrick, M. D.

19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	Jan 25 1931
20 UNDERTAKER	ADDRESS
Thenor & Son	362 Edmondson Ave

Important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 75016 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75016

66-002

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 5005 Morella Road ST. 27-44 WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ostell R. Kirkpatrick

(a) RESIDENCE NO 5005 Morella Road ST. WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Reuben M. Kirkpatrick

6 DATE OF BIRTH (month, day, and year) Apr. 27, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	41	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER J. Turner Rau

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Maggie Richardson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Reuben M. Kirkpatrick
(Address) 5005 Morella Road.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 21, 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug 28, 1931, to Dec 21, 1931 that I last saw h[illegible] alive on Dec 21, 1931 and that death occurred, on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows:

Probable coronary embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ... Exophthalmic Goitre

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Sept. 12, 1931.

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Cloud Emrick M. D.

19 31 (Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: Dec. 24, 19 31

20 UNDERTAKER: Frederick Lasaahorday

ADDRESS: 7401 Belair Rd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75017

CERTIFICATE OF DEATH

82-001

E 75017

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., [illegible] Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edward L Parker

(a) Residence: No. ? St., ? Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: none

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Baltimore City Hospitals.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Baltimore Light St. Date 12/23/31

19. UNDERTAKER John F. Frey Sons
(Address) 513 Light St

20. FILED ..... 19.. ..... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19-31

22. I HEREBY CERTIFY, That I attended deceased from 9-11, 1924 to 12-19, 1931

I last saw him alive on 12-19, 1931 death is said to have occurred on the date stated above, at 5:00 P.M.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 days

Other contributory causes of importance: Hemiplegia Rt. Side | 12-6-31
Cerebral Hemorrhage

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Baltimore City Hospitals

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

75018

CERTIFICATE OF DEATH

107-0 E 75018

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 N. Durham St., 6 Ward)

Length of residence in city or town where death occurred 70 yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Anna Albrecht

(a) Residence: No. 114 N. Durham St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of The late Anthony Albrecht

6. DATE OF BIRTH (month, day, year) Dec. 30th 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
70	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph Egenhoefer

14. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER

15. MAIDEN NAME Katherine [illegible]

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lennie Bosley
(Address) 903 W. Lanvale Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Holy Trinity Date Dec 24. 19 31

19. UNDERTAKER Zell's Sons Inc
(Address) 403 N. Howard St

20. FILED [illegible] 19 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21st. 19 31

22. I HEREBY CERTIFY, That I attended deceased from Dec 17. 19 31 to Dec 21. 19 31

I last saw her alive on Dec 20. 19 31 death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	1 day ago

Other contributory causes of importance:

Pulmonary edema	few hrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward [illegible] M. D.

(Address) 1103 N. Washington Ave

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 75019

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Fun #31

163 E 75019

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Foot of Montford Ave ST. | - 3 WARD)

2-FULL NAME Unknown

(a) RESIDENCE NO Unknown ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
45	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Unknown ?
(b) General nature of industry, business, or establishment in which employed (or employer) 0?
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant

(Address)

15

Filed , 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B B Kenyon M. D.
Coroner

M. 19 31 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

DEC 2 1931

DEC 2 1931

1 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-21 2500

E 75020

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 75020

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) 10-14

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Braxton Jessup

(a) Residence: No. 1031 Madison st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Jessup

6. DATE OF BIRTH (month, day, year) March 8, ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph Barret
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ida Bond
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS HOSPITAL Date DEC 23 1931

19. UNDERTAKER Commissioner Health
(Address)

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1931, to Dec. 18, 1931

I last saw her alive on Dec. 18, 1931, death is said to have occurred on the date stated above, at 1.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) [illegible], M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. P. S.—500 Blks.

E 75021

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75021

CERTIFICATE OF DEATH

161-001

1—PLACE OF DEATH St. Josephs Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 1818-29 ST. (WARD).

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Boy Kane

(a) RESIDENCE NO. 870 1/2 to St. Towson 1 (WARD)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 22, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Chas. Fred. Kane

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Helen Louise Young

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant (Address) Mother 877½ N. Loudon Ave.

15 Filed ——— . 19 ——— Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from 12-22-31 . 19 . to 12-23-31 19 .

that I last saw h — alive on 12-23-31 19

and that death occurred, on the date stated above, at 12.31 a m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. H. Hendry, M. D.

. 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL DEC 23 1931

20 UNDERTAKER Commissioner Health

ADDRESS

DEC 22 1931 C. HAMPSON JONES, M. D. Commissioner of Health

A&Co. 5-31 2'08

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75022

CERTIFICATE OF DEATH

131 E 75022

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 Lancaster St. St. 2-4 Ward)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Drega

(a) Residence: No. 1603 Lancaster St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Antoni Drega

6. DATE OF BIRTH (month, day, year) Jan. 9 1882

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	49	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER
13. NAME Joseph Narzalek
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER
15. MAIDEN NAME Unk.
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Antoni Drega
(Address) 1603 Lancaster St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Dec. 24, 19 31

19. UNDERTAKER F.W. Ozarowski
(Address) 1930 Eastern Ave.

20. FILED ..., 19... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 19 31

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 29 to Dec 20, 19 31
I last saw h w alive on Dec. 17 19 31, death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arteriosclerosis	
Chronic nephritis	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isidor L. Levy, M. D.
(Address) 2324 Eastern Ave

1-20—M. & T.—100 B—50L

E 75023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75023

REGISTERED NO. 165

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 N. Port ST. 7-12 WARD)

2-FULL NAME John Stumpfel

(a) RESIDENCE NO 916 N. Port ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Stumpfel

6 DATE OF BIRTH (month, day, and year) Dec 18/1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	0	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Theresa Stumpfel

(Address) 916 N. Port St

15 Filed Dec 23/31, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Strangulation- Hung himself in cellar joist. Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

Dec 23/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Wood Cemetery — DATE OF BURIAL Dec 26 1931

20 UNDERTAKER August Pasch — ADDRESS 2406 Ashland ave

TION is very important. See instructions on back of certificate.

AACo. 5-11 2500

E 75024 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75024

CERTIFICATE OF DEATH

82-08

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 438 Aisquith St. 5-8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Harris Levinson

(a) Residence: No. 438 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Sarah

6. DATE OF BIRTH (month, day, year) Sept 15 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired at
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Levinson
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Henry Levinson
(Address) 438 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL
Place Southern Ave Date 12/24/1931

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Baltimore St

20. FILED ... 19... ... Registrar.

U. S. H.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-23-1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1931 to Dec 23, 1931

I last saw him alive on Dec 23 1931 death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Cerebral Hemorrhage	Oct 10/31

Other contributory causes of importance:

Acute Bronchial Pneumonia

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robt Hornstein M. D.

(Address) 733 Aisquith St

AaCo. 5-31 250B

E 75025 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 53 E 75025

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 723 E 20th St. (Ward) 9-18
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Harriette Kreis

(a) Residence: No. 723 E 20th St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of George A Kreis.

6. DATE OF BIRTH (month, day, year) 1-25-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW - 37
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER FATHER

13. NAME Joseph F. Dunphy
14. BIRTHPLACE (city or town) (State or country) Balto
15. MAIDEN NAME Harriette Ferrandina
16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT George A Kreis. (Address) 723 E 20th St

18. BURIAL, CREMATION, OR REMOVAL. Place Cathedral Cemetery Date Dec 23 1931

19. UNDERTAKER Mary M Redfield (Address) 501 E 33rd St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21-1931.

I HEREBY CERTIFY, That I attended deceased from Sept 8- 1931, to Dec 21 1931
I last saw h[illegible] alive on Dec 21 1931 death is said to have occurred on the date stated above, at 8.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paget's disease	
Sarcoma of skull	9/8/31

Other contributory causes of importance:

Cachexia

Name of operation Biopsy Date of 9/9/31
What test confirmed diagnosis? Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George A Dawden M. D.
(Address) 154 E Northam

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-H 250B

E 75026

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 75026

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) 20-64 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Heebner

(a) Residence: No. 2639 Dulaney st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) March 25, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
36	35	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Harry Jackson

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Grace Van Horn

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Oakwood Date Dec. 24/1931

19. UNDERTAKER Frederick Loudenslager
(Address) 7401 Belair Road

20. FILED ..... 19.. .....
Registrar.

R. C. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1930, to Dec. 23, 1931

I last saw her alive on Dec. 23, 1931 death is said to have occurred on the date stated above, at 3.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Laurence M. Scott, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T.—100 B—50L

E 75027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

143

E 75027

REGISTERED NO. 24534

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital WARD)

2-FULL NAME Hilda M. Armstrong.

(a) RESIDENCE NO 1517 William St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 6 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, WIFE (or) WIFE of James A. Armstrong.

6 DATE OF BIRTH (month, day, and year) May 27, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	6	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John M. Myers.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Sadie Hull.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant James A. Armstrong. (husband)
(Address) 1517 William St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 21, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Internal Hemorrhage.
Rupture of a Pregnant Uterus.
Unknown.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1517 William St. Dec. 21, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) Otto U. Neuhardt, M. D. Coroner

12/28/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 12/22 1931

ADDRESS

20 UNDERTAKER

TION is very important See instructions on back of certificates.

AACo. 5-11 2508

75028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 127 E 75028

1. PLACE OF DEATH St Agnes Hospital Registered No. 25776

CITY OF BALTIMORE: (No. Baltimore Rd. St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie May McAllister Lillie Mc Allister

(a) Residence: No. Gilmore Avenue, Woodlawn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert B. McAllister, Sr.

6. DATE OF BIRTH (month, day, year) March 13, 1879

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	52	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME David Powers
14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

MOTHER

15. MAIDEN NAME Ann Wambach
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mr. Robert B. McAllister, Sr. Gilmore Ave., Woodlawn

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Dec 31" 1931

19. UNDERTAKER (Address) Chas. P. Cook 100 N. Eutaw Street

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22nd 1931

22. I HEREBY CERTIFY, That I attended deceased from 12 5 31, 19.., to 12 22 31, 19..

I last saw h.d alive on 12 22 31, 19.. death is said to have occurred on the date stated above, at 3.45 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Endometrium — Date of onset 4 2 31

Other contributory causes of importance:

Chronic Myocarditis — 3 mos.

Name of operation Abdominal Hysterectomy Date of 12 17 31

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Palmer S. Anderson, M. D.
(Address) St Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 2508

E-62 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75029

E 75029

CERTIFICATE OF DEATH

135

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lft 23-33 St., Ward)

Length of residence in city or town where death occurred yrs. mos. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theodore A Burke

(a) Residence: No. 1643-S. Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 10-1911

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	20	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME John Burke
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Florence Baxter
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT JOHNS HOPKINS HOSPITAL Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date Dec 26 1931

19. UNDERTAKER Chas. H. Cook
(Address) 1003 N. Eutaw St.

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1931, to Dec 20, 1931

I last saw h.. alive on Dec. 20, 1931 death is said to have occurred on the date stated above, at 11.00 m.

The principal cause of death and related causes of importance were as follows:

Peri-vesicitis - Peritonitis following Rupture Bladder Diverticulum Upper & Lower Urinary tract infection Cystitis Cystitis Pyelonephritis Uremia — Date of onset 12.18.31 2/15/32 9/1/31 (1/2/31 new)

Other contributory causes of importance: Hydronephrosis prior to Polycystic kidneys since birth

Name of operation Suprapubic Cystotomy Date of 12/18/31

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Hebber Young M. D.

(Address) Johns Hopkins Hospital

(Instructions on back of certificate. See instruction 14 very important.)

AdCo. 5-11 2508

E 75030 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

E 75030

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 13-59 St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Baylor

(a) Residence: No. 2335 Division St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lula Baylor

6. DATE OF BIRTH (month, day, year) Feb. 6, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mrs. Harvey

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Richmond Co. Va.

FATHER

13. NAME Washington Baylor

14. BIRTHPLACE (city or town) (State or country) ? Va.

MOTHER

15. MAIDEN NAME Emily Carrington

16. BIRTHPLACE (city or town) (State or country) ? Va.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Lebanon Date Dec 24 19 31

19. UNDERTAKER (Address) Samuel T. Stemley 678 N. Eutaw St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1931 to Dec. 21, 1931

I last saw him alive on Dec. 21, 1931 death is said to have occurred on the date stated above, at 2:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	1923
Acute myocardial failure	12-16-31

Other contributory causes of importance:

Arteriosclerosis	Uncertain

Name of operation None Date of —

What test confirmed diagnosis? Clinical & Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

12-22-31 (Signed) Elmer Highberger M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 75031

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75031

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 615 N. Carlton St. WARD 18-26

2-FULL NAME Mary De Shields

(a) RESIDENCE NO. 615 N. Carlton WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fml 4 COLOR OR RACE Col 5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) Robert Lee Mem 041
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Minnie Porter

(Address) 1511 Lombard St

15 Filed DEC 3 1931 Registrar C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21st 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harold Bruns, Coroner, M. D.

12-2 1931 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 12/25 1931

20 UNDERTAKER Samuel J. Hursley

ADDRESS 908 Bolton

I properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

1-30—M. & T.—100 B—501.

E 75032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8 2 - 08 E 75032

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 Race St ST. 23-31 WARD)

2-FULL NAME Thomas Spriggs.(C)

(a) RESIDENCE NO 1131 Race St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Mazie Scott.(C) Cousin.

(Address) 1037 S.Sharp St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 20, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? no.

What test confirmed diagnosis? Inquiry

(Signed) Elton Reinhardt, M. D. Coroner

12/24/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 12/24/31

20 UNDERTAKER Samuel Hamley

ADDRESS 1201 E. Baltimore St.

TION is very important See instructions on back of certificates.

12 31 1931 C. HAMPSON Lewis M

1-30—M & T—100 B—501.

E 75033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-801 ✓ E 75033

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST. 18-76 WARD

2-FULL NAME Martha Sugars

(a) RESIDENCE NO 127 N. Carlton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? ? 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Charles A. Suggars

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Maryland

12 MAIDEN NAME OF MOTHER: Sarah Matthews

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Maryland

14 Informant: Florence Butler

(Address): 124 N. Carlton St

15 DEC 23 1931 192 C. HAMPSON JONES, JR. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 21st 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

suddenly

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Bromwell, M.D. Coroner

(Address) 323 Tapscott St. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL 12/24 1931

20 UNDERTAKER Samuel H. Hemsley

ADDRESS 1128 N Bradford

CAUSE OF DEATH to be typewritten or printed in ink. Read carefully the instructions on back of certificates. TION is very important. See instructions on back of certificates.

AdCo. 5-11 2MB

E 75034 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 75034

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 17-24 81 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Anna Lively

(a) Residence: No. 509 Orchard St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ? ? 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME James Lively

14. BIRTHPLACE (city or town) (State or country) ? Md.

15. MAIDEN NAME Charlotte ?

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date 12/26 19 31

19. UNDERTAKER Samuel F. Hemsley

(Address) 1578 N. Gilmor St

20. FILED ..... 19 ..... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 19 31

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1927, to Dec. 21, 19 31

I last saw her alive on Dec. 21, 19 31 death is said to have occurred on the date stated above, at 2:50 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage c
bulbar palsy

Date of onset Dec 21

Other contributory causes of importance:

Hypertension unknown
Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

12-23-31 (Signed) Elmer Hightower Jr. M. D.

(Address) Balto. City Hosp.

AaCo. 5-11 2508

E 75035 Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75035

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 11-59 Street ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Booker

(a) Residence: No. 2115 Division St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of widower

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. carpenter
10. Date deceased last worked at this occupation (month and year) unknown
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Richard Booker
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Fanny Grant
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT JOHNS HOPKINS HOSP.
(Address) Balto

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date Dec 24 1931

19. UNDERTAKER Samuel Hemsley
(Address) 378 E. Eutaw St.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31-1931

22. I HEREBY CERTIFY, That I attended deceased from 11-30-1931 to 12-31-1931

I last saw h... alive on 12-31-1931 death is said to have occurred on the date stated above, at 5:35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, Arteriosclerotic	1929

Other contributory causes of importance:
Arteriosclerosis, General Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Carl Lewis Snell, M. D.

(Address) Johns Hopkins Hospital

DECLARATION IS REQUIRED BY LAW. See instructions on back of certificate.

AACo. 5-11 2500

55799

HEALTH DEPARTMENT—CITY OF BALTIMORE

75036

CERTIFICATE OF DEATH

46 E 75036

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 11-24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U.S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Anna Hanna

(a) Residence: No. 937 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1891

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 31

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Jackson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Mill Creek, Va. Dec 25 1931
Place Date 19

19. UNDERTAKER Samuel H. Ginsberg
(Address) 527 N. Gilmor St.

20. FILED Dec 28 1931 19 ABW Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17th, 1931, to Dec 22, 1931

I last saw her alive on Dec 22, 1931, death is said to have occurred on the date stated above, at 11 40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Carcinoma of Stomach	
2 Metastasis	
3 Massive hemorrhage into GI tract	
4 Hypertension & Cardiac Enlargement	

Other contributory causes of importance:
Cachexia, Secondary anemia

Name of operation Gastro enterostomy Date of 12-21-31

What test confirmed diagnosis? Gastro Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alexa Wilson Forbes, M. D.
(Address) Johns Hopkins Hospital

AACo. 5-31 250B

75037

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75037

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 S Conkling St St. 26-37 Ward) 57

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis F Bowen

(a) Residence: No. 325 S Conkling St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Bowen

6. DATE OF BIRTH (month, day, year) Dec 4 th 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. coal dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. M.D.

FATHER

13. NAME Stephen Bowen

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Rosella Cullison

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Kate Bowen
(Address) 325 S Conkling St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem Date Dec 27. 1931

19. UNDERTAKER John Ullrich
(Address) 200 Orleans St

FILED DEC 24 1931 C. HARRISON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22 nd 1931

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1931, to Dec. 22, 1931.

I last saw him alive on Dec 22, 1931, death is said to have occurred on the date stated above, at 10.10 m Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	5
Other contributory causes of importance:	

Name of operation no Date of

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Isaac T. Vaughan, M. D.

(Address) 5154 E. Baltimore St

Spec—9 30—A. & Co—250 Blks

E 75038

E 75038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1-PLACE OF DEATH

CITY OF BALTIMORE. (No 2511 W. Fairmount Ave. St 70-69 WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Beulah A. Howard

(a) RESIDENCE NO 2511 W. Fairmount Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of J. Frank Howard

6 DATE OF BIRTH (month, day, and year) Jan. 1, 1856,

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Benj. L. Norton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Elizabeth F. Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs. W. H. Beasley
(Address) 2511 W. Fairmount Ave.

DEC 24 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 22, 1931

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1916 to Dec. 22. 1931
that I last saw h alive on Dec. 21 1931
and that death occurred, on the date stated above, at 8 45 m.
The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
General Arteriosclerosis 4 years
Chronic Interstitial Nephritis 4 years.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart failure.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. E. Thorn M. D.

12 22 1931. (Address) 516 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkland Cemetery	Dec. 24 1931
20 UNDERTAKER	ADDRESS
Wm. A. Black	427 N. Broadway

Spec.—9 30—A. & Co.—250 Bks.

E 75039 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75039

CERTIFICATE OF DEATH.

95-002

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2761 Alameda St 9-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Matilda Wagner

(a) RESIDENCE NO. 2761 The Alameda ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William L Wagner

6 DATE OF BIRTH (month, day, and year) Dec 23 1870

7-AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
✓	60	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry Preis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Funk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Wm L Wagner 2761 Alameda

C 2 4 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1931

17

I HEREBY CERTIFY, That I attended deceased from Nov 1, 1931, to Dec 22, 1931

that I last saw her alive on Dec 22, 1931

and that death occurred, on the date stated above, at 1:15 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Organic heart disease

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

12/24 (Signed) Fritz S Klumpp M. D.

, 19 (Address) 2700 Hoffman St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bath Cemetery — DATE OF BURIAL: 12/24/1931

20 UNDERTAKER: C. J. Fanning, Inc. — ADDRESS 1938 Lafayette

Spec.—9-30—A. & Co.—250 Blks.

E 75040 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 75040

CERTIFICATE OF DEATH.

117-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 3-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Maurice Steiner

(a) RESIDENCE NO. 1407 E. Baltimore ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Steiner

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 66

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Calman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Dreifler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Jack Louis Lee 1439 E. Balto st

15 Filed 2-4 1931 J.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/23/31

17

I HEREBY CERTIFY, That I attended deceased from Dec 17, 1931, to Dec 23, 1931

That I last saw h[illegible] alive on Dec 23, 1931

and that death occurred, on the date stated above, at 7.25 A. m.

The CAUSE OF DEATH* was as follows:

Perforated gastric ulcer

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Dec 11/31

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) M.D. Kipplund X-ray. M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arbor Mt. Carmel

DATE OF BURIAL 12-24 1931

20 UNDERTAKER Jack Louis Lee

ADDRESS 1439 E. Balto st

Spec.—9-30—A. & Co.—250 Blks.

E 75041

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75041

CERTIFICATE OF DEATH.

59

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1115 N. Fremont ave (St.) 14-23 (Ward)

2. FULL NAME Bessie Meisel

(a) RESIDENCE NO. 1116 N. Fremont ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word)
F.	Wh.	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rubin Meisel

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	72			

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home wife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10. NAME OF FATHER Mortimer Lebenman

11. BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12. MAIDEN NAME OF MOTHER Bessie Miller

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14. Informant (Address) Jno. Meisel 1439 E. Balto St

15. [illegible] HUDSON JONES, M. D. Registrar

DEC 24 1931

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 12-23-31

17. I HEREBY CERTIFY, That I attended deceased from Nov. 10-26, 1930, to Dec. 23, 1931

that I last saw h[illegible] alive on Dec. 23 1931

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus
Arterio Sclerosis
Chronic Nephritis

(duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical. Lab.

(Signed) H.G. Hudson M. D.

19 (Address) 2230 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL
Hebrew Rosedale	12-24 1931
UNDERTAKER	ADDRESS
Jack Lewis Inc	1439 E. Balto st

AACo. 5-11 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75042

CERTIFICATE OF DEATH

87 E 75042

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3805 Grantley Road, St. 15-62 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 60 mos. ... How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick J. Shaffer,

(a) Residence: No. 3805 Grantley Road. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Annie C. Shaffer,

6. DATE OF BIRTH (month, day, year) July 6, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	67	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce Dealer
10. Date deceased last worked at this occupation (month and year) ~~About 6 years ago~~
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Frederick J. Shaffer,
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Jane Davis,
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Annie C. Shaffer,
(Address) 3805 Grantley Road,

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem. Date DEC 26 1931

19. UNDERTAKER Geo. W. Little
(Address)

DEC 24 1931 C. ... JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 23 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1931, to Dec 23, 1931
I last saw h~~im~~ alive on Dec 22, 1931 death is said to have occurred on the date stated above, at 4:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	12/19/31
Other contributory causes of importance:	
Arteriosclerosis & Hypertension	Supposed

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Barman Hood M. D.
(Address) 2216 Garrison Blvd.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75043

CERTIFICATE OF DEATH

23 E 75043

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1033 N. Carey ST. 16-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Edith Gambrill

(a) RESIDENCE NO. 1033 N. Carey ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. — mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of L

6 DATE OF BIRTH (month, day, and year) 12/15/~~1840~~ 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
—	29	—	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Wm. H. Gambrill

11 BIRTHPLACE OF FATHER (city or town) (State or country): Anne Arundel Co. Md

12 MAIDEN NAME OF MOTHER: Estella Jones

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Baltimore, Md

14 Informant: Estella Gambrill
(Address): 1033 N. Carey St.

15 Filed Jan 24 1931 C. HAMILTON PARKS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/21/31

17 I HEREBY CERTIFY, That I attended deceased from 12/11/ , 1931 , to 12/20 , 1931
that I last saw h[illegible] alive on 12/20 , 1931
and that death occurred, on the date stated above, at 10.45 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) — yrs. 4 mos. — ds.

CONTRIBUTORY ...
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) C. Mansell Lawrence M. D.
. 19 (Address) 1232 W. Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn cemetery — DATE OF BURIAL: Dec 24 1931

20 UNDERTAKER: Thomas E. Kalson — ADDRESS: 1303 Pleasant St

Spec.—1-30—M. & T.—250 Blks

94-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75044

E 75044

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3310 E Monmouth ave ST., 27-443 WARD.)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John L McHugh

(a) RESIDENCE NO. 3310 E Monmouth ST., 27 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male.	white	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Lilly McHugh

6 DATE OF BIRTH (month, day, and year) Sept 12-1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	47	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist 31

(b) General nature of industry, business, or establishment in which employed (or employer) American Can Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mrs. Lilly McHugh, Wife

(Address) 3310 E Monmouth ave

DEC 24 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21-1931

17

I HEREBY CERTIFY, That I attended deceased from Dec 17, 1931, to Dec 21, 1931,

that I last saw him alive on Dec 21, 1931,

and that death occurred, on the date stated above, at 7 PM. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H E Rafuse M.D., M. D.

12/22/1931 (Address) 2431 Eastern ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Memorial Park

DATE OF BURIAL Dec 24 1931

20 UNDERTAKER Edw L Lilly

ADDRESS 3310 E Monmouth ave

AACo. 5-31 1500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75045

CERTIFICATE OF DEATH

E 75045

50 v

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2116 Brookfield Ave. St. 13-59 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Henrietta Freud

(a) Residence: No. 2116 Brookfield Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Gottlieb Freud

6. DATE OF BIRTH (month, day, year) Mch. 28, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	58	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph Ochs

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Regina Mayer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. A. Freud (Son)
(Address) 2116 Brookfield Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Heb. Friendship Date Dec. 25, 1931

19. UNDERTAKER David Ferschauer & Son
(Address) 1902 Eutaw Place

20. FILED C. HUDSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1931 to Dec 23, 1931

I last saw h alive on Dec 23, 1931 death is said to have occurred on the date stated above, at P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	April 1-30
Breast removed 1 year 8 mos	
Other contributory causes of importance:	
Metastases to bram & lungs	2 mos

Name of operation Removal left breast Date of April 1-30

What test confirmed diagnosis? Mucus Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) J. Frederick Lentz, M. D.
(Address) Temple Garden Apts.

Spec.—1-31—M. & T.—250 Blks

E 75046 HEALTH DEPARTMENT—CITY OF BALTIMORE 93-E 75046

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2815 Oak St. (St.) 12-51 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Edwin Griffith

(a) RESIDENCE NO. 2815 Oak St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Annie Griffith

6 DATE OF BIRTH (month, day, and year) July 25-1865

7 AGE: Years 66; Months 4; Days 24; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cloth Buyer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

PARENTS

10 NAME OF FATHER: Richard Griffith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co. Md.

12 MAIDEN NAME OF MOTHER: Priscilla King

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co. Md.

14 Informant: Bernard G. Griffith (Address) 2815 Oak St.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22-1931

17 I HEREBY CERTIFY, That I attended deceased from ... 1926 ... to Dec 21, 1931.

that I last saw him alive on Dec 21, 1931.

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) 2(?) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) (?) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Isidore J. Levy, M. D.

19 (Address) 2324 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: 12-24 1931

20 UNDERTAKER: Leonard J. Reuck

ADDRESS: 530 Hanford Rd

AACo. 4-31 2500

E 75047 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 75047

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours St. 15-63 Ward) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos ... ds How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Charles Lee Jackson Carroll

(a) Residence: No. 402 Dorchester Rd. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 12, 1869.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal
10. Date deceased last worked at this occupation (month and year) 12-12-1931
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Thomas G Carroll
14. BIRTHPLACE (city or town) (State or country) Portsmouth Va

MOTHER
15. MAIDEN NAME Margt E Orem
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Hospt Records

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 16 1931

19. UNDERTAKER (Address) Edwin H Womble
Baltimore

C 24 1931 E. HAMPSON JONES, M. D.
Co. Health Officer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-23-1931

22. I HEREBY CERTIFY, That I attended deceased from 12-14-1931 to 12-23-1931

I last saw him alive on 12/23/31 3:45 death is said to have occurred on the date stated above, at ... a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular	about 9 mos
Other contributory causes of importance: Arterial Thrombosis.	—

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? — If so, specify. ...

(Signed) Geo A Tompkins, M. D.
(Address) Bon Secours Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75048 ✓ E 75048

CERTIFICATE OF DEATH.

E 75048

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST., [illegible] WARD) 75

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Frank Mountcastle

(a) RESIDENCE NO. 4206 Lochford Rd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? 58 yrs. 2 mos. 3 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: James Mountcastle

6 DATE OF BIRTH (month, day, and year): Aug 17 1873

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	58	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundry Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): Mens Clothing

(c) Name of employer: Michael Stern & Co. Richmond Va

9 BIRTHPLACE (city or town) (State or country): Richmond Va

PARENTS

10 NAME OF FATHER: Vernon Mountcastle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kentucky

12 MAIDEN NAME OF MOTHER: Mary Bradley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kentucky Va

14 Informant (Address): Mr. F. F. Mountcastle (wife) Present address

15 Filed DEC 24 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 22 /31

17 I HEREBY CERTIFY, That I attended deceased from Dec. 16, 19 31 to Dec. 22, 19 31, that I last saw h.im alive on Dec. 22, 19 31, and that death occurred, on the date stated above, at 1:26 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) 40 yrs. mos ds.

CONTRIBUTORY (Secondary): Cerebral edema

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Richmond Va.

Did an operation precede death? No Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? Physical exam, laboratory exam & autopsy

(Signed) Richard C. Cumming, M. D.

12/22, 19 31 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Dec 24/31

20 UNDERTAKER: Howard Johnson — ADDRESS: Eutaw

Spec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75049

121 ✓ E 75049

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Infirmary ST. 1-50 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME MRS. EDA REINDOLLAR

(a) RESIDENCE NO. Hopkins Apts. ST., City WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	w. f. b.	Widowed

8a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edwin L. Reindollar

6 DATE OF BIRTH (month, day, and year) July 27 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Luther Eakenbrook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Kate Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) Mrs W. L. Studley - (daughter) 2320 Hunter St City

15 Filed ..... 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 07, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 7 1931, to Dec 24 1931, that I last saw h[illegible] alive on Dec 24 1931, and that death occurred, on the date stated above, at 5:25 A m.

The CAUSE OF DEATH* was as follows:

Acute appendicitis & rupture and peritonitis

(duration) ..... yrs. mos 17 ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Dec 7, 1931

Was there an autopsy? NO

What test confirmed diagnosis? Operation

(Signed) A. Frank Lewis, M. D.

Dec 24, 1931 (Address) The Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Londonbank Cem. — DATE OF BURIAL Dec 26 19 31.

20 UNDERTAKER Clement Hamilton — ADDRESS Balto

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75050

CERTIFICATE OF DEATH

82-00 E 75050

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3303 Mondawmin Ave Ward) 15/6

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 5 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo F. Collison

(a) Residence: No. 3303 Mondawmin Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel A. Collison

6. DATE OF BIRTH (month, day, year) Nov 11th 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	72	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md Trust Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft Mongy County Md

FATHER

13. NAME Geo C. Collison
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Markenson
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Jessie Collison
(Address) 3303 Mondawmin Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 12/24/ 19 31

19. UNDERTAKER F. B. Wagner
(Address) 1510 W Baltimore

20. FILED C. HERMAN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/22/ 19 31

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1931, to Dec 22, 1931.
I last saw h[illegible] alive on Dec 22, 1931, death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	
Other contributory causes of importance:	
Cerebral Hemorrhage,	

Name of operation — Date of
What test confirmed diagnosis? Physician Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. 3303 Mondawmin Ave
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. McLennegrin, M. D.
(Address) 3409 Callaway Ave

E 75051 (A T - 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75051

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. 425 ST. 4-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cora Leith

(a) RESIDENCE No. 617 W. Mulberry St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1905

7 AGE: Years 26 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John H Leith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Annie Medday

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Annie Leith (Address)

15 Filed 12 24 1931, 19[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-22 1931

17

I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1931, to Dec. 22, 1931, that I last saw h alive on 12-22, 1931, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous Peritonitis

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary): Tuberculous Meningitis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. W. Peake, M. D.

, 19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson Pvt Lindenwood Cemetery

DATE OF BURIAL: 12-24 31

20 UNDERTAKER: Harry Eichler

ADDRESS: 916 Park

TION is very important. See instructions on back of certificates.

AACo. 5-31 2MB

E 75052 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75052

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2912 Gilmore) (Hospital, etc.) 7th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Veronica Maggiotte

(a) Residence: No. 2912 Gilmore St. Ward.
(usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of School child

6. DATE OF BIRTH (month, day, year) Jan 5 1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15 14	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Joseph Maggiotte

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mary Popolo

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Joseph Maggiotte 2912 Gilmore St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 24 1931

19. UNDERTAKER (Address) Wendell & Heppel 300 S Eutaw St

DEC 24 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1931 to Dec 22 1931

I last saw her alive on Dec 21 1931 death is said to have occurred on the date stated above, at 9.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	Nov 6 '31
Other contributory causes of importance: Intestinal Hemorrhage	Dec 21 '31

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Albert Scaquetti, M. D.

(Address) 1724 W Lombard.

AdCo. 5-11 250B

75053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23, E 75053

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Tbc. ...) St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ...

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Johnson

(a) Residence: No. 1830 Etting St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 8, ?/885

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	36		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Pittsburg, Penna.

FATHER

13. NAME Frank Johnson
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mary Swann
16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Date Dec 25 1931

19. UNDERTAKER Mrs. Ida Saunders
(Address) 1720 E. Madison St.

C. RAMPSON JONES, M. D.

FILED ... Registrar

DEC 24 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1931 to Dec. 21, 1931

I last saw him alive on Dec. 21 1931 death is said to have occurred on the date stated above, at 12.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Caseous pneumonia	3 mos.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Lawrence H. Sears, M. D.

(Address) Baltimore City Hospitals

AACo. 5-31 250B

75054 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 75054

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1 St.) (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest Thomas

(a) Residence: No. 1224 Shields Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Smith Thomas

6. DATE OF BIRTH (month, day, year) Dec. 27, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tolchester
(State or country) Maryland

FATHER

13. NAME Robert Thomas

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Marian Denner

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Weal Date Dec 24 1931

19. UNDERTAKER John C. Miller
(Address) 2411 E. Eutaw St

Dec. 24 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1931, to Dec. 23, 1931

I last saw h im alive on Dec. 23, 1931 death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown.
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lawrence C. Sears M. D.

(Address) Baltimore City Hospitals

Spec.-12-23-21-E.B.R.S.-400 Blks.

E 75055

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75055

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1716 McKean Ave St. 15-71 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline Irany Shanahan

(a) Residence No. 1716 McKean Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John E Shanahan

6-DATE OF BIRTH (month, day and year) June 29 1877

7-AGE: 54 yrs. 6 mos. 24 ds. If LESS than 1 day hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (City or town) (State or Country) Maryland

PARENTS

10-NAME OF FATHER William A Miller

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Margaret Bell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Maryland

14- (Informant) John E Shanahan

(Address) 1716 McKean Ave

15- Filed 1931 [illegible] Registrar.

DEC 24 1931

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 23-31

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1931 to Dec 22 1931

that I last saw her alive on Dec 22 1931

and that death occurred, on the date stated above, at 6306 m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edmund A Magruder M.D.

, 19 (Address) 711 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Dec 26 1931
20-UNDERTAKER	ADDRESS
Josiah Lyon	[illegible]

1-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75056 — E 75056

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 20-16 WARD

2-FULL NAME Harry B. Fox

(a) RESIDENCE NO 1121 N Hilton ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Edith L Fox

6 DATE OF BIRTH (month, day, and year) July 22 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	54	5	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): shipbldg
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER J Calvin Fox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mrs Edith L Fox

(Address) 1121 N Hilton

Filed Dec 24 1931, 19..

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

about 2 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? NO Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fanlon, M. D. Coroner

Dec 24, 19 31 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St John's Mount Md — DATE OF BURIAL: Dec 26 1931

20 UNDERTAKER: F Vernon Keehna — ADDRESS: 1632 Hollins

Spec.—2-25-28—L. F. S.—500 Blks.

E 75057

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75057

CERTIFICATE OF DEATH

59

REGISTERED NO. 12-50

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 E. Twenty Sixth ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah A. Monosmith

(a) RESIDENCE NO. 2 E. Twenty Sixth ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. 3 mos. 18 ds. How long in U. S., if foreign birth? yrs. mos. ds.

57

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: John W. Monosmith Sr.

7 DATE OF BIRTH (month, day, and year): Sept. 6 1844

7 AGE:

Years	Months	Days	If LESS than 1 day, hrs or min.
87	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Chambersburg Pa.

10 NAME OF FATHER: Willian Oyler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Lena Leemaster

13 BIRTHPLACE OF MOTHER (city or town) (State or country): pa.

14 Informant: John W. Monosmith Jr.

(Address) 2 E. Twentysixth

12 24 1931 C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-24-31

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 1931 to Dec 24 1931

that I last saw h[illegible] alive on Dec. 24 1931

and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 6 yrs. 2 mos. 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Elmer C. Clarke, M. D.

12/24 1931 (Address) Rotation Dr.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: 12/26 1931

20 UNDERTAKER: J. Frew McNally

ADDRESS: 1306 E. Fort.

1-29—M. & T.—100 B—50L

E 75058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75058

REGISTERED NO. 209

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital ST. 25-22 WARD)

2-FULL NAME Hanly Woodie Oswald Jr.

(a) RESIDENCE NO 109 Beechwood Ave. ST. WARD

(Usual place of abode) Catonsville, Balto. Co., Md. (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 8-3/4 1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	3	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Hanly W. Oswald

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Eleanor Bruce

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hanly W. Oswald

(Address) 109 Beechwood Ave.

15 Dated 12-29 1931 HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest, autopsy or inquiry) I find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck by Railway Car—

CONTRIBUTORY (Secondary) Fractures of skull, right arm & leg etc. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Beechwood Ave & Frederick Ave.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Bromwell, M. D. Coroner

12/24, 1931 (Address) 2203 Patapsco Ave Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Dec 26 1931

UNDERTAKER: Henry W. Eukins & Sons

ADDRESS: McCulloh & Orchard Sts.

(See instructions on back of certificate.)

1-30—M. & T.—100 B—50L

75059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75059

REGISTERED NO. 209

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital WARD 24 Up 33

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jack Robert Brown.

(a) RESIDENCE NO Birmingham Alabama. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) December 23, 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	0	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Oiler,
(b) General nature of industry, business, or establishment in which employed (or employer) S/S Tamiahua.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Birmingham, Ala.

PARENTS

10 NAME OF FATHER Do not knoew

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report S.D.
(Address)

15 Filed ... 192 C. HAMILTON JONES, M. Registrar

DEC 23

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 23, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Traumatic emputation of left foot and ankle. Contound communited fracture of Tibia & Fibula. Shock. Accidentally run over by car of Ry. E. Co. (duration) mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Curtis Bay. Dec. 28, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible] Coroner, M. D.

12/24/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Birmingham, Alabama

UNDERTAKER [illegible] Cook

DATE OF BURIAL Dec. 25 19 31

ADDRESS 1005 West Baltimore St.

Spec.—1-12-2—MAT—500 Blks.

E 75060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1001

82 E 75060

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2318 Harlem Av (St.) 16-68 (Ward)

2-FULL NAME Annie Fuller

(a) RESIDENCE NO. 2318 Harlem Av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs 3 mos 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Fuller

6 DATE OF BIRTH (month, day, and year) 1866-9-4

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
1	65	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of Industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer Mrs Edgard Schmidt

9 BIRTHPLACE (City or town) (State or country) Balt. Md

PARENTS

10 NAME OF FATHER George Bowen

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant (Address) Mrs E. Schmidt 2318 Harlem Av

15 DEC 25 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24/1931

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1931, to Dec 24, 1931, that I last saw h-er alive on Dec 24, 1931 and that death occurred, on the date stated above, at 9 40 m.

The CAUSE OF DEATH* was as follows:

Central Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 da.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? General Exam

(Signed) Wm F Love, M. D.

12/24, 1931 (Address) 2211 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Dec 28 1931

20 UNDERTAKER J. J. Jacobsons. Son

ADDRESS 2172 Pa

STATE OF MARYLAND—CERTIFICATE OF DEATH

75061 E 75061

1. PLACE OF DEATH — Registration Dist. No. 97

County

Village or City Baltimore — No. 4664 Delaware Ave St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs mos ds. If not in Baltimore, how long in U. S. if of foreign birth? yrs mos ds.

2. FULL NAME Emily J Lippy

(a) Residence: No. 4664 Leafwood Ave St. Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

6a. If married, widowed, or divorced (or) WIFE of: Cornelius Lippy

6. DATE OF BIRTH (month, day, and year): Aug 8 1847

7. AGE: Years 84 | Months 4 | Days 16 | If LESS than 1 day hrs or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc: "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: William Albaugh

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Elizabeth Seekins

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Mrs Lulu Baddert 4664 Delaware Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Hampstead Md Date 1/26 1931

19. UNDERTAKER (Address): Aldo A Falon Hampstead Md

20. FILED 1/25 1931 — W. RAYMOND JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: December (Month) 24 (Day) 1931 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1931 to Dec 24 1931

I last saw her alive on Dec 24 1931; death is said to have occurred on the date stated above, at 6 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Chr. Hemiplegia Heart	15 yrs 6 mos

Other Contributory Causes of importance:

Cardiac Asthenia	1 da

Name of operation: Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify:

(Signed) Elon Jones M. D.

(Address) 8462 Fuller Ave

211 N. Charles Street, Baltimore, Requesting U. S. No. 1.

A&Co. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75062 E 75062

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH — Registered No. 20-70

CITY OF BALTIMORE: (No. Mercy Hosp. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James W. Shealy

(a) Residence: No. 3428 Eaton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Solicitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 671
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Thomas Shealy
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Bridget Burke
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Edna Shealy
(Address) 3428 Eaton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cem Date 12/26 1931

19. UNDERTAKER Eyre & Feeley
(Address) Baltimore Maryland

20. FILED DEC 25 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1931, to Dec 23, 1931
I last saw h 1m alive on Dec. 23 1931 death is said to have occurred on the date stated above, at 1 [illegible] m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophy Prostate	1 yr.
Pyelonephritis	
Uremia	6 days

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Don't so, specify

(Signed) [illegible], M. D.
(Address) Mercy Hosp

A&Co. S-H 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75063

CERTIFICATE OF DEATH

V 82-E 75063

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3802 Gruneway St. 17-46 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U. S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Ellen Francis Monahan

(a) Residence: No. 3802 Gruneway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Not known

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
Est 75	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid (Housework)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mrs. John Stewart Brown

10. Date deceased last worked at this occupation (month and year) 12/23/31

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Patrick Monahan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen Monahan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. John Stewart Brown
(Address) 3802 Gruneway

18. BURIAL, CREMATION, OR REMOVAL.
Place Catholic Cemetery Date Dec 26, 1931

19. UNDERTAKER Ernest M. Coulbourn
(Address) 722 Lanvale St.

20. FILED DEC 28 1931, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 24th, 1931, to Dec 24th, 1931

I last saw her alive on Dec 24th 1931 death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hypertensive Heart Disease	

Other contributory causes of importance:
Arteriosclerosis
Pneumonia
Senility

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. A. Chatard, M. D.

(Address) 130 W. Mount St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75064 ✓ 34E 75064

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5778 Govane St., (Ward) 27-46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Bryan

(a) RESIDENCE NO. 5778 Govane St. WARD 27

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliz. A. Fisher

6 DATE OF BIRTH (month, day, and year) [illegible] 1871

7 AGE Years About 60 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work... Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Inspector

(c) Name of employer City Water Dept.

PARENTS

9 BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Wm. Bryan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant [illegible] 5778 Govane St.

15 Received 2 6 1931 C. HANSON JAMES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/27/31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1920 to Dec. 27, 1931, that I last saw him alive on Dec. 27, 1931, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH was as follows*: Cardiac Paralysis

(duration) 40 yrs. 2 mos. ✓ ds.

CONTRIBUTORY (Secondary) Senility (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms, Clinical

(Signed) Henry F. Cregor M. D.

12/28, 1931 (Address) Highland Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible]

DATE OF BURIAL 12/31/1931

20 UNDERTAKER [illegible]

ADDRESS [illegible]

AaCo. 1-31-2M

75065

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 130E 75065

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mrs Hope Retreat 25-43 St. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Frances Kane

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

Washington D.C.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John A Kane

6. DATE OF BIRTH (month, day, year) Jan 5, 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Wm W. Adamson

14. BIRTHPLACE (city or town) (State or country) Irish D.C.

MOTHER

15. MAIDEN NAME ? Souther

16. BIRTHPLACE (city or town) (State or country) Donora Pa

17. INFORMANT Mrs J. Hope Reynolds

(Address) Mrs J. Hope Peters

18. BURIAL, CREMATION, OR REMOVAL

Place Wash D.C. Date Dec 26, 1931

19. UNDERTAKER W. W. Chambers Co.

(Address) 422 Eastern Ave

Dec 26 1931 C. J. WILSON JONES REGISTRAR OF VITAL STATISTICS Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1931 to Dec 25, 1931

I last saw h alive on Dec 25, 1931 death is said to have occurred on the date stated above, at 3.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pancreatic Necrosis	12/9/31
Nephritis	

Other contributory causes of importance:

Morbid Obesity 2 weeks.

Name of operation Exploratory Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Milton P. Hyer M. D.

(Address) Mrs J. Hope Peters

A4Co. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

75066

CERTIFICATE OF DEATH

D 75066

8-45 87

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2823-Erdman Ave. St. (Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Hand

(a) Residence: No. 2823-Erdman Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida B. (Cole)

6. DATE OF BIRTH (month, day, year) 12/28/1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs.
66	11	24	xxxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yard Foreman

10. Date deceased last worked at this occupation (month and year) PRIOR Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Hand

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget (Unknown)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Lt. Carrol Hand 2626-W. Chase Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12/30/31

19. UNDERTAKER (Address) [illegible]

12 26 1931 C. HARRISON JONES, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25 , 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 21st , 1931 , to Dec 25 , 1931

I last saw him alive on Dec 21 , 1931 death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 25

Other contributory causes of importance:

Arterio Sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leonard A. C. Parker , M. D.

(Address) 1104 Madison Ave

AaCo. 5-41 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75067 | CERTIFICATE OF DEATH | + 131 E 75067

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David H. Barr

(a) Residence: No. Georgetown Delaware St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lyda Mae Barr

6. DATE OF BIRTH (month, day, year) Nov. 27, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Georgetown Delaware

FATHER

13. NAME William Barr

14. BIRTHPLACE (city or town) (State or country) Georgetown Delaware

MOTHER

15. MAIDEN NAME Ida I. Fleetwood

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Lyda Mae Barr
(Address) Georgetown, Del.

18. BURIAL, CREMATION, OR REMOVAL
Place Milisboro Del. Date 12-30-1931

19. UNDERTAKER Mr. Geo. A. Schwab
(Address) 200 Frederick Ave.

20. [illegible] C. Hudson Jones M.D.
Dec 30 1931 H. O. Huckeman Funeral Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-26-31, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 19 31 to Dec 25, 19 31

I last saw him alive on Dec 25, 19 31 death is said to have occurred on the date stated above, at 7:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	[illegible]

Other contributory causes of importance:

Arteriosclerosis Cardiac hypertrophy Uremia	[illegible]

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Milford Hofmeister, M. D.

(Address) University Hospital

Spec.—5-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75068 ✓-08 8½ E 75068

CERTIFICATE OF DEATH

REGISTERED NO. _____

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2123 Sidney ave ST. 25th WARD 32nd) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Otto Krieger

(a) RESIDENCE NO. 2123 Sidney ST. 25th WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Krieger

6 DATE OF BIRTH (month, day, and year) April 17, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 65

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Rudolph Krieger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Justine Graheiser

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Mrs. Otto Krieger (Address) 2123 Sidney St.

15 Filed DEC 28 1931, 19 ____ HARRISON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1931, to Dec 24, 1931, that I last saw him alive on Dec 23, 1931 and that death occurred, on the date stated above, at 7 45 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arterial Hypertension

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs.

(Signed) Thomas L. Thelan M. D.

12/24, 1931 (Address) 2910 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross A. A. Co.	Dec. 26 1931
20 UNDERTAKER	ADDRESS
Margaret J. Flynn	1422 Light St.

AaCo. 5-31 2500

E 75069 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 107-10E 75069

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St. 22-33 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie E. Kelly

(a) Residence: No. 1223 William St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married.

5a. If married, widowed, or divorced
HUSBAND of (~~or WIFE of~~) William Kelly.

6. DATE OF BIRTH (month, day, year) July 1 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home.

10. Date deceased last worked at this occupation (month and year) Nov-1931

11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

FATHER

13. NAME Charles Shipley

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

MOTHER

15. MAIDEN NAME Mary E. McFadden

16. BIRTHPLACE (city or town) Balto. Md.
(State or country)

17. INFORMANT William Kelly
(Address) 1223 William St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Dec. 26 1931

19. UNDERTAKER Margaret F. Flynn
(Address) 1422 Light St.

DEC 28 1931 15 RPB Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1931, to Dec. 22. 1931
I last saw h'er alive on Dec 22 1931 death is said to have occurred on the date stated above, at 5 55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized peritonitis	8 wks.
Gangrene of urinary bladder	
Followed by spontaneous	
rupture of urinary bladder	3 days
Broncho pneumonia bilateral	10 days
	Nov
Other contributory causes of importance:	
Chronic cystitis	2 yrs.

Name of operation Laparotomy. Date of Dec 6 1931

What test confirmed diagnosis? Clinical. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Rudolph L. Schorke M. D.
(Address) Woman's Hospital

1-20—M & T—100 B—50L

E 75070

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75070

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1523 Winchester St. (WARD)

2-FULL NAME Elizabeth Washington

(a) RESIDENCE NO. 1523 Winchester St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mahan

6 DATE OF BIRTH (month, day, and year) Mar 27-1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	8	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Mahan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Pearlina Hawkins (Address) 1523 Winchester

15 DEC 6 1931 141 Registrar HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec 23rd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) Autopsy thereon and from the evidence obtained by said (inquest, autopsy or inquiry) Autopsy find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Myocarditis Fatty Sudden (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Regular

(Signed) H. Leslie Steele, M. D. Coroner

Dec 23 1931 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL Dec 26 1931

20 UNDERTAKER A. Jones

ADDRESS W. L. Gilson

A&Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

75071

CERTIFICATE OF DEATH

106 E 75071

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 W. Lanvale St. St. 14-20 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Gohlinghorst.

(a) Residence: No. 2054 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Gohlinghorst.

6. DATE OF BIRTH (month, day, year) May 26.1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	6	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Geo. H. Kuhst,

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Herman Gohlinghorst
(Address) 2326 Arunah Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date DEC 28 1931 19

19. UNDERTAKER Robert S. Little
(Address) Reisterstown Md.

20. FILED DEC 6 1931 C. HAMPSON JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 25 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1931 to Dec 25th, 1931

I last saw her alive on Dec 24 1931 death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Bronchitis. Date of onset Dec 1931
Arteriitis

Other contributory causes of importance:

Old Age.

Name of operation None Date of

What test confirmed diagnosis? ? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. A. Wallerstein M. D.
(Address) 210 East Preston St

AaCo. 5-31 2508

75072

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 75072

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) 14-24

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. if of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Raymond Lindsay

(a) Residence: No. 1618 Madison ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 25, 1913

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	18	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Alfred Lindsay
14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland
15. MAIDEN NAME Fanny Robinson
16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Dec 27 1931

19. UNDERTAKER [illegible]
(Address) [illegible]

[illegible] 19 ..... Registrar

28 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1931, to Dec. 24, 1931

I last saw him alive on Dec. 24, 1931 death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pul. Tuberculosis	?

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. Hampson Jones, M. D.

(Address) Baltimore City Hospitals

Spec.—1-12-23—M&T—500 Blks.

E 75073

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75073

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 W. Pratt ST. 19-28 WARD)

2-FULL NAME Barbara Mary Jacobi

(a) RESIDENCE NO. 1610 W. Pratt ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Jacob. Jacobi

6 DATE OF BIRTH (month, day, and year): Dec. 24-1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer): At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Michael Kuemmel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Feller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Sister Same

DEC 6 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 24 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931, to Dec 24, 1931, that I last saw h[er] alive on Dec 24, 1931, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chr Myocarditis

Art Sclerosis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Wakefield, M. D.

Dec 24, 1931 (Address) Irvington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Dec. 28 1931

20 UNDERTAKER: George L. Schwab — ADDRESS: 220 Park Ave

AaCo. 5-11 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75074 E 75074

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 14-26 Ward 8

Length of residence in city or town where death occurred yrs. 66 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Leo Filbert

(a) Residence: No. 117 S. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 5, 1931

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		9 8	1 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Martin Filbert

14. BIRTHPLACE (city or town) Pennsylvania
(State or country)

MOTHER

15. MAIDEN NAME Edna O'Malley

16. BIRTHPLACE (city or town) Maryland.
(State or country)

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date DEC 28 1931

19. UNDERTAKER Gregory & Schmidt
(Address) 2181 N. Fulton Ave. Balto. Md.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from November 20, 1931 to December 25, 1931

I last saw him alive on December 25 1931 death is said to have occurred on the date stated above, at 3 1/2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Malnutrition	3 mos?
Other contributory causes of importance:	
Bronchio-Pneumonia	2 wks.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Leon Fox, M. D.

(Address) Mercy Hospital

Spec.—2-29-28—L. F. S.—500 Blks.

E 75075

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75075

CERTIFICATE OF DEATH

131

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. St. Joseph Hospital 4-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mr. Bernard Cullum

(a) RESIDENCE NO. Sanitary Hotel, 22 Market Place WARD
(Usual place of abode) (If non-resident give City or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. 1 ds. How long in U. S., if foreign birth fifty yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (Write the word): Married

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of: Josiphe Kirsom

7 DATE OF BIRTH (month, day, and year): Dec. 10 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	—	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New Haven Conn

10 NAME OF FATHER: Hugh Cullum

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant: Mrs Mag Cullum

(Address) 231 Edmondson Ave Brooklyn N.Y.

12-26-1931 .19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-25-31

17 I HEREBY CERTIFY, That I attended deceased from Sept 14 .1931. to Dec 25 .1931.

that I last saw him alive on Dec 25 1931

and that death occurred, on the date stated above, at 3 40 A m.

The CAUSE OF DEATH* was as follows:

Cardio-Vasculor-Renal Disease with oedema

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Toxemia

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) H Baumgardner M. D.

12/29 .19 31 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Dec. 28 19 31
20 UNDERTAKER	ADDRESS
Henry Houck Sons, Inc	1301 E. Eager St

AACo. 5-31 2501

75076 HEALTH DEPARTMENT CITY OF BALTIMORE 75076

CERTIFICATE OF DEATH

93-3

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 S. Milton ave. St., 12 Ward)

Length of residence in city or town where death occurred 58 yrs mos ds How long in U.S. If of foreign birth 70 yrs mos ds.

2. FULL NAME Maryanna Gawrys.

(a) Residence: No. 525 S. Milton ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Thomas Kaczmarski
14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Anastazia Szymanska
16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Julianna Izdebski
(Address) 525 S Milton ave.

18. BURIAL, CREMATION, OR REMOVAL
Place G. Mausoleum Date Dec 28 1931

19. UNDERTAKER George A Weber
(Address) 725 S Ann st

Filed 12-26 1931 19— Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/24/31. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1931, to Dec 23, 1931
I last saw her alive on Dec. 23. 1931 death is said to have occurred on the date stated above, at 12:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia.	12-7-31
(But antributory causes of importance) Chronic Myocarditis.	

Name of operation ..... Date of .....
What test confirmed diagnosis? P.S. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) John V. Kwiatkiewicz M. D.
(Address) 1802 Eastern Ave

1-30—M & T—100 B—601.

E 75077 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75077

CERTIFICATE OF DEATH

82001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 W. Lombard ST. 4-30 WARD)

2-FULL NAME Jacob Bachman

(a) RESIDENCE NO 631 W. Lombard ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Police Dept. Balto.
(Address)

15 Dec 28 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Eugene Feller, M. D.
Coroner

12/26 1931 (Address) 2139 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Dec 28 1931

UNDERTAKER Harry H. Smythe — ADDRESS 4101 Edmondson Ave

AdCo. 5-31 2M

75078 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 75078

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. H 2825 Eastern Ave. Ward) 45

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Conman

(a) Residence: No. 1207 Collins St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 10th 1876

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
55	8	15 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME Michael Conman
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Ellen Conday
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr Patrick Connor
(Address) 2825 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12-28-1931

19. UNDERTAKER Thos. F. Connor & Son
(Address) 901 Fallsway St.

DEC 29 1931 C. HAMPSON JONES, M. D. Registrar
By —

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from 2-21-30, 19, to 12-24-31, 19
I last saw him alive on 12-24-31, 19 death is said to have occurred on the date stated above, at 9:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of tonsil with metastases to neck - left	March 1931
Other contributory causes of importance:	
acute myocardial failure (surgical)	11-24-31

Name of operation Neck Dissection Date of 9-15-31
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Luther E. Leas, M. D.
(Address) Baltimore City Hospitals

1-30—M. & T.—100 B—50L

E 75079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-001 E 75079

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 Hanover St. 82-3D WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob F.Kirkwood.

(a) RESIDENCE No. 320 Hanover St. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. 6 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Caroline Kirkwood.

6 DATE OF BIRTH (month, day, and year) June 16,1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55	6	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Jacob F.Kirkwood.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Sarah E.Adams.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Caroline Kirkwood.(wife)

(Address) 111 3rd Ave Brooklyn Park.

15 Filed C. HAMPSON JONES, M. D. Registrar

G 1031

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 23,1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Illuminating Gas Asphyxia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Reinhardt, M. D. Coroner

12/24/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Gorsuch Park	12/26 1931

20 UNDERTAKER W.Morris Routson & Son

Over

AsCo. 5-31 250B

E 75080

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75080

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 Ellwood Ave St. 7-11 Ward)

Length of residence in city or town where death occurred 55 yrs. 11 mos. 5 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Eugene Bollman

(a) Residence: No. 610 N Ellwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bollman

6. DATE OF BIRTH (month, day, year) Jan 15/1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Power House

10. Date deceased last worked at this occupation (month and year) 23-31

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Charles Andrew Bollman

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Sarah C Freburger

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Josephine C Travis

(Address) 610 N Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 26 1931

19. UNDERTAKER Charles P Powell

(Address) 3534 Edmondson Ave

20. Filed Dec 29 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28 1931 to Dec. 23 1931

I last saw him alive on Dec. 23 1931 death is said to have occurred on the date stated above, at 11.55 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease.	?

Other contributory causes of importance: aortic dilatation & leak

Name of operation — Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Wm J Ickert M. D.

(Address) 701 N. Kenwood Ave.

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75081

CERTIFICATE OF DEATH

157 L 75081

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 5-8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hamp Johnson

(a) Residence: No. 514 N Central ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
		7 weeks	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Frank Stearns

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Rosabella Johnson

16. BIRTHPLACE (city or town) (State or country) S Car

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSP.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Grove Date 12/26, 1931

19. UNDERTAKER Wm. Peter L. Bailey
(Address) 22 E. Lafayette St.

FILED ... 19 ... Registrar.

DEC 26 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from December 18, 1931, to December 24 1931

I last saw him alive on Dec 24, 1931 death is said to have occurred on the date stated above, at 12:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart.	
Heart failure	
Bronchopneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Jos. F. Cumberland, M. D.
(Address) Johns Hop. Hosp.

AACo. 5-11 250B

(Saylor)

HEALTH DEPARTMENT—CITY OF BALTIMORE

75082

CERTIFICATE OF DEATH

131 E 75082

1. PLACE OF DEATH Baltimore City Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore Md St. 10-13 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Laile

(a) Residence: No. 1410 E. Madison St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 1, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Henry
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME Elizabeth Cole
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Relative
(Address) City Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date 12/26, 1931

19. UNDERTAKER [illegible]
(Address) 1721 Division St.

20. FILED DEC 28 1931 19.. Registrar No. 11727

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1931, to Dec 27, 1931
I last saw h alive on Dec 27, 1931 death is said to have occurred on the date stated above, at 3:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec 15-31
Other contributory causes of importance: Cardiovascular renal disease & hypertension	Unknown

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
12-28-31 (Signed) Edwin Hightower M. D.
(Address) Pathologist City Hospitals

Spec.—1-30—M. & T.—250 Blks.

E 75083 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75083

93-003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4003 Main Ave ST. 15-64 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benj. J Hustamm

(a) RESIDENCE NO. 4003 Main Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of or) WIFE of Rosa Hustamm

6 DATE OF BIRTH (month, day, and year) Jan 14 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance

(b) General nature of industry, business, or establishment in which employed (or employer) Off

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Joseph Hustamm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline J Hertz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs Benj. J. Hustamm

(Address) 4003 Main Ave

Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24-1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 18 1931 to Dec 24 1931, that I last saw h alive on Dec 24 1931, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Myocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptomatic Typ

(Signed) [illegible], M. D.

, 19 (Address) 1 E Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Hebrew Cemetery	Dec 27 1931
20 UNDERTAKER	ADDRESS
J. Chenowith & Co	2439 Reisterstown Rd.

Dec—12-23-21—E.B.P.S.—400 Bks.

E 75084 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75084

CERTIFICATE OF DEATH. 159

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3910 Hudson St. (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Hartnett

(a) Residence No. 3910 Hudson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Dec 24, 1931

7-AGE. yrs. mos. ds. If LESS than 1 day hrs. or 30 min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS

10-NAME OF FATHER. James J. Hartnett

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Pa

12-MAIDEN NAME OF MOTHER. Gertrude E. Clisham

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore

14- (Informant) Mr. James J. Hartnett

(Address) 3910 Hudson St.

15- 1931 193 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 24, 31

17- I HEREBY CERTIFY, That I attended deceased from 12/24 19 31 to 12/24 19 31

that I last saw her alive on 12/24, 31 19

and that death occurred, on the date stated above, at 1 30 p m.

The CAUSE OF DEATH* was as follows:

Hypostasis

Hemiplegia Cause

(Duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. M. Bethmann M. D.

12/26, 1931 (Address) 633-S-Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral

DATE OF BURIAL. Dec 26, 1931

20-UNDERTAKER. John A. Moran

ADDRESS 3500 E. Balto St.

Size—12-23-21—E.B.R.S.—400 Eds.

E 75085 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75085

CERTIFICATE OF DEATH

59

1-PLACE OF DEATH

City of BALTIMORE: (No. 3910 Hudson St. St. 26-37 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Loretta Hartnett

(a) Residence No. 3910 Hudson St. St., Ward

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (Write the word.): —

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year): Dec 24, 1931

7-AGE: yrs. mos. ds. If LESS than 1 day 8 hrs. or 10 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore

PARENTS

10-NAME OF FATHER: James J. Hartnett

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Pa.

12-MAIDEN NAME OF MOTHER: Gertrude E. Clisham

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Baltimore

14-(Informant): Mr. James J. Hartnett

(Address): 3910 Hudson St.

15- Filed 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Dec 24 1931

17- I HEREBY CERTIFY, That I attended deceased from 12/24/31, 19.. to 12/24, 1931

that I last saw h[illegible] alive on 12/24/31, 19..

and that death occurred, on the date stated above, at 1.00 p m.

The CAUSE OF DEATH* was as follows:

Hydramnios
Premature Labor.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature] M. D.

12/26, 1931 (Address) 633-S Conkling

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
New Cathedral	Dec 28, 31
20-UNDERTAKER	ADDRESS
John A. Moran	3000 E. Balto St.

Spec.—12-23-21—E.B.R.E.—400 Bks.

75086

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75086

CERTIFICATE OF DEATH.

154

1-PLACE OF DEATH

City of BALTIMORE: (No. 3910 Hudson St. St. 26-37 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Regina ... Hartnett

(a) Residence No. 3910 Hudson St. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): —

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6-DATE OF BIRTH (month, day and year): Dec 24, 1931

7-AGE: ... yrs. ... mos. ... ds.

If LESS than 1 day, 1 hrs. or ... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore

PARENTS

10-NAME OF FATHER: James J. Hartnett

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Pa.

12-MAIDEN NAME OF MOTHER: Gertrude E. Chisham

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Baltimore

14-(Informant): Mr. James J. Hartnett

(Address) 3910 Hudson St.

15-

Filed 6 1931

C. HAMPSON JONES, M. D.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Dec 24, 1931

17- I HEREBY CERTIFY, That I attended deceased from 12/24, 1931 to 12/24, 1931, that I last saw h[illegible] alive on 12/24/31, and that death occurred, on the date stated above, at 7 00 m.

The CAUSE OF DEATH* was as follows:

Hydramnios,
Premature Labor.

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G. H. Leonard M. D.

17/26, 1931 (Address) 33 E. Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Dec 29, 1931
20-UNDERTAKER	ADDRESS
John A. Moran	3000 E. Balto St

Spec—1-30—M. & T.—250 Blks

E 75087 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75087

CERTIFICATE OF DEATH.

12-51 82-00

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2910 Cresmont Ave. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Jane Schwarz.

(a) RESIDENCE NO. 2910 Cresmont Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 7 mos. 21 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6a If married, widowed, or divorced (or) WIFE of HUSBAND of Henry W. Schwarz

7 DATE OF BIRTH (month, day, and year) May 4, 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Antique Dealer

(b) General nature of industry, business, or establishment in which employed (or employer) 645

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER John Donnelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) ------ London

12 MAIDEN NAME OF MOTHER Elizabeth Welch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ------ Ireland

Informant Mr. Harry W. Schwarz

(Address) Sparrows Point

Filed 19 HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-25-31

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1931, to Dec 25, 1931, that I last saw her alive on Dec 25, 1931, and that death occurred, on the date stated above, at 6-26 P m.

The CAUSE OF DEATH* was as follows:

Cerebro Sclerosis

(duration) 6 yrs. mos da.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage 6 da.

(duration) yrs. mos.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? P. E.

(Signed) John S. Bishop, M. D.

, 19 (Address) 122 - 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL 12/28 1931

20 UNDERTAKER Harry V. Mears & Son

ADDRESS 305 N. Calvert

Spec.—9-30—A. & Co.—250 Blks.

75088 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75088

CERTIFICATE OF DEATH.

25-71 59

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 5241 Frederick Avenue ST. WARD)

2 FULL NAME Rose M. Horn

(a) RESIDENCE NO. 5241 Frederick Avenue ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George G. Horn

6 DATE OF BIRTH (month, day, and year) June 20, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Carl August Auer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christiana ---

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Carl A. Horn 5005 Overton St.

15 6 1931 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 24, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Jan 14 1928. 19 . to Dec 24th . 1931

that I last saw her alive on Dec 24th . 1931

and that death occurred, on the date stated above, at 2.30 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral arteriosclerosis. Diabetes mellitus

(duration) 3 yrs. 6 mos. 15 ds.

CONTRIBUTORY (Secondary) Bronchitis. Senile senility of both lungs (duration) yrs. mos. 18 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) J. Chatham Hall M. D.

(Address) Catonsville Md

12-28 . 19 31

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 12/28 19 31

ADDRESS

20 UNDERTAKER Henry U. Means & Sons 605 Y. Calvert

AACo. 5-31 2500

75089 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107 E 75089

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 Shakespeare St. St.) 2-4 (Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Stanislaus Ignatowski

(a) Residence: No. 1629 Shakespeare St St., Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Tatania Ignatowski

6. DATE OF BIRTH (month, day, year) ? 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tracking helper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER
13. NAME Vincenty Ignatowski
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER
15. MAIDEN NAME unk.
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Tatania Ignatowski
(Address) 1629 Shakespeare St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Dec 28. 1931

19. UNDERTAKER F. H. Bauernschmidt
(Address) 1921 Eastern Ave

C. HUMPSON JONES, M. D
Registrar.

20. FILED DEC 25 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from December 18, 1931, to December 25, 1931

I last saw h. alive on Dec 24, 1931 death is said to have occurred on the date stated above, at 7:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec 18
Pulmonary edema and exhaustion	Dec 24

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Nelson Solomon M. D.

(Address) 112 S. Broadway

Spec.—9-30—A & Co.—250 Blks

75090 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

L 75090

1 PLACE OF DEATH

REGISTERED No. 54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 249 S. Broadway ST. 2-4 WARD)

2 FULL NAME Mathilda M. Hoffman

(a) RESIDENCE No. 249 S. Broadway ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? 47 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry P. Hoffman

6 DATE OF BIRTH (month, day, and year) Dec. 10. 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	0	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Adam Hergenrother

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Henry P. Hoffman (Husband)
(Address) 249 S. Broadway

15 Filed 6 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23. 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1 1931, to Dec. 23 1931

that I last saw h W alive on Dec. 22 1931

and that death occurred, on the date stated above, at 8.30 a m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency (Decompensated)
Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Andrew Hunsworth M. D.

, 19 (Address) 2574 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: First Evangelical Cem. DATE OF BURIAL: Dec. 26, 1931

20 UNDERTAKER: Henry Sander & Sons. Inc. ADDRESS: BALTIMORE & BROADWAY

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75091

E 75091

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1147 S. Kenwood Ave St., 9 Ward)

2-FULL NAME George Holt

(a) RESIDENCE NO. 1500 W. Eldery St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 28 38

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	73	8	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Oil
(b) General nature of industry, business, or establishment in which employed (or employer) Brick Layer
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Wm Holt

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Marina

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Mrs Sophie Bosley
(Address) 1147 S. Kenwood Ave

15 Filed . 19 Registrar

G 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31st 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B. F. Kenworthy M. D.

12 N. 1931 (Address) 1303 E Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cem.	1/2/6 1931
20 UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75092

CERTIFICATE OF DEATH.

108 E 75092

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 951 N. Chappell St. 7-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Silvian Chappell

(a) RESIDENCE NO. 951 N. Chappell ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1914

7 AGE: Years 17 Months 7 Days 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Balto. City (State or country)

PARENTS

10 NAME OF FATHER Charles Chappell

11 BIRTHPLACE OF FATHER (City or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Anna Hayden

13 BIRTHPLACE OF MOTHER (City or town) Balto City (State or country)

14 Informant Mrs. Anna Chappell Mother (Address) 951 N. Chappell St.

15 Filed JAN 6 1931 Registrar C. HAMPSON JAMES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1931, to Dec 23, 1931, that I last saw h alive on Dec 23, 1931, and that death occurred, on the date stated above, at 11 50 P m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Calvin B. LeCompte, M. D.

19 (Address) 1113 N Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dorsey Family

DATE OF BURIAL Dec 26 1931

UNDERTAKER Robert F. Welham

ADDRESS 1616 McCulloh St

Spec.—1-30—M. & T.—250 Bks

E 75093

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75093

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

2-FULL NAME Robert Strong

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 25th 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	1	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Gdn

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Alexander Strong

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Helen Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant (Address) Little Sisters of the Poor Preston & Valley

Filed 6-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 24th 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 21 1931, to Dec 24 1931, that I last saw h alive on Dec 24 1931, and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. Hampson Jones, M. D.

12/24, 1931 (Address) 111 E Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Dec 26 1931

20 UNDERTAKER John A. Henry

ADDRESS 715 Light

Spec.—I-30—M. & T.—250 Blks.

E 75094

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75094

48

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. CHURCH HOME AND INFIRMARY St. 13-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ISABELLA McCLEAN

(a) RESIDENCE No. 3108 AUCHENTOROLY TERRACE ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
FEMALE	WHITE	SINGLE

6 If married, widowed, or divorced
HUSBAND of
or) WIFE of

7 DATE OF BIRTH (month, day, and year) FEB. 1 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	10	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work HOUSE WIFE

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) BALTIMORE, MD

10 NAME OF FATHER CHARLES H. McCLEAN

11 BIRTHPLACE OF FATHER (city or town) (State or country) BALT. MD.

12 MAIDEN NAME OF MOTHER ISABEL MILLER

13 BIRTHPLACE OF MOTHER (city or town) DUBLIN (State or country) IRELAND

Informant HOSPITAL Records
(Address)

DEC 6 1931 . 19 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25/1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1931, to DECEMBER 25, 1931,

that I last saw HER alive on DECEMBER 25, 1931,

and that death occurred, on the date stated above, at 12:15 A. m.

The CAUSE OF DEATH* was as follows:

SARCOMA OF UTERUS WITH METASTASIS TO CRANIUM

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) CACHEXIA & MYOCARDIAL FAILURE

(duration) yrs. mos. 25 ds.

18 Where was disease contracted if not at place of death? HOME

Did an operation precede death? NO Date of

Was there an autopsy? YES

What test confirmed diagnosis? AUTOPSY AND CLINICAL FINDINGS

(Signed) Richard C. Cumming M. D.

Dec. 1931 (Address) Church Home and Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Dec 28 1931

20 UNDERTAKER John J. Denny — ADDRESS 715 Light St

AaCo. 5-11 2508

E 75095 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 75095

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3601 Roberts Place St. 26-39 53 Ward) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U.S. if of foreign birth ? ? yrs. mos. ds.

2. FULL NAME Julius Hahn

(a) Residence: No. 3601 Roberts Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bettie Hahn

6. DATE OF BIRTH (month, day, year) Sep. 2, 1879.

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	52	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Milk Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fairfield Western

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Leopold Hahn

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Catherine ----------

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs. B. Hahn
(Address) 3601 Roberts Place

18. BURIAL, CREMATION, OR REMOVAL
Place Workmens Circle Date Dec.27, 19 31

19. UNDERTAKER Hurt Sonnheimer Son
(Address) 1902 Futaw Place.

FILED 2 Jan 1932 19 C. HAMPSON JAMES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1931, to Dec 25, 1931
I last saw him alive on Dec 25, 1931, death is said to have occurred on the date stated above, at 6 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Spine	?

Other contributory causes of importance:

Pulmonary Edema	

Name of operation Laparatomy Date of Nov. 9th 1931
What test confirmed diagnosis? finding Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ?, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Benj Kadrn M. D.
(Address) 2306 Futaw Place.

AdCo. 1-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

75096

CERTIFICATE OF DEATH

Registered No. 75096

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2813 Montebello Terrace Ward) Life

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard M. Mangels

(a) Residence: No. 2813 Montebello Terrace Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced — HUSBAND of Gertrude Mangels

6. DATE OF BIRTH (month, day, year) Dec 17th 1874

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
57	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Syrups + Molasses

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Henry W. Mangels

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Gertrude Mangels

(Address) 2813 Montibello Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemetery Date 12/28/1931

19. UNDERTAKER Wm Cook

(Address) 217 St Paul St

C. H. JUPSON JONES, M. D.

Registrar

DEC 26 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1931, to Dec 24, 1931

I last saw him alive on 12-24, 1931, death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Uremia

Other contributory causes of importance:

Myocarditis
hypertension

Name of operation none Date of —

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [redacted] Claud Swink, M. D.

(Address) 4706 Harford Rd

1-20—M. & T.—100 B—501.

E 75097

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75097

CERTIFICATE OF DEATH

1-PLACE OF DEATH — CITY OF BALTIMORE: (No. Outhouse in yard 1900 Block East Biddle St. ST.) 8-13 (WARD)

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Hanson

(a) RESIDENCE NO Unknown ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: 1 James Davis 2 Albert Newerzagt 3 ??? Hanson

6 DATE OF BIRTH (month, day, and year): About 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 52			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: Thomas Walters

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto., Md.

12 MAIDEN NAME OF MOTHER: Margaret Hart

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Wm. T. Davis (son)
(Address): 531 Benninghaus Rd., Govans

Filed DEC 29 1931 — HAMPSON JONES, M. D. — Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 24/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute Alcoholism

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) Jos J Baer, Coroner, M. D.

Dec 28/31 (Address) 838 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: 12/26 1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1314 E Fayette St

I-20—M & T—100 B—50L.

E 75098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-00 E 75098

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 E. Chase ST. 10-14 WARD)

2-FULL NAME Oscar V. Smith

(a) RESIDENCE No 1014 E. Chase ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Nora A. Smith

6 DATE OF BIRTH (month, day, and year) Feb 14th 1871

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	10	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Tobbing
(c) Name of employer: Mrs Mervis

9 BIRTHPLACE (city or town) (State or country): Illinois

PARENTS

10 NAME OF FATHER Ephraim Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Illinois

12 MAIDEN NAME OF MOTHER Maggie Wallace

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Shelbyville Ill.

14 Informant Wm M Smith

(Address) 1014 E. Chase St.

15 Filed C. HAMPSON JONES, M. D. Registrar.

DEC 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23rd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jos H Carter, M. D. Coroner

(Address) 508 E. North Ave

Dec 26/31

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	12/26 '31
20 UNDERTAKER	ADDRESS
Wm. Lorh	1214 Madison

Spec.—1-10-21—MAT—1500 Blks.

(Buchanan)

75099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 75099

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 840 Hanover ST. WARD) Fallsway Branch

2-FULL NAME

(a) RESIDENCE NO. 840 Hanover ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? 19 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Buchanan

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Not known

9 BIRTHPLACE (city or town) (State or country) James [illegible]

PARENTS

10 NAME OF FATHER Tom Buchanan

11 BIRTHPLACE OF FATHER (city or town) (State or country) under

12 MAIDEN NAME OF MOTHER under

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Lillian Buchanan (Address) 130 Hope St

15 Filed [illegible] 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 12 1931 to Dec 25 1931.

that I last saw him alive on 12/23 1931,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 6 mo. yrs. mos. ds.

CONTRIBUTORY (Secondary) not determined

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D. F. Carroll M. D.

, 19 (Address) 130 Hope St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cemetery

DATE OF BURIAL 12/26 1931

20 UNDERTAKER Walter B. Spurgis

ADDRESS 1394 W. Hamburg St.

C. THOMPSON JONES, M.

AACo. 5-31 2500

75100

HEALTH DEPARTMENT—CITY OF BALTIMORE

121 E 75100

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Genl. Hosp. St. 11-24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clifford H. Eley

(a) Residence: No. 1310 Linden Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of ~~WIFE~~ of Mrs. Clifford H. Eley.

6. DATE OF BIRTH (month, day, year) May 16, 1877

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	54	7	8	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Buckhannon, Va.

13. NAME Benj. Claude Eley

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Eugenia Ann Cowling

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Park Date Dec 26 1931

19. UNDERTAKER John C. Mitchell Sons
(Address) 1700 Eutaw Place

C 930 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1931 to Dec. 24, 1931
I last saw him alive on Dec 24 1931 death is said to have occurred on the date stated above, at 7:35 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis & localized peritonitis	10/31

Other contributory causes of importance:

Cardio-vascular Failure	12/24/31
Cerebral Embolism	12/24/31

Name of operation Appendectomy Date of 12/18/31
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) Gilbert R. Wilkerson, M. D.
(Address) Md. Genl. Hosp.

Spec.—2-29-28—L. F. S.—500 Bks.

E 75101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

E 75101

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1126 w. Baltimore ST. 18-15 WARD)

2—FULL NAME Salvatore Brocato

(a) RESIDENCE NO. 1126 w. Baltimore ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Rosaria DeMarco

DATE OF BIRTH (month, day, and year) April 9-1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	8	16/5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Fruit Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER Francesco Brocato

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Francesca Chiaravello

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Frank Brocato

(Address) 1126 w. Baltimore St

DEC 26 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24-1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 3, 1931, to Dec 24, 1931,

that I last saw him alive on Dec 24, 1931

and that death occurred, on the date stated above, at 8 30 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Epituerstion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi D DiStefano, M. D.

Dec 26, 1931 (Address) 407 N Exeter St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Dec 28 1931
20 UNDERTAKER	ADDRESS
John O. Mitchell & Sons	1900 Eastern Ave

Spar.—9-30—A. & Co.—250 Blks.

75102 HEALTH DEPARTMENT—CITY OF BALTIMORE 75102

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: 1 No 15-11 N Fayette St 1927 Ward

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Caskum Rockel

(a) RESIDENCE No 15-11 N Fayette St. 19 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Rockel

6 DATE OF BIRTH (month, day, and year) April 30 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER August Jantz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant William R. Rockel
(Address) 1511 N. Fayette St

15 Dec 26 1931 . 19 A.W.H. Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-24-31

17

I HEREBY CERTIFY, That I attended deceased from 12/3/31, 19 . to 12/24/31, 19

that I last saw h alive on 12/23/31, . 19

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chron Cardiac Dis

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F W Hunt M. D.

12/26 1931 (Address) 375 Stricker

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Louden Park Cem.	Dec 26 1931
20 UNDERTAKER	ADDRESS
Joseph B. Cook	1003 W. Balto St.

AaCo. 5-31 250B

75103 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94 E 75103

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 560 Roxbury Place (Ward) 27-56

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Clarence W. Roberts

(a) Residence: 560 Roxbury Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Annie L. Roberts

6. DATE OF BIRTH (month, day, year): March 12 73

7. AGE: Years 58 | Months 9 | Days 7 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Weaver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Cotton

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME OF FATHER: Mr. Roberts.

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME OF MOTHER: Frances

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Frank G. Roberts
(Address): 5600 Roxbury, St.

18. BURIAL, CREMATION, OR REMOVAL: Mt Olivet Cemetery Date Dec 27 1931

19. UNDERTAKER: Fulton P. Tussey Co.
(Address): 2420 St Paul St. Balto. Md.

20. FILED: 1931 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1931, to Dec 24, 1931

I last saw him alive on Dec 24 1931 death is said to have occurred on the date stated above, at 8-10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of Coronary Artery	Dec 20-31
Edema Lungs	Dec 24-31

Other contributory causes of importance:

Name of operation: Date of: nil

What test confirmed diagnosis? nil Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? nil Date of injury ..... 19....

Where did injury occur? nil
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. Gill Hall, M. D.

(Address) 1631 2 North Ave

Spec.—1-30—M. & T.—230 Bks

E 75104 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75104

X 131

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie. Douglas

(a) RESIDENCE NO. Preston + Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Douglas

DATE OF BIRTH (month, day, and year) 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Washington

10 NAME OF FATHER Beverly Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Catherine Coleston

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Little Sisters of the Poor

(Address) Preston + Valley St. Baltimore Md

1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24th 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 21st, 19 31 to Dec 24th, 19 31, that I last saw her alive on Dec 23rd, 19 31, and that death occurred, on the date stated above, at 11.30 p. m.

The CAUSE OF DEATH* was as follows:

Chr Nephritis

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical evidence

(Signed) , M. D.

, 19 , (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Washington DC	12-26 1931
20 UNDERTAKER	ADDRESS
Ernest James	Washington DC

AACo. 5-31 250B

75105 HEALTH DEPARTMENT—CITY OF BALTIMORE 75105

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital

CITY OF BALTIMORE: (No. 1512 N Gilmor St. 4 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elias Anderson

(a) Residence: No. 2232 Druid Hill St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline

6. DATE OF BIRTH (month, day, year) 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary E Morehead
(Address) 2232 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Auburn Date 12/26/ 19 31

19. UNDERTAKER Wm. Geo. H. Folland
(Address) 163 Druid Hill Ave

26. FILED DEC 26 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23- 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1931 to Dec 24, 1931

I last saw him alive on Dec 24 1931 death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron Nephritis	1 yr ago 1930

Other contributory causes of importance:

Myocarditis & Arteriosclerosis

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. Boykin M. D.

(Address) 1512 Gilmor St

AaCo. 5-11 250B

(Leakins)

75106 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH

23

E 75106

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 11-24 Ward)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph E Leakins

(a) Residence: No. 3220 Hoffman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 2

6. DATE OF BIRTH (month, day, year) 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Waiter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

13. NAME Caroline Leakins
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Cecelia Lee
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wallace E. Leakins
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Date 12/28/1931

19. UNDERTAKER Mrs. Geo. E. Holland
(Address) 1621 Druid Hill Ave

20. FILED Dec. 29, 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-12-31, 1931, to 12-24-31, 1931

I last saw him alive on 12-24-31, 1931 death is said to have occurred on the date stated above, at 1:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary TB	Jan 1931

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lawrence H. Sera, M. D.
(Address)

Spec.—1-12-23—M&T—500 Blks.

E 75107 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

25 E 75107

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 844 Edmondson av ST.) 16-Da (WARD)

2-FULL NAME Jamia Ward

(a) RESIDENCE NO. 844 Edmondson av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Cold	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/8/20

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	—	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Herbert W. Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Guilford Md

12 MAIDEN NAME OF MOTHER Hattie Hammond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Paul Hammond 844 Edmondson ave

15 Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24/31

17 I HEREBY CERTIFY, That I attended deceased from Oct 22, 1931, to Dec 23, 1931, that I last saw her alive on Dec 23, 1931, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Peritoneal Tuberculosis

(duration) yrs. 2 mos. (ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Can't say

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Gustav Goldmann, M. D.

, 19 (Address) 456 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Dec. 27, 1931

20 UNDERTAKER Mrs. Kate R. Williams

ADDRESS 322 N Gilmor St

A&Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

75108

CERTIFICATE OF DEATH

131

E 75108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 W Lexington St. 9-27 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida May Veazie Johnson

(a) Residence: No. 1718 W Lexington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Widowed
6. If married, widowed, or divorced (or) WIFE of: Burrell Johnson
7. DATE OF BIRTH (month, day, year): Jan 6 1888
8. AGE: Years 43 Months 11 Days 19 If LESS than 1 day hrs or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Presser
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Clothes Factory
10. Date deceased last worked at this occupation (Month and year): April 31
11. Total time (years) spent in this occupation: 3
12. BIRTHPLACE (city or town) (State or country): Richmond Co. Va
13. NAME: Henry Kearnie
14. BIRTHPLACE (city or town) (State or country): Richmond Co Va
15. MAIDEN NAME: Missouri Hill
16. BIRTHPLACE (city or town) (State or country): Richmond Co Va
17. INFORMANT: Bertha Burrell
(Address): 1718 W Lexington St
18. BURIAL, CREMATION, OR REMOVAL
Place Loudenville Md Date Dec 27 1931
19. UNDERTAKER: Joseph A. Lyerly
(Address): 1937 Mount Street
20. FILED 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): DEC 25 1931

22. I HEREBY CERTIFY, That I attended deceased from DEC 13 1931 to DEC 25 1931

I last saw her alive on DEC 23 1931 death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic Nephritis	Dec 30
Other contributory causes of importance:	
Pulmonary Edema	Dec 28 1931

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No (Specify)

(Signed) W F Rovell M. D.

(Address) 601 Carrollton Ave

Spec.—9-30—A. & Co.—250 Blks.

75109 HEALTH DEPARTMENT—CITY OF BALTIMORE 75109

CERTIFICATE OF DEATH.

REGISTERED No. 107-001
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2310 Eager St. 8-13 WARD)

2 FULL NAME Gerard Pribyl

(a) RESIDENCE No. 2310 Eager St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Infant

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 10, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER William Pribyl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary Sallo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (William Pribyl)
(Address) 2310 Eager St.

Filed Dec 26 1931 C. HAMPSON STAMPS, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26/31

17
I HEREBY CERTIFY, That I attended deceased from Dec 24 1931 to Dec 26 1931

that I last saw him alive on Dec 26 1931

and that death occurred, on the date stated above, at 4.30A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (Simple)

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What (test confirmed diagnosis?)

(Signed) Wellington Sawyer M. D.
Dec 26 1931 (Address) Balto

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Dec 28 1931

20 UNDERTAKER Frank Leach Jan 1906 Oakland — ADDRESS

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

75110

CERTIFICATE OF DEATH

107 E 75110

1. PLACE OF DEATH Md Gen Hospital (St. 24-33 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary B Scherling

(a) Residence: No. 1402 Battery Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apl 22 1924

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	7	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Wilhelmina Scherling
14. BIRTHPLACE (city or town) (State or country) Balto
15. MAIDEN NAME Flora Ruppmyer
16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 12/28 1931

19. UNDERTAKER Wm F Porter
(Address) 2306 Edmondson ave

20. CITY 1931 19 AFH Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-24 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-15- 1931 to 12-24 1931

I last saw h alive on 12-24 1931 death is said to have occurred on the date stated above, at 1 12 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	about 1 Mo

Other contributory causes of importance:

Cardiac dilation (?)	3 hrs

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert V. Chenoweth M. D.

(Address) Md. General Hospital

Spec.—1-30—M. & T.—250 Blks.

75111 HEALTH DEPARTMENT—CITY OF BALTIMORE 2 0 1 75111

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3555- 4½ ST. 25-76 WARD

2-FULL NAME Fannie Hamilton

(a) RESIDENCE NO. 3555- 4½ ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20+ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

6 If married, widowed, or divorced
HUSBAND of
or) WIFE of William Hamilton

DATE OF BIRTH (month, day, and year) ? ? 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	?	?	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laundry Work
(b) General nature of industry, business, or establishment in which employed (or employer) Washing & Ironing
(c) Name of employer

BIRTHPLACE (city or town) Calvert County
(State or country) Maryland

10 NAME OF FATHER John Jones

11 BIRTHPLACE OF FATHER (city or town) Calvert Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Hester Green

13 BIRTHPLACE OF MOTHER (city or town) Calvert Co.
(State or country) Maryland

Informant Evelyn Curry
(Address) 1712 E. Madison St

Filed DEC 26 1931 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 12th, 1931 to Dec. 27, 1931.
that I last saw her alive on Dec. 24, 1931
and that death occurred, on the date stated above, at 12 45 A. m.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) yrs. mos 13 ds.
CONTRIBUTORY (Secondary) High Blood Pressure
(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Physical signs & symptoms.
(Signed) Guy N. Cromwell M. D.
12/28 1931 (Address) 703 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
McCalvary Ct	12/27/31
20 UNDERTAKER	ADDRESS
Isaiah L Brown	101 N Montgomery

Spec.—2-25-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

75112

CERTIFICATE OF DEATH

108

E 75112

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 Leadenhall ST. 22-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ella Gross

(a) RESIDENCE NO. 812 Leadenhall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Gross

DATE OF BIRTH (month, day, and year) 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Henry Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Staten

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Thomas Gross

(Address) 812 Leadenhall St

Filed DEC 31 1931, 19

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-24-31

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1931, to Dec 24, 1931, that I last saw h alive on Dec 23, 1931 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Chemical Laboratory Examination

(Signed) C. B. Thrower, M. D.

(Address) 712 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary Cem	12/27/31
20 UNDERTAKER Smith & Brown	ADDRESS Montgomery

Spec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75113

CERTIFICATE OF DEATH.

92 E 75113

E 75113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2324 E North Ave ST. 8-16 (WARD)

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry M. Null.

(a) RESIDENCE NO. 2324 E North Ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M Null

DATE OF BIRTH (month, day, and year) Dec 8 1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
86	86	0	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) 080

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Carroll Co Md

10 NAME OF FATHER Samuel Null

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Magdalene Hess

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co Md

Informant Mrs Ella Menchey
(Address) 2324 E North Ave

Filed 1931 Pat

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931, to Dec 26, 1931, that I last saw h/m alive on Dec 24, 1931, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Endocarditis

(duration) ___ yrs. ___ mos ___ ds.

CONTRIBUTORY (Secondary) Senility

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B Bellenzoy M.D. M. D.

12/26, 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harry Sutheraz

DATE OF BURIAL 12/28 1931

20 UNDERTAKER C C Hill & Sons

ADDRESS Taneytown Md. C.H. Reinwees

AdCo. 5-31 2408

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75114 001

CERTIFICATE OF DEATH

1861 E 75114

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen Hospital St. 15-67 Ward)

Length of residence in city or town where death occurred yrs mos da How long in U.S. if of foreign birth? yrs mos da.

2. FULL NAME Mary Agnes Sexton

(a) Residence: No. 2001 Hilton St. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Nov. 18, 1861

12. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation (?)

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Owen Sexton

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Alice Hand

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date Dec 28, 1931

19. UNDERTAKER Henry N. Jenkins Sons
(Address) N. Eutaw & Orchard Sts

20. FILED DEC 27 1931 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1931, to Dec 25, 1931

I last saw her alive on Dec. 25, 1931 death is said to have occurred on the date stated above, at 7:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture neck of left femur	12/1/31
Chronic myocarditis with Hypertension	(?)
Fell off chair.	
Other contributory causes of importance:	
Carcinoma of Breast (right)	(?)
Amputated:	
Amputation of left thigh	12/12/31

Name of operation Date of

Was test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward W Warren M. D.

(Address) Maryland Gen. Hospital

Spec.—9 30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

119 E 75115

CERTIFICATE OF DEATH

75115

REGISTERED NO. 2756

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3617 Manchester Av WARD 27)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charlotte Sisselberger

(a) RESIDENCE NO. 3617 Manchester Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 26 ds. How long in U. S., if of foreign birth? 1 yrs. 4 mos. 26 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6b DATE OF BIRTH (month, day, and year) August 1930

7 AGE: Years 1, Months 4, Days 26, If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Balto. Maryland

10 NAME OF FATHER Louis Sisselberger

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Evans

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Maryland

Informant Mr. Louis Sisselberger (father)

(Address) 3617 Manchester Av

Filed DEC 27 1931 C. PHILIP JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1931, to Dec 25, 1931

that I last saw h[illegible] alive on Dec 25, 1931

and that death occurred, on the date stated above, at 12 30 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia, acute fulminating

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Uremia Coli

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

12/26/1931 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olivet Cemetery DATE OF BURIAL. Dec 28, 1931.

UNDERTAKER Edward Monento ADDRESS Balto.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

5116

CERTIFICATE OF DEATH

93 E 75116

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 2449 N Calvert St. 12-50 WARD)

2 FULL NAME Frank Ellsworth Saunders

(a) RESIDENCE NO. 2449 N Calvert ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche B. Saunders

6 DATE OF BIRTH (month, day, and year) July 4 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Advertising

(b) General nature of industry, business, or establishment in which employed (or employer): Business

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10 NAME OF FATHER: Frank D Saunders

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary McCabe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant (Address): Mrs B B Saunders (wife) 2449 N Calvert St

Filed —, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): December 25 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 5th, 1931, to Dec 25th, 1931

that I last saw — alive on Dec 24th, 1931

and that death occurred, on the date stated above, at 4a m

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evidence

(Signed) Thomas Jump M.D.

12/28/31 (Address) 402 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ft Lincoln Md

DATE OF BURIAL: Dec 28 1931

20 UNDERTAKER: Steuart McManus & Sons

ADDRESS: Balto

HAMPSON JONES, M. D.

DEC 27 1931

10—M. & T.—100 B—50L

E 75117

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75117

CERTIFICATE OF DEATH

93-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3814 Beech Ave St. 12-51 (Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry William Miller

(a) RESIDENCE NO 2905 Creemont Ave St., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 10 mos. 13 ds. How long in U. S., if of foreign birth? 56 yrs. 10 mos. 13 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth R. Miller

6 DATE OF BIRTH (month, day, and year): Feby-11-1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	10	13	

7 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Manufs Agent
(b) General nature of industry, business, or establishment in which employed (or employer): for the
(c) Name of employer: Brooklyn Varnish Co

8 BIRTHPLACE (city or town) (State or country): Balto. Maryland

9 NAME OF FATHER: Henry W. Miller

10 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

11 MAIDEN NAME OF MOTHER: Catherine Ackerman

12 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Mrs Eva E. Miller (wife)

(Address) 2905 Creemont Ave.

Filed ..... 192 ..... Registrar .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Dec 24th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH was as follows:*

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regulary

(Signed) H. H. Leuk, M. D. Coroner

(Address) Home

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Dec 28/ 1931.
20 UNDERTAKER	ADDRESS
Hooper & Co	Balto.

A&Co. 5-11 250B

Dr McCarley 37 W. Preston St Ver 1152

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75118

CERTIFICATE OF DEATH

97 Before 8:30 a.m. 1-1-32 a.m.

Registered No. E 75118

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 744 Poplar Grove St. 16-68 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Mc Hardy

(a) Residence: No. 744 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) WIDOW of: James P. Mc Hardy

6. DATE OF BIRTH (month, day, year): Aug 4th 1870

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
61	4	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: James Killbride

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Bridget Coyne

16. BIRTHPLACE (city or town) (State or country): Ireland

INFORMANT (Address): James G. Mc Hardy 744 Poplar Grove St

BURIAL, CREMATION, OR REMOVAL: Loys (Harford Rd) Cem Date 12/28/1931

UNDERTAKER (Address): W M Cooke 1719 E Fort Ave

FILED JAN 7 1931, 19 [illegible] M. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 25th 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1931, to Dec 25, 1931

I last saw her alive on Dec 25, 1931 death is said to have occurred on the date stated above, at 12 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential hypertension	1929
Pulmonary Edema	4 days

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harry Dw Carley, M. D.

(Address) 37 W. Preston St

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

75119

CERTIFICATE OF DEATH

Dr Kourey 1912 N. Broadway

6-3-003 7:30 PM

6-3 B. 75119

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 E. Biddle St. 10-15 Ward)

Length of residence in city or town where death occurred 40 yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Michael Kilmore

(a) Residence: No. 604 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~
HUSBAND of ~~or WIFE of~~ Lillie B. Kilmore

6. DATE OF BIRTH (month, day, year) July 3rd 1856

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
75	5	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Telegraph Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Cumberland Pa.

13. NAME John Kellmore

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Katherine Hart

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Lillie B. Kellmore
(Address) 604 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Hanover Pa Date 12/28/1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED DEC 29 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25th 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1 1931 to Dec 25 1931

I last saw him alive on Dec 24 1931 death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Arteriosclerosis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. W. Kourey M. D.

(Address) 1512 N Broadway

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75120

75120

CERTIFICATE OF DEATH.

94-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 S. Port ST., 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Rohda

(a) RESIDENCE NO. 813 S. Port ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

6 If married, widowed, or divorced HUSBAND of or) WIFE of Anna Rohda

DATE OF BIRTH (month, day, and year) Feb. 2 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	10	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Produce dealer

(b) General nature of industry, business, or establishment in which employed (or employer) N/S

(c) Name of employer Own business

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Charles Rohda

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Anna Rohda

(Address) 813 S. Port St

Filed 12 27 1931 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24/31

17 I HEREBY CERTIFY, That I attended deceased from 10/4 ,19 31, to 12/24 ,19 31,

that I last saw him alive on 12/24 ,19 31,

and that death occurred, on the date stated above, at 2.30 a- m.

The CAUSE OF DEATH* was as follows: Angina Pectaris

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Leonard Strauss, M. D.

, 19 31 (Address) 316 S Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cem.	Dec 27 19 31
20 UNDERTAKER Stephen J. Jackowski	ADDRESS 1005 S. Kenwood Ave

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75121

CERTIFICATE OF DEATH.

10 7-001 E 75121

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2141 E. Fairmount Ave (St.) 3 (Ward)

2-FULL NAME Morris Tankin

(a) RESIDENCE NO. 2141 E. Fairmount Ave St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs mos ds. How long in U. S., if of foreign birth? 47 yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie Tankin

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Jacob Tankin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER does not know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Harry J. Tankin 1119 N. Milton Ave

15 Filed DEC 27 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 20 1931 to Dec 26 1931, that I last saw h[e] alive on Dec 24 1931, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Bronch. pneumonia

(duration) yrs. 1 mos 17 ds.

CONTRIBUTORY (Secondary) Myocarditis acute

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? physical sputum

(Signed) Frank Levinson M. D.

. 19 (Address) 2305 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Ft. Carmel

DATE OF BURIAL 12-27 1931

20 UNDERTAKER Jack Levin Jr.

ADDRESS 1939 E. Baltimore St

Spec—9 30—A. & Co—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75122

E 75122

131

CERTIFICATE OF DEATH

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
CITY OF BALTIMORE: (No Sinai Hospital ST 11-25 WARD)

2 FULL NAME Louis Sugar

(a) RESIDENCE NO 422 N. Franklin ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Wh.	Married

6a If married, widowed or divorced
HUSBAND of
(or) WIFE of Sarah Sugar

7 DATE OF BIRTH (month, day, and year) June 15 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	6	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Restaurant Owner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) U. S. A.

10 NAME OF FATHER Abraham J. Sugar

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Gertrude N. Sugar

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Ben Sugar
(Address) 1628 N. Eutaw St

Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/26/31

17
I HEREBY CERTIFY, That I attended deceased from 12/6 , 1931 , to 12/26 , 1931
that I last saw h in alive on 12/26 1931
and that death occurred, on the date stated above, at 7.40 A m.
The CAUSE OF DEATH* was as follows:
Cardio-vascular-renal disease

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage into cord
(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Archie Robert Cohen M. D.
, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship	12-27 1931
20 UNDERTAKER	ADDRESS
Jack Lewis Inc	1439 E. Balto st

Spec.—9-30—A. & Co.—250 Bks

75123

HEALTH DEPARTMENT—CITY OF BALTIMORE

75123

CERTIFICATE OF DEATH

59

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Sinai Hospital 15-51 St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Dora Berman

(a) RESIDENCE NO. 2407 Forest Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: 1 | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: John Berman

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or, min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant (Address): Esch Heirs, 1439 E. Dale St.

Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/26/31

17

I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1931, to Dec 26, 1931

that I last saw h[illegible] alive on Dec. 26, 1931

and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Diabetis Mellitus — 7 days.

(duration) 12 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M. B. Wirth M. D.

. 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cross dale — DATE OF BURIAL: 12-27-1931

20 UNDERTAKER: Esch Heirs Inc., 1439 E. Dale St — ADDRESS

A&Co. 5-11 2998

HEALTH DEPARTMENT—CITY OF BALTIMORE

75124

CERTIFICATE OF DEATH

82-E 75124

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St. 11-24 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? 10? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Brown

(a) Residence: No. 1003 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	?

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ? 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43	?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Ill
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ?
13. NAME Harry Mason
14. BIRTHPLACE (city or town) Ky?
(State or country)
15. MAIDEN NAME Hitcoper
16. BIRTHPLACE (city or town) Alabama
(State or country)
17. INFORMANT RECORDS OF BALTO. CITY HOSP.
(Address)
18. BURIAL, CREMATION, OR REMOVAL Pt. Auburn Cem 12/27/31
19. UNDERTAKER Samuel T. Hensley
(Address) 378 N. Eutaw
C. HAMPSON JONES, M. D.
20. FILED 12/31/31 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1931 to Dec. 22, 1931

I last saw her alive on Dec. 22 1931 death is said to have occurred on the date stated above, at 11:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central hemorrhage, left with right hemiplegia	5 days ago

Other contributory causes of importance: Hypertension unknown

Name of operation None Date of No

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

12-23-31 Elmer Highberger, Jr. M. D.
(Signed)
(Address) BALTO. CITY HOSP.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 75125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 E 75125

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1332 N. Luzerne Ave St. 8-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nellie E. Weatherstine

(a) Residence No. 1332 N. Luzerne Ave St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 7 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew J. Weatherstine

6-DATE OF BIRTH (month, day and year) May 4 1862

7-AGE 69 yrs. 7 mos. 21 ds.

If LESS than 1 day ....hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country). Balto. Md.

PARENTS

10-NAME OF FATHER. Albert Swoope

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto. Md.

12-MAIDEN NAME OF MOTHER. Annie French.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto. Md.

14-INFORMANT (Informant) Nellie Emmart

(Address) 1332 N. Luzerne Ave.

15-FILED DEC 27 1931 WILLIAM F. JONES, M. D. Registrar.

By .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec 25/31

17- I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931, to Dec 25, 1931, that I last saw h,e,r alive on Dec 24, 1931, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema & Insufficiency

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Senile

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Wood Bowman, M. D.

12-28, 1931 (Address) 918 N. Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Forest Park

DATE OF BURIAL. Dec 28, 1931

20-UNDERTAKER Wm. H. Valentine

ADDRESS 2326 Aisquith St.

Spec.—9-30—A. & Co.—250 Blks

75126 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C 75126

CERTIFICATE OF DEATH.

REGISTERED NO. 131

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 4 E. Barney ST. 23-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Harry Clewell

(a) RESIDENCE NO. 4 E. Barney ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie Clewell

6 DATE OF BIRTH (month, day, and year): July 28, 1874

7 AGE: Years 57 Months 4 Days 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Edward Clewell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto, Md

12 MAIDEN NAME OF MOTHER: Margaret Victor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant (Address): Mrs. Nellie Clewell 4 E. Barney St.

DEC 27 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 23, 1931

17

I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1931 to Dec. 23, 1931

that I last saw him alive on Dec. 23, 1931

and that death occurred, on the date stated above, at 12:00 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinically

(Signed) H. E. H. Campbell M. D.

Dec 28 1931 (Address) 644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lucy Gross & Co — DATE OF BURIAL: Dec 28 1931

20 UNDERTAKER: Chas. L. Sterne — ADDRESS: 1019 Eutaw Pl

Spec.—2-29-28—L. P. S.—500 Blks.

75127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-201 E 75127

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 901 Aisquith ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sr. M. Pacifica Kern

(a) RESIDENCE NO. 901 Aisquith St ST.. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) March 29, 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65		8	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sister of Notre Dame

(b) General nature of industry, business, or establishment in which employed (or employer) Convent of Notre Dame

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country)

10 NAME OF FATHER Matthias Kern

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Catharine Aman

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

Informant Sisters of Notre Dame
(Address)

DEC 27 1931, HAMPSON JAMES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25/31

17

I HEREBY CERTIFY, That I attended deceased from Dec 20. 1931. to Dec 31. 1931

that I last saw h[illegible] alive on Dec 28 1931

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia
Acute dilatation Heart
(duration) yrs. mos 9 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? St Ann's Convent School

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) S. V. M. D.

12 26 1931 (Address) 110 E North Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Notch Cliff	Dec 27 1931
20 UNDERTAKER	ADDRESS
Frank A. Fink	915 N. Eutaw

...ec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75128

CERTIFICATE OF DEATH

131 E 75128

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2533 Pennsylvania AVE. WARD) 13-29

2—FULL NAME William L Snyder

(a) RESIDENCE NO. 2533 Pennsylvania Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Married

If married, widowed, or divorced HUSBAND of (or WIFE of) Barbara Snyder (nee Fiori)

DATE OF BIRTH (month, day, and year) March 26 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer W. P. Electric Co

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Michael Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Mrs Barbara Snyder (Wife)

(Address) 2533 Pennsylvania Ave

Filed DEC 28 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1931

17 I HEREBY CERTIFY, That I attended deceased from March, 1928, to Dec 26, 1931, that I last saw h im alive on Dec 25, 1931 and that death occurred, on the date stated above, at 5.10 a. m.

The CAUSE OF DEATH* was as follows:

Hypertension Cardio. Vascular Renal Disease

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Gangrene of Leg

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) C. Hunstetter M. D.

12/26 1931 (Address) 1216 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL
Woodlawn Cemetery	Dec 28 1931
20 UNDERTAKER	ADDRESS
Sulter Davis	2418 Eastern Ave

Form 1-30—M. & T.—250 Blks.

E 75129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

REGISTERED No. E 75129

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1309 N. Wilcox ST. 9-14 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Elizabeth Reese

(a) RESIDENCE NO. 1309 N. Wilcox ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Feb 24 1927

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	9	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Wm. D. Reese

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary E. Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Mrs. Mary E. Reese

(Address) 1309 Wilcox St.

Filed DEC 27 1931 C. HAMPTON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/26/31.

17 I HEREBY CERTIFY, That I attended deceased from 12/25, 1931, to 12/26, 1931, that I last saw h alive on 12/26, 1931, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) Virgil Tilton, M. D.

, 19 (Address) 1304 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Dec 30 1931
20 UNDERTAKER	ADDRESS
Edward W. Conklin	924 E. Eager St.

Cor.—12-9-25—A Co.—200 Hks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75130

CERTIFICATE OF DEATH.

82-001 V

E 75130

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital) Ward 43-59

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L. Donohue

(a) RESIDENCE NO. 3018 Auchentoroly Terr. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widowed

6 If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Sarah Watson Donohue

DATE OF BIRTH (month, day, and year) March 15, 1850

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	81	9	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 34

(b) General nature of industry, business, or establishment in which employed (or employer) Grocer

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Ireland

10 NAME OF FATHER Thomas Donohue

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine O'Brian

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) England

Informant Mrs Mary F. Scott

(Address) 3019 Auchentoroly Terr.

Filed 7 1931 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Apoplexy

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) [illegible] M. D. (Coroner)

12/26 1931 (Address) 2632 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — Date of Burial Dec. 28 1931.

20 UNDERTAKER Martin Fahey & Sons — ADDRESS 1827 W. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75131

CERTIFICATE OF DEATH

31 E 75131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3507 Falls Rd (WARD) 43-52

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret Jane Rice

(a) RESIDENCE NO. 3507 Falls Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Rice

6 DATE OF BIRTH (month, day, and year) Aug. 24-1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

10 NAME OF FATHER George Boblitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha Franck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant John A. Rice

(Address) 3507 Falls Road

Filed 2, 19 31 [illegible] M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26, 1931

17:

I HEREBY CERTIFY, That I attended deceased from 12/20, 1931, to 12/26, 1931

that I last saw h[illegible] alive on 12/25, 1931

and that death occurred, on the date stated above, at 12.15 P. m.

The CAUSE OF DEATH* was as follows:

Ch. Interstitial nephritis, Arteriosclerosis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Everett R. [illegible] M. D.

12/29/31 (Address) 2020 N. Charles

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Dec. 29-1931
20 UNDERTAKER Horace F. Bulger	ADDRESS 3631 Falls Rd

AaCo. 5-31 250B

75132 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 75132

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 13-53 Ward)

Length of residence in city or town where death occurred 59 yrs E. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Margaret Schaffer

(a) Residence: No. 3604 Elm Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) March 6, 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 069
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME OF FATHER Louis Schaffer

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Amanda Stull STOLL

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL St Pauls Cem. Arcadia Md. Date Dec. 28 1931.

19. UNDERTAKER Horace F. Burger
(Address) 3631 Falls Road

20. FILED Dec 28 1931 J. HARRISON JONES, M. D. Registrar

27 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 25 1931

22. I HEREBY CERTIFY, That I attended deceased from November 15, 1931 to December 25, 1931

I last saw h[illegible] alive on December 25 1931 death is said to have occurred on the date stated above, at 9.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	2 Mos?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Simon Berger, M. D.

(Address) Mercy Hospital

A&Co. 5-11 2508

75133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 75133

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen. Hosp. (Ward) 9-47

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Otto Melty

(a) Residence: No. 629 Dumbarton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

7. DATE OF BIRTH (month, day, year) Nov 22, 1880

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	1	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Piano Tuner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hancock Co, Ohio

13. NAME Wm. Welty

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Eliz. Bolinger

16. BIRTHPLACE (city or town) (State or country) Switzerland.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Tiffin, Ohio Date Dec 27, 1931

19. UNDERTAKER Horace F. Burgee
(Address) 2031 Eutaw Place

FILED ... 19... Registrar.

DEC 27 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1931 to Dec. 26, 1931
I last saw him alive on Dec. 26 1931 death is said to have occurred on the date stated above, at 8:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma from Gall-bladder	Dec 8-15 1931

Other contributory causes of importance:

Metastasis to Lungs	Dec. 26, 1931

Name of operation Cholecystectomy Date of 12/2/31

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert S. Wilkerson, M. D.
(Address) Md. Gen. Hosp.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

75134

CERTIFICATE OF DEATH

31 E 75134

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr Jacob Wolfsheimer (Wolfsheimer)

(a) Residence: No. 5721 Park Heights Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Georg Wolfsheimer

DATE OF BIRTH (month, day, year) JUNE 25 1875

AGE	Years	Months	Days	If LESS than 1 day: hrs. or min.
56		5	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Solicitor at Law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Att'ys

10. Date deceased last worked at this occupation (month and year) Dec

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) BALTIMORE, MD

12. NAME NATHANIEL WOLFSHEIMER

14. BIRTHPLACE (city or town) (State or country) GERMANY

15. MAIDEN NAME ZACHARIA

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

INFORMANT Hospital Records

(Address) .....

BURIAL, CREMATION, OR REMOVAL Pl. Int. Almt Date 12/31/31

UNDERTAKER Geo. E. Boyle & Son

(Address) 1725 Eutaw Pl

FILED 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-23-1931

22. I HEREBY CERTIFY, That I attended deceased from 12-6, 1931, to 12-22, 1931

I last saw him alive on 12-23, 1931 death is said to have occurred on the date stated above, at 10 45 pm.

The principal cause of death and related causes of importance were as follows:

ABDOMINAL ABSCESS

(from infection following

Rupture of urethra)

Date of onset 1 month

Other contributory causes of importance:

CHRONIC NEPHRITIS ?

UREMIA ?

10 days

Name of operation INCISION & DRAINAGE of ABSCESS Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

er.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 E 75135

75135

REGISTERED NO.

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. 244 Bowers Ct. ST. 8-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph E. Malden

(a) RESIDENCE NO. 244 Bowers Ct. WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 10th 1924.

AGE: Years 5 | Months 4 | Days 14 | If LESS than 1 day, hrs or min.

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

8 BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

9 NAME OF FATHER Henry Malden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Henrietta Nixon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Henrietta Nixon Malden

(Address) 244 Bowers Ct.

Filed DEC 27 1931 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/26/31.

17 I HEREBY CERTIFY, That I attended deceased from Dec 24 1931 to Dec 26 1931 that I last saw him alive on Dec 26 1931 and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Diptheria.

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Diptheria Intubation

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Test.

(Signed) J. T. Gunn, M. D.

19 (Address) 1022 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery

DATE OF BURIAL: Dec 27, 1931

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 322 N. Schroder St.

AaCo. 5-31 250B

75136

HEALTH DEPARTMENT—CITY OF BALTIMORE

97 E 75136

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4200 Groveland ave St. 28-63 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grace E. Hardy
(a) Residence: No. 4200 Groveland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John F. Hardy

6. DATE OF BIRTH (month, day, year) ... 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore
13. NAME John Gaboublain
14. BIRTHPLACE (city or town) (State or country) Balto. City Md.
15. MAIDEN NAME Sarah Parat
16. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.
17. INFORMANT (Address) 4200 Groveland Ave. Mrs. E. Hardy
18. BURIAL, CREMATION, OR REMOVAL. Place Druid Ridge Date 12-28-1931
19. UNDERTAKER (Address) Robert Brooks & Son Calhoun & Hoffman Sts
20. FILED DEC 28 1931 H. LESTER JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25-1931

22. I HEREBY CERTIFY, That I attended deceased from 10-14-1931, to 12-24-1931
I last saw her alive on 12-24-1931 death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

Uterine Resuscitation
Cardiac Failure

Date of onset
12-25
Recent

(Other contributory causes of importance)

Name of operation Clinical Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Henry O'Connell M. D.
(Address) 3902 Groveland

Spec.—9-30—A. & Co.—250 Blks.

E 75137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75137

REGISTERED NO

1086

1. PLACE OF DEATH

CITY OF BALTIMORE: (No West Balto. Gen. Hosp. 13-52 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Elmer Bender

(a) RESIDENCE NO 3328 Beech Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6 If married, widowed, or divorced DUSBAND of (or) WIFE of Irene V. Bender

7 DATE OF BIRTH (month, day, and year) Nov 15 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	1	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman for Construction Co.

(b) General nature of industry, business, or establishment in which employed (or employer) Stone & Webster

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Pa

10 NAME OF FATHER Noah Bender

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Louisa Lassinder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

Informant Irene V. Bender

(Address) 3328 Beech Ave

Filed DEC 28 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 26 19 31 to Dec 27 19 31

that I last saw h/e alive on Dec. 27 19 31

and that death occurred, on the date stated above, at 3:25 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos. Cohen M. D.

19 (Address) U. S. Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Crookville, Pa.

20 UNDERTAKER Plummer Hudson

DATE OF BURIAL Dec 30, 19 31

ADDRESS 345 Cumberland

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

5138

CERTIFICATE OF DEATH

34

E 75138

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Lyndenham Hospital St. 13-27 (Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 16 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Doris Franklin

(a) Residence: No. 3437 Ash St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of /

7. DATE OF BIRTH (month, day, year) Dec 10, 1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. /

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Frederick Franklin

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Allenay Giddings

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT Mrs Allenay Franklin

(Address) 3437 Ash St

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary Cemetery Dec 25, 1931

19. UNDERTAKER Chenowith & Love

(Address) 3616 Eastern Ave.

DEC 23 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1931, to Dec. 26, 1931

I last saw h-er alive on Dec. 26, 1931 death is said to have occurred on the date stated above, at 9 45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Lues	12/10/31

(Other contributory causes of importance:)

None

Name of operation None Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Peter Meranchi M. D.

(Address) Lyndenham Hospital

1-30—M & T—100 B—501.

E 75139

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75139

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. ST. 15-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Allen Grace

(a) RESIDENCE NO 1323 N. Calhoun ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1906

7 AGE Years 25 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Labor

(c) Name of employer

040

9 BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Charles Grace

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Lucy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

Informant Lucy Grace

(Address) 1323 Calhoun

Filed DEC 28 1931 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26th 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) Hospital thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Homicide Hemorrhage due to Fractured Skull Lead with Hatchet

(duration) hrs. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. Leigh Brown M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chora Cemetery

DATE OF BURIAL 12/28 19 31

20 UNDERTAKER M. V. Auburn

ADDRESS 1406 Eutaw

1-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75140

E 75140 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4000 N. Charles ST. 13-59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard W. Wallace

(a) RESIDENCE NO. ~~4000 N Charles~~ 2541 McCulloh St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Owen Wallace

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Butler
(b) General nature of industry, business, or establishment in which employed (or employer) Private Family
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md

10 NAME OF FATHER Oliver Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Owen Wallace

(Address) 2541 McCulloh St

Filed DEC 28 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ~~his~~ death on the day stated above.

THE CAUSE OF DEATH* was as follows:

Tabardar Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John H. Mowbray Coroner, M. D.

(Address) 1122 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 12-28 1931

20 UNDERTAKER John H. Trader

ADDRESS 1027 Hanover

AaCo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75141

CERTIFICATE OF DEATH

E 75141

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1514 E. Preston St., 8-17 Ward)

Length of residence in city or town where death occurred 81 yrs. 4 mos. 22 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Hardester

(a) Residence: No. 1514 E. Preston St., 9 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fredericka Hardester

DATE OF BIRTH (month, day, year) Aug 7, 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	4	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. Ry & Elec Co.
10. Date deceased last worked at this occupation (month and year) May 1917
11. Total time (years) spent in this occupation 28 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Benjamin Hardester

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Cornelia Wright

16. BIRTHPLACE (city or town) (State or country) Richmond Va

INFORMANT Charles Sulls
(Address) 1514 E. Preston St

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 28, 1931

UNDERTAKER Wm Fulton Sons
(Address) North & Fayette sts

FILED DEC 28 1931 [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1931, to Dec 26, 1931.

I last saw him alive on Dec 26 1931 death is said to have occurred on the date stated above, at 7.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Nov 1931
(Other contributory causes of importance) Senility	

Name of operation none Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benj. S. Hardester M. D.

(Address) 216 N. Carrollton Ave

AaCo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

75142

CERTIFICATE OF DEATH

E 75142

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 John Street St. 14-W Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate K. Towson

(a) Residence: No. 1516 John Street St., Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
WIFE of (or) HUSBAND of ----

DATE OF BIRTH (month, day, year) About 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME James Towson

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Louisa Barker

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mr. B. B. Pue
(Address) 1815 Bolton Street

BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Dec 29. 1931

UNDERTAKER J. J. Turner, Inc.
(Address) 1426 Eutaw Place

FILED DEC 29 1931 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25th. 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 7th 1931 to Dec 25th 1931

I last saw h[illegible] alive on Dec 25th 1931 death is said to have occurred on the date stated above, at 8.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	12.23.31
(Other contributory causes of importance) Chr. Endocarditis & Chr. Nephritis (Interstitial)	1916

Name of operation None Date of
What test confirms diagnosis? Physical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. B. Tilden Towson, M. D.
(Address) 1901 Eutaw Place.

AACo. 5-11: 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75143

CERTIFICATE OF DEATH

~95

E 75143

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 Lyndhurst St. 20-71 Ward)

Length of residence in city or town where death occurred 69 yrs. 7 mos. 12 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Christina Lederer

(a) Residence: No. 406 Lyndhurst St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Lederer

DATE OF BIRTH (month, day, year) May 13, 1862

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	69	7	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 3

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Henry Woulbrandt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary ? ?

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr Henry M. Lederer
(Address) 406 Lyndhurst St

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec. 28 1931

UNDERTAKER H. W. Wiesner Sons
(Address) No 211 E Pa Ave.

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25. 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1931, to Dec 25, 1931

I last saw her alive on Dec 24 1931 death is said to have occurred on the date stated above, at 5.45 A.M.

The principal cause of death and related causes of importance were as follows:

Intermittent Fibrilation — Date of onset Dec 24 1931
Cardiac Dilatation

Other contributory causes of importance: Hypertension, Arteriosclerosis — Date of onset Unknown

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) E. L. Wiesner, M. D.

(Address) 4000 Edmondson Ave

1-30—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75144

REGISTERED NO. E 75144

74-001

I-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert W. Frazier, Jr.

(a) RESIDENCE NO 1002 McDonough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	black	single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Sep 7/1931

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	19	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER Robt. W. Frazier, Jr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER Ada A. Pembleton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant Ada A. Frazier

(Address) 1002 McDonough St

Filed ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Menongitis-Probably Pneumonocic

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) [illegible] M. D. Coroner

(Address) 508 E. North Ave

Dec. [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Antioch Cemetery DATE OF BURIAL: Dec 28 1931

20 UNDERTAKER: Chas H. Johnson ADDRESS: 416 N. Carolina

1-30—M & T.—100 B—50L

E 75145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75145

210-007

REGISTERED NO. 24433

1-PLACE OF DEATH Pronounced dead at the

CITY OF BALTIMORE: (No. South Baltimore General ~~Hospital~~ WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Knott.

(a) RESIDENCE NO. Morris Hill Annapolis Blve ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) June 6, 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	6	18	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) St Marys Co. Md.
(State or country) Harman's Md.

10 NAME OF FATHER Joseph Knott.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) St. Marys Co. Md.

12 MAIDEN NAME OF MOTHER Jennie Martin.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Glen Burnie, Md.

Informant Jennie Knott. (mother)

(Address) Morris Hill, A.A.Co. Md.

Filed 12 28 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 24, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Automobile Accident, collision between two automobiles.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Morris Hill Annapolis Blvd. Dec. 24, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquest B.C.Co. Md.

(Signed) Chas M. Reinhardt, Coroner, M. D.

12/28/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: Dec 28 1931

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

Rec. 2-29-28—L. F. S.—500 Blks.

McGee

HEALTH DEPARTMENT—CITY OF BALTIMORE

108

E 75146

E 75146

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (Co.) Lt Joseph Hospital WARD 4 Oak 30 Dix

2—FULL NAME Sarah A McGee

(a) RESIDENCE NO. 2115 Barclay ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 5 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

10 NAME OF FATHER Wm H. McGee

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant Mrs H. Adams

(Address) 5212 St Albans Way

Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26-31

17 I HEREBY CERTIFY, That I attended deceased from 12-24-31, 19 , to 12-26-31, 19 .

that I last saw h alive on 12-26-31, 19

and that death occurred, on the date stated above, at 11.35 P. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) A B Hendrick, M. D.

19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL Dec 29 1931

20 UNDERTAKER John F. Deany

ADDRESS 715 Light St

B 1931

AaCo. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

75147

CERTIFICATE OF DEATH

12-49

E 75147

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 E. 33rd. St. ..... Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert M. Sproesser

(a) Residence: No. 326 E. 33rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Sproesser

DATE OF BIRTH (month, day, year) Nov. 10, 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	1	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney at Law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

13. NAME Albert Sproesser

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Mrs. Mary E. Sproesser
(Address) 326 E. 33rd. St.

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 28, 1931

UNDERTAKER John F. Denny
(Address) 715 Light St

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 1931.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1931, to Dec. 25, 1931

I last saw him alive on Dec 25 1931 death is said to have occurred on the date stated above, at 2.05 p. m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis — Date of onset
Arteriosclerosis

Other contributory causes of Importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. F. Queen M. D.

(Address) 3501 Fairmount Blvd.

AaCo. 5-31 250M

HEALTH DEPARTMENT CITY OF BALTIMORE

F 75148

CERTIFICATE OF DEATH

F 75148

Registered No. 95-802

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 N. Appleton St. 15-68 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Smulyan

(a) Residence: No. 1654 N Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph F.

DATE OF BIRTH (month, day, year) 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Harrisburg Pa

13. NAME Julius Kanter

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Mary Rosenberg

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Sol Klavan

(Address) 1654 N Bentalou st

BURIAL, CREMATION, OR REMOVAL

Place Southern ave Date 12/28/1931

UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Baltimore st

FILED DEC 29 1931, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from June, 1929 to Dec. 27, 1931

I last saw her alive on Dec 26, 1931 death is said to have occurred on the date stated above, at 2.45 A.m.

The principal cause of death and related causes of importance were as follows:

Multiple Sclerosis
Rheumatic Chronic Myocarditis
Acute Bronchopneumonia

Date of onset

Other contributory causes of importance:

Cerebral Embolism
(Pneumococcic Septicemia)
Chronic Nephritis

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. J. Brosman M. D.

(Address) 2340 Eutaw Pl

1-20—M & T—100 B—501.

Louis Silbermann

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75149

CERTIFICATE OF DEATH

E 75149

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) 916 Druid Hill St. 16-22 WARD)

2-FULL NAME Louis Silbermann

(a) RESIDENCE NO. 916 Druid Hill St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Wht

5 Single, Married, Widowed, or Divorced (write word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

7 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Laborer. 040

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

9 NAME OF FATHER Geo Silbermann

10 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

11 MAIDEN NAME OF MOTHER Mary Levine

12 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant Edward Bennett

(Address) 928 Edmondson Ave

Filed Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis (duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) A. L. Smith, M. D.

Coroner

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL 12/28 1931

20 UNDERTAKER Samuel F. Hemsley

ADDRESS 1178 N. Bradford

AaCo. 5-31 2508

Blackstein

HEALTH DEPARTMENT—CITY OF BALTIMORE

66-002

75150

CERTIFICATE OF DEATH

E 75150

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5731 Reisterstown Road 27-55 Ward)

Length of residence in city or town where death occurred 7 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Bertha Irene Blackstein,

(a) Residence: No. 5731 Reisterstown Road St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced, HUSBAND (or) WIFE of Elysio G. Blackstein,

DATE OF BIRTH (month, day, year) 1885-8-11

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	4	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME Franklin L Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Florence Green

16. BIRTHPLACE (city or town) (State or country) Maryland.

INFORMANT Elysio G. Blackstein,

(Address) 5731 Reisterstown Road.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. 12/29/1931

UNDERTAKER C. M. Hafer

(Address) Winfield, Md.

FILED 12/29/1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from August 23, 1931, to December 26, 1931

I last saw h[illegible] alive on Dec 26, 1931, death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension - (6 mos)	1926

Other contributory causes of importance:

Acute Cardiac Dilatation	12/26/31

Name of operation None Date of 5/21/30

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliott Mitchell, M. D.

(Address) 711 W Lanvale St

Rev. 2-29-28—L. F. S.—500 10m.

E 75151

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75151

54-002

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST. 8-16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Hallie F. Bryan

(a) RESIDENCE NO. 2407-E. Federal ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

If married, widowed, or divorced, ~~HUSBAND of~~ (or) WIFE of: Late Milton H. Bryan

6 DATE OF BIRTH (month, day, and year): May 1886

7 AGE: Years 45 | Months 7 | Days 25 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Rockingham Va.

10 NAME OF FATHER: Geo W. Kenton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mollick Sargent

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

Informant: Alda Drury

(Address) 2407 E. Federal St

Filed DEC 28 1931, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/26/31

17 I HEREBY CERTIFY, That I attended deceased from Dec. 5, 19 31, to Dec. 26, 19 31.

(that I last saw her alive on Dec. 26, 19 31

and that death occurred, on the date stated above, at 11.30 A m.

The CAUSE OF DEATH* was as follows:

Fibroid uterus

Secondary anemia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Anemia.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) W. H. Hundley M. D.

, 19 (Address) 1 St Joseph's Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood

DATE OF BURIAL: 12/29 1931

20 UNDERTAKER: Philip Herwig

ADDRESS: 2016 Orleans St

Cor.—10-10-29—A Co—100 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75152

E 75152

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 22 N Carey St., 19-26 Ward)

2-FULL NAME John E Hanson

(a) RESIDENCE NO. 22 N Carey St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of divorced

6 DATE OF BIRTH (month, day, and year) July 16 1889

7 AGE	Years	Months	Days	IF LESS than 1 day hrs or min
	42	5	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Die Setter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norway

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) " "

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Mrs Lutie Schoonover 6 N Fulton Ave

15 Filed DEC 28 1931, 19 C. HARRY WILLIAMS, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to *his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fall from 2nd. floor window—accidental

(duration) immediately yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture of Skull

(duration) immediately yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Typical signs

(Signed) Guy N. Thomwell M. D.

12/27 1931 (Address) 223 N Stapleton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Dec 29 1931
20 UNDERTAKER John O. Mitchell	ADDRESS 1900 Eutaw Pl.

AaCo. 5-11 2508

Mrs. Theresa A. Jamison

75153 HEALTH DEPARTMENT CITY OF BALTIMORE E 751[illegible]

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hosp. 1931

CITY OF BALTIMORE: (No. 22nd & Calvert St. 27 Ward) Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U.S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME Mrs. Theresa A. Jamison

(a) Residence: No. 210 Goodwood Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thos. H. Jamison

DATE OF BIRTH (month, day, year) Nov. 26, 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75		0	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Edward Hinrichsen

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Clementine Koch

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Son
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 28 1931

19. UNDERTAKER John C. Mitchell & Sons
(Address) 1700 Eutaw Place

20. FILED [illegible] Registrar. M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1931 to Dec. 27, 1931

I last saw her alive on Dec. 27, 1931 death is said to have occurred on the date stated above, at 12:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain abscess	12/14/31

Other contributory causes of importance:

Infectious parotitis	12/25/31

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. France M. D.

(Address) Union Memorial Hosp

1-20—M. & T.—100 M—501.

E 75154

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75154

CERTIFICATE OF DEATH

108

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 128 Colvin ST. 5-8 WARD)

2-FULL NAME Daisy Wills

(a) RESIDENCE NO 128 Colvin ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 2 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	Lasted	3	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto City

10 NAME OF FATHER: Linwood Wheat

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Cecelia Wills

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto md

Informant: Cecelia Wills

(Address) 128 Colvin St

Filed _____, 193_ C. HOWARD BAILES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to Inquest death (topay or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) _____ yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton Coroner, M. D.

, 19 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and 12) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Gen

DATE OF BURIAL: Dec 28 1931

UNDERTAKER: Wm J of Locke

ADDRESS: 1312 Jeffer

1-20—M. & T.—100 M—501.

E 75155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2107 001

E 75155

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital. (St.) 13-52 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

2-FULL NAME Elizabeth A. Gosnell.

(a) RESIDENCE No. 3616 Roland Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 6 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

6 If married, widowed, or divorced, (or) WIFE of John T. Gosnell.

7 DATE OF BIRTH (month, day, and year) June 4, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	6	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

10 NAME OF FATHER: Joshua N. Tipton.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Jane Morton.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

Informant: E. Morton Gosnell, (son)

(Address) 3616 Roland Ave.

Filed Dec 28 1931 192. HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 27, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Occidentally struck and knocked down by an automobile while crossing the street.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Falls Rd. & 38th St. December 26, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquest

(Signed) Otto Reinhardt, M. D. Coroner

12/28/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge

DATE OF BURIAL: Dec 30, 1931

20 UNDERTAKER: Edmondson

ADDRESS: 345 Reisterstown

AaCo. 5-31 250B

3400 Albrook Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75156

Registered No. E 75156

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4305 Stanwood Ave 26-41 Ward)

Length of residence in city or town where death occurred ? yrs. mos. da. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie Hannewald.

(a) Residence: No. 4305 Stanwood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Hannewald.

DATE OF BIRTH (month, day, year) Feb 2nd 1866

AGE Years	Months	Days	If LESS than 1 day, hrs or min.
65	10	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany.

12. NAME George Metzger

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Margt Bauer

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Mrs Chas Krug

(Address) 4305 Stanwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Balto Crem. Date 12-28 1931

UNDERTAKER Mr Chas A G Rohde

(Address) 2337 Edmondson Ave

DEC 29 1931 EDWARD JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 25th 1931

22. I HEREBY CERTIFY, That I attended deceased from June 4 1931 to Dec 25 1931

I last saw her alive on 12-25-31 death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast	

Other contributory causes of importance: Recurrence in Stomache & Lungs

Name of operation Excision Breast Date of 6-4-31

What test confirmed diagnosis? Lab Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm. A. Fralick M. D.

(Address) 3rd 3400 "albrook Ave

AaCo. 5-11 2408

HEALTH DEPARTMENT—CITY OF BALTIMORE

75157

CERTIFICATE OF DEATH

20-27 V 131

Registered No. E 75157

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St. (Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Christine Krauss

(a) Residence: No. German Aged Home St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) October 10, 1849

AGE Years	Months	Days	If LESS than 1 day hrs or min.
82	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Adam Krauss

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Charlotte Otto

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT German Aged Home
(Address) Baltimore & Payson Sts.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Dec. 28 19 31

UNDERTAKER Bet A Cook
(Address) 1006 E. Baltimore St.

FILED 1938 [illegible] JAMES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26 19 31

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st 19 31 to Dec 25 19 31

I last saw her alive on Dec 25 19 31 death is said to have occurred on the date stated above, at 2P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis.	?

Other contributory causes of importance:

Chronic Valvular Heart Disease Mitral Stenosis	?

Name of operation none Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Hilles Hemmick M. D.

(Address) 2000 Hollins St.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75158

CERTIFICATE OF DEATH

V 82-001

Registered No. E 75158

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 Linden Ave. St. 14-20 (Ward)

Length of residence in city or town where death occurred 1 yrs. 8 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Holtzman

(a) Residence: No. 1800 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) August 5, 1882

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	49	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Lyeth

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Fannie Boulding

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

INFORMANT Miss Ida May Lyeth
(Address) 1800 Linden Ave.

BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem. Date Dec. 30, 1931

UNDERTAKER
(Address) 1005 W. Baltimore St.

FILED Dec. 30, 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-23-, 1931, to 12-28-, 1931

I last saw h[illegible] alive on 12-28-1931 death is said to have occurred on the date stated above, at 5.45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance:

I do not Know.

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. K. Somerville, M. D.

(Address) 117 N. Saratoga St.

AaCo. 5-31 2500

E 75159 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 75159

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1335 Sargent St. Ward) 21-27

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E Gott

(a) Residence: No. 1335 Sargent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Gott

DATE OF BIRTH (month, day, year) Oct 1852

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	79	2	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Delaware

12. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mary Gott
(Address) 1335 Sargent St

BURIAL, CREMATION, OR REMOVAL.
Place Mount Date 12/29 1931

UNDERTAKER James Cook
(Address) 1912 E Cold St

FILED DEC 29 1931 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26 1931

22. I HEREBY CERTIFY, That I attended deceased from 12/20 1931 to 12/26 1931

I last saw h alive on 12/26 1931 death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2
Chronic Nephritis	
Senile Senility	

(Other contributory causes of importance)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.

(Address) [illegible]

AaCo. S-II 250B

75160 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 75160

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 N. 35 St. 13-52 Ward)

Length of residence in city or town where death occurred 49 yrs. 40 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha A. Teagle.

(a) Residence: No. 815 N. 35 St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

If married, widowed, or divorced
~~HUSBAND OF~~ WIFE of George L. Teagle.

DATE OF BIRTH (month, day, year) Feb 17 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	3.	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D-31
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Hampstead
(State or country) Md.

13. NAME Wesley A Sykes
14. BIRTHPLACE (city or town) Unknown.
(State or country)
15. MAIDEN NAME Georgann Hagar.
16. BIRTHPLACE (city or town) Unknown.
(State or country)

INFORMANT Geo L. Teagle
(Address) 815 N. 35 St

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date 12/30/ 1931

UNDERTAKER Walter Davis
(Address) 3611 Elmhurst Ave

FILED 12 30 1931 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1931, to Dec 27, 1931
I last saw her alive on Dec 27 1931 death is said to have occurred on the date stated above, at 9:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 15, 31

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. W. Anderson M. D.
(Address) 850 N 36 St

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75161

CERTIFICATE OF DEATH

E 75161

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1744 Division St., 24-34 Ward

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U.S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George W. Massey

(a) Residence: No. 1744 Division St., W.S. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Wht	Widower

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Minnie E. Hopkins

DATE OF BIRTH (month, day, year) February

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	—		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME of father [illegible]

14. BIRTHPLACE (city or town) (State or country) [illegible]

15. MAIDEN NAME of mother [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT [illegible]
(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 12-7 1931

19. UNDERTAKER [illegible]
(Address) [illegible]

FILED 12-8 1931 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1931, to Dec 25, 1931

I last saw him alive on Dec 25 1931 death is said to have occurred on the date stated above, at 4.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/17/31
Hard Arteriosclerosis	
Due 12/31 Treatment	
For Cerebral Hemorrhage	
Other contributory causes of importance: Exhaustion	12/23/31

Name of operation No Date of

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. E. Campbell M. D.

Dec 26/31 (Address) 1644 Hanover St

1-30—M & T—100 B—50L

E 75162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16-70

E 75162

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital. WARD)

2-FULL NAME John Owings Walker.

(a) RESIDENCE NO. 617 Dennison St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ---------- ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed, or divorced, HUSBAND of ~~(or) WIFE of~~ Ellen B. Walker

7 DATE OF BIRTH (month, day, and year) April 20, 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	8	5	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Engineer.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

030

8 BIRTHPLACE (city or town) (State or country) Avalon. Md.

10 NAME OF FATHER Peyton P. Walker.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary Aro.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co. Md.

Informant Ellen B. Walker. (wife)

(Address) 617 Dennison St.

Filed 12/28 1931 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) December 25, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture of 9 ribs, left side, left clavicle, shock. Occidentally struck and knocked down by an automobile

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds. Comondson Ove r Dennison.

18 Where was disease contracted if not at place of death? Dec. 22, 1931

Did an operation precede death? Yes Date of

Was there an autopsy? No,

What test confirmed diagnosis? Inquest.

(Signed) Otto H. Reinhardt Coroner, M. D.

12/29 1931 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Dec. 29 19 31

20 UNDERTAKER: Margaret G. Flynn — ADDRESS: 1422 E. 31st

Spec.—9-30—A & Co.—200 Blks

75163 HEALTH DEPARTMENT—CITY OF BALTIMORE 75163

CERTIFICATE OF DEATH

52

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Sinai Hospital St 22-30 Ward)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. George E Shepmond

(a) RESIDENCE NO 612 Hanover St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 4 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Aug 21, 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

10 NAME OF FATHER: Woodrow Shepmond

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md

12 MAIDEN NAME OF MOTHER: Virginia Floyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

Informant: Henry Shepmond

(Address) 612 Hanover St

Filed DEC 31 1931 19 WILSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/25/31

17

I HEREBY CERTIFY, That I attended deceased from Dec 7, 19 31, to Dec 25, 19 31

that I last saw h(e)(r) alive on Dec 25, 19 31

and that death occurred, on the date stated above, at 9:32 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the ileum following
Carcinoma of undetermined origin

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Pathological.

(Signed) M. B. Kirah M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL 12/27/1931

FUNERAL DIRECTOR AND EMBALMER: F. B. Kuphart — ADDRESS 1300 Eutaw Place

1-30—M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

E 75164 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 75164
1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3133 O'Donnell St. WARD) DALEY

2-FULL NAME Catherine Daley

(a) RESIDENCE No 3133 O'Donnell St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of James P Daley

7 DATE OF BIRTH (month, day, and year) Oct 27 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
54	54	1	29	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER Philip Fecher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant Mrs C Daley

(Address) 3133 O Donnell St

Filed [illegible] HELEN JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arterial Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. B. Kenzo, Jr. M. D. Coroner

12-28, 1931 (Address) 1302 N Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cemetery	Dec 29 1931
20 UNDERTAKER Kelly & Geier Inc.	ADDRESS 403 S. Wolfe St

per.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

75165 | CERTIFICATE OF DEATH | E 75165

154

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 Thames ST. 2-4 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Joseph Comi

(a) RESIDENCE NO. 1702 Thames ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced
(a) HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) 12-25-31

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				7hr.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

11 NAME OF FATHER Joseph Comi

12 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

13 MAIDEN NAME OF MOTHER Margaret Duffy

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

Informant Mrs. Margaret Comi

(Address) 1702 Thames St

Filed 1931 H. LAWSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-25-31

17 I HEREBY CERTIFY, That I attended deceased from 12-25-31, 19 , to 12-25-31, 19 ,

that I last saw him alive on 12-25-31, 19

and that death occurred, on the date stated above, at 7:15 p m.

The CAUSE OF DEATH* was as follows:

Atelectasis neonatorum

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature at 8 months

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs of death

(Signed) I. E. Bronushes, M. D.

12-26-31 (Address) 3037 O'Donnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Dec 28 1931

20 UNDERTAKER Lilly & Zeiler Sue — ADDRESS 4038 Wolfe St

Rec. 2-29-28—L. F. B.—500 Bks.

Sisters Mary Basilissa 6.24? (Conna)

HEALTH DEPARTMENT—CITY OF BALTIMORE

75166

CERTIFICATE OF DEATH

12-31 E 75166

1—PLACE OF DEATH: (a) Hospital of Sisters of Mercy (If not in hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No.) 6 Aisquith St. (Street) (WARD)

2—FULL NAME: Mary E. O'Connor (Sister Mary Basilissa)

(a) RESIDENCE NO. 921 Aisquith St. (Usual place of abode) (WARD) Hospital Beds (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): 8-13-1855

7 AGE: Years 6 Months 4 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: (a) Trade, profession or particular kind of work: Religious

(b) General nature of industry, business, or establishment in which employed (or employer): 65

(c) Name of employer

9 BIRTHPLACE (City or County) (State or country): County Cavan Ireland

10 NAME OF FATHER: Richard O'Connor

11 BIRTHPLACE OF FATHER (city or town) (State or country): County Cavan Ireland

12 MAIDEN NAME OF MOTHER: Anne Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): County Cavan Ireland

Informant: Mother Superior

(Address)

Filed 1931 19 — BALTIMORE, MD.

Registrar

MEDICAL CERTIFICATE OF DEATH 12-27-31

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, That I attended deceased from 8-1-31, 19 , to 12-27-31, 19 ,

that I last saw her alive on 12-27-31, 19 , and that death occurred, on the date stated above, at 1 16 P m.

The CAUSE OF DEATH* was as follows:

Hypertension

cardio vascular

Renal disease (duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) W. H. Henderson, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Dec. 29 1931

20 UNDERTAKER: Henry Hauck Sons, Inc. — ADDRESS: 1301 E Eager St

-30—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75167

REGISTERED NO. E 75167

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1426 N. Eden St. 9-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph C. Montgomery

(a) RESIDENCE NO 1426 N. Eden ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Jan 28/1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	10	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

10 NAME OF FATHER Harry G. Montgomery

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Lillie Heise

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

Informant Mrs. Lillie Montgomery

(Address) 1426 N. Eden St

Filed DEC 28 1931, 192 ... HARROW JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Chr. Alcoholism

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Pat Quinn, M. D. Coroner

Dec 26/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery — DATE OF BURIAL Dec. 28 1931

20 UNDERTAKER Kenny Woods & Sons Inc — ADDRESS 130 E. Eager St

Spec.—D 30—A. A Co.—250 Blks

168

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75168

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Sinai Hospital 108

CITY OF BALTIMORE: (No Lakeman 2-4 St. Ward)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Nicholas Graziano

(a) RESIDENCE No. 1514 East Pratt St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Feb 1930

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1 yr. 10 mos.	10		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Lakeman.

10 NAME OF FATHER: Philip Graziano

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Rose Lakeman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant (Address): Philip Graziano 1514 E. Pratt St.

Filed ..... 19 ..... Registrar

9 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26-31

17

I HEREBY CERTIFY, That I attended deceased from 12-26, 19 31, to 12-26, 19 31, that I last saw h[e] alive on 12-26, 19 31, and that death occurred, on the date stated above, at 10:10 a.m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia a Typhoid Fever

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Empyema

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? 1514 E. Pratt St.

Did an operation precede death? No Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical.

(Signed) Nicholas Gruson M. D.

, 19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jan 2 19 32

20 UNDERTAKER: Mitchell & Lloyd — ADDRESS: [illegible]

Alcita Turner

HEALTH DEPARTMENT—CITY OF BALTIMORE

75169

CERTIFICATE OF DEATH

107-001

E 75169

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 N. Caroline ST. 8-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alcita Turner

(a) RESIDENCE NO. 1221 N. Caroline ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Turner

DATE OF BIRTH (month, day, and year) March 25/74

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford County Md

10 NAME OF FATHER George Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co Md

12 MAIDEN NAME OF MOTHER Alice Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co Md.

Informant Chas. Turner

(Address) 1221 N. Caroline St

Filed DEC 28 1931, 19 H.H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/26/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1931, to Dec 26, 1931,

that I last saw her alive on Dec 26, 1931

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia 6 da

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Jos S. Bluman, M. D.

19 (Address) 133 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dallo Cem	Dec. 29. 1931
20 UNDERTAKER	ADDRESS
Stephen J. Fialkowski Inc	1000 S. Kenwood Ave

-30—M. & T.—100 B—501.

E 75170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75170

REGISTERED NO. 108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 N. Eden ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Westcot

(a) RESIDENCE NO 418 N. Eden ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	black	single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) April 10/1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	8	15	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Huckster
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER Isaac Westcot

11 BIRTHPLACE OF FATHER (city or town) (State or country) Northampton, Va

12 MAIDEN NAME OF MOTHER Margaret Graham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Middletown, Md.

Informant Isaac Westcot,

(Address) 418 N. Eden St

Filed DEC 28 1931 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 A.M. Dec 25/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

Dec. 25/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashway Cemetery — DATE OF BURIAL Dec 28 1931

20 UNDERTAKER Milton Davis — ADDRESS 713 E. [illegible]

...-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75171

E 75171

CERTIFICATE OF DEATH

REGISTERED NO. 46

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital) (WARD) 10-15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Mc Nulty (McNulty).

(a) RESIDENCE NO. 516 - E. Eager Street WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 56 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Rose McNulty nee O'Neill

DATE OF BIRTH (month, day, and year) Mar 12 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General Laboring

(b) General nature of industry, business, or establishment in which employed (or employer) Work

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

NAME OF FATHER John McNulty

BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

MAIDEN NAME OF MOTHER Ellen McNulty

BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Wife Mrs Rose McNulty

(Address) 576 E. Eager St.

Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/27/31.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 15 1931. to Dec. 27. 1931.

that I last saw him alive on Dec. 27 1931

and that death occurred, on the date stated above, at 11:50 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach ?

Secondary Anemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Inanition.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) M M Nicholson M. D.

19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Dec 30 1931

20 UNDERTAKER Edmund W Conkelin — ADDRESS 924 E Eager St.

Spec.—D 36—A & C'o—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75172

107 801

E 75172

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2121 Bank st. (ST.) 1-3 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Albert Giza

(a) RESIDENCE NO. 2121 Bank st. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) June 16-1930

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Frank Giza

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Julia Drost

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

Informant (Address) Frank Giza 2121 Bank St.

Filed 4-3-1931 H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/27/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 25 1931, to Dec 27 1931

That I last saw him alive on Dec 27 1931

and that death occurred, on the date stated above, at 11-1 p. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (Septic)

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What tests confirmed diagnosis?

(Signed) Wilbur Kyser M. D.

19 Address R. F. D. 8 Box 18 Reisterstown

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cemetery

DATE OF BURIAL Dec 29 1931

20 UNDERTAKER George A. Weber

ADDRESS 706 S. Lanvale St.

1-20—M. & T.—100 B—50L

E 75173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164001

E 75173

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced dead at Hopkins Hospital ST., 3-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Herbst

(a) RESIDENCE NO 1106 E. Pratt ST., WARD

(If usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	unknown

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year)

AGE Years	Months	Days	If LESS than 1 day, hrs or min
about 50			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer ?
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Unknown

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

Informant Eastern Police Dist.

(Address)

Filed 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Poisoning-Suicide (Tube from wall bracket under bed clothes)

(duration) yrs mos ds

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

12/31/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

1-30—M—5-7—3908—501.

E 75174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75174

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Providence Hosp ST. 7-24 WARD)

2-FULL NAME Dora Barr

(a) RESIDENCE No. 1023 Penna Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11		

7 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Providence Hosp

Informant .....

(Address) .....

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nutritional Disturbance

(duration) ..... yrs. mos 5 ds

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) ..... M. D. Coroner

Dec 19, 1931 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND DEC 28 1931 MEDICAL BRANCH

C. Gordon Jones, M.D.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75175

CERTIFICATE OF DEATH

51 E 75175

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 20-26 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Boettinger Sr

(a) Residence: No. 1903 W Lemon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jennie Boettinger

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.
13. NAME Fr. Boettinger (?)
14. BIRTHPLACE (city or town) (State or country) (?)
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address) Records of Balto City Hospitals

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 30 1931

UNDERTAKER Harry K. Tritapoe
(Address) 4601 Edmondson Ave

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27-1931

22. I HEREBY CERTIFY, That I attended deceased from 12-7, 1931, to 12-27, 1931

I last saw h alive on 12-27, 1931, death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	9 mo.
	0 hr.
Other contributory causes of importance: Acute Cardiac Failure Anginal	1 dy.

Name of operation None Date of No

What test confirmed diagnosis? Clinical Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Luther E. Leale, M. D.

(Address) Balto. City Hospitals

Cor.—10-10-29—A Co—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75176

CERTIFICATE OF DEATH

82-001 ✓

E 75176
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1517 Bush St., 21-32 Ward)

2-FULL NAME Walter Nelson

(a) RESIDENCE NO. 1517 Bush St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) ? ? 1867

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	64	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Pa
(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country) Unknown

Informant None
(Address)

Filed DEC 23 1931 JAMES H. HAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) Suddenly yrs. mos. da.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. da.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Typical signs

(Signed) Guy Y. Cromwell M. D.

12/26 1931 (Address) 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
UNIVERSITY OF MARYLAND	ADDRESS
20 UNDERTAKER	

Commissioner Health. DEC 28 1931

THE MORGUE

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75177

E 75177

CERTIFICATE OF DEATH

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital St. 21-31 Ward)

2-FULL NAME Blanche Wilson

(a) RESIDENCE NO. 844 E Eutaw St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	Negro	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 1930

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	1	8		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) md
(State or country)

10 NAME OF FATHER John Wilson

11 BIRTHPLACE OF FATHER (city or town) md
(State or country)

12 MAIDEN NAME OF MOTHER Mary Gray

13 BIRTHPLACE OF MOTHER (city or town) md
(State or country)

14 Informant
(Address)

15 Filed ____ 19__ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Primary Bronchio Pneumonia

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Eugene Feller, M. D.

12/24. 1931 (Address) 739 Eastern Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

DEC 23 1931 C. HAMPSON JONES, M.D. CORONER'S PHYSICIAN THE MORGUE

Cor.—10-10-29—A Co.—100 Blks.

E 75178

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75178

CERTIFICATE OF DEATH

93-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 546 Asher St. 72-30 Ward)

2 FULL NAME William Woodson

(a) RESIDENCE NO. 546 Asher St.. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Negro	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Woodson

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	56			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant
(Address)

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Eugene Zeller M. D.
(Signed)

12/21 1931. (Address) 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND
THE MORGUE

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

75179

CERTIFICATE OF DEATH.

1930 E 75179

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun ST.) 18-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Rose Claridge

(a) RESIDENCE NO. 1107 W. Hollins ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. 2 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mr. Claridge

7 DATE OF BIRTH (month, day, and year): Oct 5th 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	2	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (City or town) (State or country): Balto, Md.

10 NAME OF FATHER: Frank R May

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Bumberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant (Address): Mr Paul F May 1107 Hollins St

Filed DEC 28 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-23 1931

17

I HEREBY CERTIFY, That I attended deceased from 12-17, 1931, to 12-23, 1931, that I last saw her alive on 12-23, 1931, and that death occurred, on the date stated above, at 10:30 P m.

The CAUSE OF DEATH* was as follows:

Acute Interstitial nephritis

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary): None.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Chemistry

(Signed) H M Schneider, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Dec 29 1931
20 UNDERTAKER	ADDRESS
John J Cowan & Son	901 Hollins St

-20—M & T—100 B—50L

75180

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75180

CERTIFICATE OF DEATH

14-20 210-001

REGISTERED NO. _____

1-PLACE OF DEATH Pronoubced dead at the

CITY OF BALTIMORE: (No. Provident Hospital. St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Medford Boston.(C)

(a) RESIDENCE NO 1738 Druid Hill Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs 8 mos 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, and year) April 2, 1912

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	19	8	24	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Porter.
(b) General nature of industry, business, or establishment in which employed (or employer): O/O
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Lewis H. Boston.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mamie Camphor.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

Informant Mary Boston.C.(aunt)

(Address) 1738 Druid Hill Ave.

Filed DEC 28 1931 C. HARRISON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 26, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull due to collision of automobile in one of which he was riding.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Franklin st & Fremont

Did an operation precede death? No. Date of December 26, 1921

Was there an autopsy? No.

What test confirmed diagnosis? Inquest.

(Signed) Otto A. Heinrich M. D. Coroner

12/28/31 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Moriah Cem.

20 UNDERTAKER Mrs. M. Tilghman

DATE OF BURIAL 12-29 1931

ADDRESS 1735 Druid Hill Ave

-20—M & T—100 B—56L

HEALTH DEPARTMENT—CITY OF BALTIMORE

Grave #32

CERTIFICATE OF DEATH

75181

REGISTERED NO. E 75181

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 6-9 WARD) 51

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Hymes

(a) RESIDENCE NO 1526 E. Fairmount Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

DATE OF BIRTH (month, day, and year) —

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
53	53			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Unknown

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant City Hospital

(Address)

Filed ... 192 ... Registrar

C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) Autopsy find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate Gland

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) C. O. Herzog M. D. Coroner, M. D.

Dec 30, 1931 (Address) 1305 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY.

DATE OF BURIAL DEC 28 1931 19

20 UNDERTAKER

ADDRESS

Commissioner Health

MORGUE

AdCo. 5-11 250B

E 75182 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 75182

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No.) St., 17-26 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Westley

(a) Residence: No. 528 Argyle Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Patsey

DATE OF BIRTH (month, day, year) Aug. 24, 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	3	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. White washing
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 196
10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) ? Md.

12. NAME John

14. BIRTHPLACE (city or town) (State or country) ? Md.

15. MAIDEN NAME Caroline Harmon

16. BIRTHPLACE (city or town) (State or country) ? Md.

INFORMANT (Address) Records of Balto. City Hosp.

BURIAL, CREMATION, OR REMOVAL
Place Date 19

UNDERTAKER
Address

FILED 19 Registrar

UNIVERSITY OF MARYLAND
HEALTH SCIENCES LIBRARY
JAN 31 1931
THE JOHNSON JAMES H. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1930 to Dec. 22, 1931
I last saw h[illegible] alive on Dec. 22, 1931 death is said to have occurred on the date stated above, at 4:45 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	12-16-31

Other contributory causes of importance:
none

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

1-2-3-32 (Signed) Elmer Highberger, Jr. M. D.
(Address) Balto. City Hosp.

1-30—M. & T.—250 Bks.

75183 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75183

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 717 S. Vincent ST. 14-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Anna Margaret Kalb

(a) RESIDENCE NO. 717 S. Vincent ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 17-1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	73	—	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Hossfeld

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Edwin F. Kalb

(Address) 717 S. Vincent St

Filed 1931 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 26-1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 12 . 1931 . to Dec. 26 . 1931 .

that I last saw her alive on Dec 26 . 1931 .

and that death occurred, on the date stated above, at 4:10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Last attack (duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edward H. London, M. D.

. 19 (Address) 3707 Calloway Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Dec 29 1931
20 UNDERTAKER	ADDRESS
George L. Johnson & Son	701 Cathedral

...—1-30—M. & T.—250 Blks.

E 75184 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75184

CERTIFICATE OF DEATH. 108

1-PLACE OF DEATH REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE (No. 601 Dukeland ST. 16-69 WARD)

2-FULL NAME Norman Edward Eberman Jr.

(a) RESIDENCE NO. 601 Dukeland ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

ATE OF BIRTH (month, day, and year) Aug. 3-1914

GE Years	Months	Days	If LESS than 1 day, hrs or min.
17	4	23	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

RTHPLACE (city or town) (State or country) Balto., Md.

NAME OF FATHER Norman Edward Eberman

BIRTHPLACE OF FATHER (city or town) (State or country) Indiana

MAIDEN NAME OF MOTHER Louise Friede

BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md

Informant Norman E. Eberman Jr

(Address) 601 Dukeland St.

Filed 1931. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 26-1931

17

I HEREBY CERTIFY, That I attended deceased from Dec 10, 1931, to Dec 25, 1931, that I last saw h[illegible] alive on Dec 25, 1931, and that death occurred, on the date stated above, at 2:30 A. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 17 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) C Wells Hemming M. D.

12/28 1931 (Address) 2000 Holland St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

London Park Cemetery Dec 29 1931

20 UNDERTAKER — ADDRESS

George L. Schmidt 2101 Eutaw

AACo. 5-R 250R

5185

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75185

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614-Lamont Ave St. 9-16 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret C. Connolly

(a) Residence: No. 1614-Lamont Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, year) Sept. 20th, 1875

AGE	Years	Months	Days	If LESS than 1 day hrs. or XXXXXX
	56	3	5 6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamtress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Andrew Connolly

14. BIRTHPLACE (city or town) (State or country) Wash. D.C.

15. MAIDEN NAME Bridget Larkins

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Annie Connolly

(Address) 1614-Lamont Ave.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 12/29/1931

UNDERTAKER Geo. J. Kane & Son, Inc.

(Address) 1735-Harford Ave.

FILED 1931 C. DAWSON JAMES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 - , 1931, to Dec 26, 1931

I last saw h-- alive on Dec 24 1931 death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

Right Hemiplegia
Apheasia

Date of onset Dec 19 1931

Other contributory causes of importance:

Cerebral Hemorrhage
Cerebral Hemorrhage

Dec 19 1931

Name of operation ---- Date of ----

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ---- 19--

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. J. Carman, M. D.

(Address) 1701 N Carlton

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

75186

CERTIFICATE OF DEATH

93-003 V

Registered No. E 75186

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1301-E.Lafayette Ave. St. 9-18 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Foster

(a) Residence: No. 1301-E.Lafayette Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Regina (Isenberg)

6. DATE OF BIRTH (month, day, year) 2/2/1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	23	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

13. NAME John W. Foster

14. BIRTHPLACE (city or town) (State or country) Penna.

15. MAIDEN NAME Elizabeth Larkins

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Mrs. Regina Foster
(Address) 1301-E.Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL Date 12/30/31
Cleland Cem. McKeesport Pa. 19

19. UNDERTAKER Geo. G. Roth Inc.
(Address) 1765-Harford Ave.

20. FILED 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1931 to Dec. 26, 1931

I last saw him alive on Dec 26 1931 death is said to have occurred on the date stated above, at 7.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Months

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Postelle M. D.

(Address) 1331 North Ave. Baltimore

A&Co. 5-31 250B

75187 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75187

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1343 Aisquith St. (or) Ward) 45 23 30

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alex Brown

(a) Residence: No. 1343 Aisquith St., 11 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto City

13. NAME Eliz Brown

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Moore

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Mary Brown
(Address) 1343 Aisquith St

BURIAL, CREMATION, OR REMOVAL Edmondson Ave
Place Sunderland Date 12-28-1931

UNDERTAKER Daniel Easton
(Address) 216 E. Pre Ave

FILED 1931 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1931, to Dec 27, 1931

I last saw him alive on Dec 26 1931, death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	Unknown
	"
	"
Other contributory causes of importance: Uremia	Dec 22/31

Name of operation None Date of

What test confirmed diagnosis Urinary Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. William Frey, M. D.

(Address) 1928 Penna Ave

...ec.—1-30—M. & T.—250 Bks

75188

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75188

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-W WARD)

2-FULL NAME John. Harvey

(a) RESIDENCE NO. Pratt & Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5-2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Widowed

If married, widowed, or divorced HUSBAND of or) WIFE of

ATE OF BIRTH (month, day, and year) 1853

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) England

0 NAME OF FATHER John Harvey

1 BIRTHPLACE OF FATHER (city or town) (State or country)

2 MAIDEN NAME OF MOTHER Catherine "

3 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant (Address) Little Sisters of the Poor Pratt & Valley Sts.

Died Dec 27 1931, 19 C. HERBERT JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27th 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 12th, 1931, to Dec 27th, 1931, that I last saw him alive on Dec 27th, 1931, and that death occurred, on the date stated above, at 5.30 p m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Asthma (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) L. McCarthy, M. D.

12/31, 1931 (Address) 1114 Bennett Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Vincents	Dec 29 1931
20 UNDERTAKER	ADDRESS
Rita Muehlfeld	914 Fremont Ave

1-30—M. & T.—100 B—50L

E 75189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75189

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 E. Monument St ST. 16-13 WARD)

2-FULL NAME Jennie Covington nee Davis

(a) RESIDENCE NO 1420 E. Monument S t ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
feale	col	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Covington

DATE OF BIRTH (month, day, and year)

AGE Years	Months	Days	If LESS than 1 day, hrs or min.
about 30			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) S.C.

10 NAME OF FATHER Alex. Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Amanda Belton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

Informant Mattie E. Davis (sister)

(Address) Rosenhans, Back River.

Filed 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26/31 3 P.M.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Endocarditis & Valvulitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) H. K. Cairns, M. D.
Coroner

Dec. 28/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Eastern Cemetery DATE OF BURIAL Dec 29-31

20 UNDERTAKER P. J. Whelan ADDRESS 1515 N. Eden ave

Rpad—9-30—A. & Co.—250 Blks

75190 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 E 75190

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2517 St. Paul ST. 12-50 (WARD)

2 FULL NAME Mary Smith Thomas Segars

(a) RESIDENCE NO 2517 St. Paul St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles M. Segars

DATE OF BIRTH (month, day, and year) Sept. 19, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

10 NAME OF FATHER Dr. James Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) St. Mary's Co., Md.

12 MAIDEN NAME OF MOTHER Nannie Nelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant (Address) Roderick M. Thomas 301 E. University Pky.

FILED 1931 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/27/31

17 I HEREBY CERTIFY, That I attended deceased from June, 1930, to Dec 26, 1931

that I last saw h[illegible] alive on Dec 26, 1931

and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Resulting carcinoma of bowel (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 6/13/30

Was there an autopsy? no

What test confirmed diagnosis? Clinical & lab. findings

(Signed) [illegible] M. D.

12/28 1931 (Address) 1403 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ALL FAITH CEM. St. Mary's Co., Md.

DATE OF BURIAL Dec. 29, 1931

20 UNDERTAKER John O. Mitchell & Sons

ADDRESS 1900 Eutaw Pl.

Dr Krumrein 722 Kenwood Ave Wolf 5966 ✓

MdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

5191

CERTIFICATE OF DEATH

59 E 75191

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 N. Curley St., 7-11 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ona Deliah Wilson

(a) Residence: No. 601 N. Curley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, ~~widowed, or divorced~~ (or) WIFE of James Walter Wilson

7. DATE OF BIRTH (month, day, year) Dec 20th 1865

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	66	0	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Robert Virts

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Naoma Handschuck

(Address) 601 N. Curley St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 12/30/1931

19. UNDERTAKER Wm Cook

(Address) 1210 E. Fayette St

DEC 30 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1931, to Dec 28, 1931

I last saw her alive on Dec 28, 1931 death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute cardiac dilatation - accompanied with auricular fibrillation + mitral Stenosis - myocarditis.	about 1 yr.
Other contributory causes of importance: diabetes - slight arterio Hypertension -	

Name of operation —— Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis J. Krumrein, M. D.

(Address) 722 N. Kenwood Ave

...—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

75192

CERTIFICATE OF DEATH

131 E 75192

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 2706 Huntingdon Ave. 12-54 WARD)

2—FULL NAME Theresa A. Kinglyon

(a) RESIDENCE NO. 2706 Huntingdon ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed.

If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles A. Kinglyon

ATE OF BIRTH (month, day, and year) Dec 15, 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	0	12	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Germany.

NAME OF FATHER Edward Kallies

BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

MAIDEN NAME OF MOTHER Schultheis

BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

Informant Mrs. Margaret Bland.

(Address) 2706 Huntingdon Ave.

C. HAMPSON JONES M. D. Registrar

E 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1931, to Dec. 27, 1931, that I last saw her alive on Dec. 26, 1931 and that death occurred, on the date stated above, at 3 45 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis.

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) George E. Shannon, M. D.

12/27, 1931 (Address) 700 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL
Loudon Park Cemetery	12/30/1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

AaCo. 5-31 250B

75193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51 E 75193

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 E. Monumentyne St. 20-71 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. If of foreign birth 71 yrs. mos. ds.

2. FULL NAME Jean Jules Marius du Bois

(a) Residence: No. 21 E. Monumentyne St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Elizabeth du Bois

DATE OF BIRTH (month, day, year) 8-6-1855

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	76	8	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Linguist Confederate Consul

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Diplomat

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 50

BIRTHPLACE (city or town) (State or country) Villefranche France

12. NAME Joseph du Bois

14. BIRTHPLACE (city or town) (State or country) Villefranche France

15. MAIDEN NAME Pauline Allen

16. BIRTHPLACE (city or town) (State or country) Bilbao France

INFORMANT Thomas du Bois

(Address) 21 E. Monumentyne

BURIAL, CREMATION, OR REMOVAL Place Greenmount Date 12/29/1931

UNDERTAKER

(Address)

FILED 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27th 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 6th 1931 to Dec 27th 1931

I last saw him alive on Dec 26th 1931, and that death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular disease	
Arteriosclerosis & Prostate	

Other contributory causes of importance: None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Culver M. D.

(Address) 516 N. Old Bond St.

Spec.—1-17-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75194 — E 75194

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 923 Whatcoat St. (Ward) 16-22

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank. Hurley

(a) RESIDENCE NO. 923 Whatcoat St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — 4 COLOR OR RACE: Colored — 5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of or) WIFE of —

DATE OF BIRTH (month, day, and year) 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

040

BIRTHPLACE (City or town) (State or country): Baltimore Maryland

10 NAME OF FATHER: Wm Hurley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Jane Toney.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant (Address): Annie Wright 1557 Woodyear St

Filed 1931 — Dr. HAMPSON JONES, Registrar — By R.F.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 27th 31

17 I HEREBY CERTIFY, That I attended deceased from Dec 22nd 1931, to Dec 25, 1931, that I last saw him alive on Dec 22nd, 1931, and that death occurred, on the date stated above, at 6-30 P m.

The CAUSE OF DEATH* was as follows: Chronic Valvular Heart Disease

From History

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) A. B. Glascock, M. D.

, 19 (Address) 1802 Pennsa ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cemetery

DATE OF BURIAL: Dec 29 1931

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Pennsylvania Ave

AACo. 5-31 150B

75195 HEALTH DEPARTMENT CITY OF BALTIMORE E 75195

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2321 Fleet St 1-3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph. Preuss

(a) Residence: No. 2321 Fleet St. 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Preuss

DATE OF BIRTH (month day year) Feb. 24 1887

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	44	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME August . Preuss

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dora . Smith

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Catherine . Preuss

(Address) 2321 Fleet Street

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 29, Dec. 19 31

UNDERTAKER John H. Weber

(Address) 1111 E. Chase St.

FILED 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) 12/25 1931

22. I HEREBY CERTIFY, That I attended deceased from 12/6 1931 to 12/25 1931

I last saw h[illegible] alive on 12/25 1931 death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

Coronary Stenosis (By Cause)

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Samuel Gruber M. D.

(Address) 3165 Patterson Ave

-20—M. & T.—100 B—50L

E 75196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-201

E 75196

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins ST 2-4 WARD)

2-FULL NAME Joseph Bertch

(a) RESIDENCE NO 409 S. Register ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret (Conrad)

DATE OF BIRTH (month, day, and year) Mar 3/1906

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	25	9	22	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Reporter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Evening News

BIRTHPLACE (city or town) (State or country) Balto., Md.

10 NAME OF FATHER Henry Bertch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Veronica Brocki

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

Informant Henry Berton

(Address) 409 S. Register St

Dec 29 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Odema

Aspiration Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? Yes at Hopkins

What test confirmed diagnosis? .....

(Signed) John Kerr, M. D. Coroner

Dec. 28/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus cem DATE OF BURIAL Dec 29 1931

20 UNDERTAKER John M Weber ADDRESS 401 S. Chester St

2-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75197

CERTIFICATE OF DEATH

B 75197

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1427 Hough ST., 3-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Maged

(a) RESIDENCE NO. 1427 Hough ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Goldy Maged

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Morris Maged

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Estrata —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant (Address) Fr Lewis 1439 E Baltimore St

Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-28- 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxia. Gas Poisoning
Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. F. Kerrigan M. D. Coroner

12-28, 1931 (Address) 305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington Burying Ground — DATE OF BURIAL 12-29-1931

20 UNDERTAKER Jack Lewis, Inc. 1439 E Balto St — ADDRESS

-30—M. & T.—100 B—30L

E 75198

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 75198

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hosp, ST. 14-20 WARD)

2-FULL NAME Mary Garrett

(a) RESIDENCE NO. 1531 Mc Culloh ST. " WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): married

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year): 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	—	—	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: James Garrett

(Address): 1531 Mc Culloh

Filed: 12 29 1931

C. HUDSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis 9

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Hudson Jones, M. D. (Coroner)

12-29 1931 (Address) Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson Conn

20 UNDERTAKER: Lamb Easton

DATE OF BURIAL: 12-29 1931

ADDRESS 916 Park Ave

-30—M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75199

CERTIFICATE OF DEATH

23 E 75199

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1131 Brewer ST. 7-24 WARD)

2-FULL NAME Viola Woolsen

(a) RESIDENCE NO. 1131 Brewer ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

6 If married, widowed, or divorced
HUSBAND) of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1907

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cook.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: Chas Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Ellen Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Wanda M Hall

(Address): 26 Dundalk

Filed 29 1931 HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Dec 27 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or post-mortem) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Pulmonary Phthisis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) E. Pugsley M. D. Coroner

, 19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 1/2/32 19 31

UNDERTAKER: Samuel S. Stansbury

ADDRESS 38 Mt Auburn

Spec.—1-30—M. & T.—250 Blks

Bohumil Hajek

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75200

CERTIFICATE OF DEATH.

108 E 75200

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 922 N. Madeira St ST., 7-12 WARD)

2-FULL NAME Mr. Bohumil Hajek

(a) RESIDENCE NO. 922 N. Madeira St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of or) WIFE of Mrs. Anna Marie Hajek (3)

DATE OF BIRTH (month, day, and year) Oct. 17, 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Empire Clothing Co

BIRTHPLACE (city or town) (State or country) Austria Austria-Hungary

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria Austria-Hungary

12 MAIDEN NAME OF MOTHER Anna Bohack

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria Austria-Hungary

Informant Mrs. E. M. Hajek

(Address) 922 N. Madeira St

Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-28-31

17 I HEREBY CERTIFY, That I attended deceased from 12-15, 1931, to 12-28, 1931, that I last saw h alive on 12-28-31, 19 and that death occurred, on the date stated above, at 10 00 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Senile Cardiac Dilatation

(duration) yrs. mos. (ds.

18 Where was disease contracted if not at place of death? At work

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Carlos Guerra, M. D.

12-31 1931 (Address) 3434 Kenyon Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Cemetery

DATE OF BURIAL Dec 31 1931

20 UNDERTAKER August Passek

ADDRESS 2406 Ashland Ave

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

75201 | CERTIFICATE OF DEATH | 131 E 75201

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2207 Chelsea Terrace 15-61 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...dys. How long in U.S. if of foreign birth? ...yrs. ...mos. ...dys.

2. FULL NAME Alice M. Webster

(a) Residence: No. 2207 Chelsea Ter' St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of George M Webster

6. DATE OF BIRTH (month, day, year) Feb 15 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME Barton J. Sharkey
14. BIRTHPLACE (city or town) (State or country) Baltimore Md
15. MAIDEN NAME Ruth A Mott
16. BIRTHPLACE (city or town) (State or country) Baltimore Md
17. INFORMANT George M Webster
(Address) 2207 Chelsea Terrace
18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date 12-30-1931
19. UNDERTAKER Robert Burns & Son
(Address) Calhoun & Fallon Sts

FILED DEC 29 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27-1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931, to Dec 27, 1931

I last saw her alive on Dec 27th 1931, death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1927
Cardiac Hypertrophy	1927
Arteriosclerosis	1925
Angina Pectoris	12/27/31

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hilliard F Sherman M. D.
(Address) 6 East Biddle St

Spec.—9-30—A. & Co.—250 Blks.

E 75202 HEALTH DEPARTMENT—CITY OF BALTIMORE 75202

CERTIFICATE OF DEATH

76-2 82-001

REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 504 S. Highland Ave. St. WARD)

2 FULL NAME CAROLINE J. SCHULTZ

(a) RESIDENCE NO. 504 S. Highland Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of August Schultz

7 DATE OF BIRTH (month, day, and year) Jan. 23. 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home 027
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Bernhard Behrends

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Johanna Jensen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Miss C. Shultz (Daughter)
(Address) 504 S. Highland Ave.

Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27. 1931

17
I HEREBY CERTIFY, That I attended deceased from 1/1/31 . 19 . to 12/27/31 19
that I last saw h[illegible] alive on 12/27/31 . 19
and that death occurred, on the date stated above, at 10.05a m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What (est confirmed diagnosis)?

(Signed) D. H. Harryman M. D.
(Address) 1913 E Balto

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Dec. 30 1931

20 UNDERTAKER: Henry Sander & Sons, Inc. — ADDRESS: BALTIMORE & BROADWAY

E 75203

E 75203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2-4 107-001

REGISTERED NO

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 119 S. Broadway ST. WARD 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME CHRISTIANA SUSEMIHL

(a) RESIDENCE NO. 119 S. Broadway ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Tjark Bens Susemihl

7 DATE OF BIRTH (month, day, and year) Feb. 12. 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	10	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Bremen Germany

10 NAME OF FATHER Christian Wessel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant (Address) Mr. John Susemihl (Son) 119 S. Broadway

DEC 29 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) Dec. 27. 1931

17

I HEREBY CERTIFY, That I attended deceased from Dec 22 1931 to Dec-27 1931

that I last saw h alive on Dec-26 1931

and that death occurred, on the date stated above, at 7.55 a m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia - Senile

(duration) yrs. - mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no —

What test confirmed diagnosis? —

(Signed) Fred C Dressel M. D.

, 19 (Address) 125 S Bond

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Dec. 30. 1931

20 UNDERTAKER Henry Sander & Sons. Inc.

ADDRESS BALTIMORE & BROADWAY.

Spec.—9 30—A. & Co.—250 Blks.

75204 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75204

CERTIFICATE OF DEATH 131V

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 143 S. Culverton Rd Ward

2 FULL NAME George. W. Shockells

(a) RESIDENCE NO 143 S. Culverton Road WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella. F. Shockells

DATE OF BIRTH (month, day, and year) Jan 19 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	5	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Collector

(b) General nature of industry, business, or establishment in which employed (or employer) Ofv

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Herrick Shockells

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Margaret Watkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Ella. F. Shockells
(Address) 143 S. Culverton Road

Filed — 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1931

17

I HEREBY CERTIFY, That I attended deceased from July 28, 1931, to Dec 28, 1931

that I last saw h[illegible]ive on Dec 27, 1931

and that death occurred, on the date stated above, at 12 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis and Neoplasm of Parotid Gl.

(duration) yrs 5 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Davis M. D.

19 (Address) 1105 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet Cemy	Dec 30 1931
20 UNDERTAKER	ADDRESS
Josf Geordens Son	2173 Pa

AACo. 5-31 2500

75205 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75205

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 E. Preston St. 9-18 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Trench

(a) Residence: No. 816 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward

DATE OF BIRTH (month, day, year) Aug. 8, 1930

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	1	4	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

12. NAME Edward J. Trench

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Mary Elizabeth Wright

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Edward J. Trench
(Address) 816 E. Preston

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date Dec. 30, 1931

UNDERTAKER C. Hawkins Jones
(Address) 242 Linwood St.

FILED DEC 29 1931 C. HAWKINS JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1931, to Dec 28, 1931

I last saw h er alive on Dec 28, 1931, death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Dec 23
Other contributory causes of importance:	
Whooping Cough	Aug 1931

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walker Downey, M. D.
(Address) 1228 Eutaw Pl.

Spec.—9-30—A. & Co.—250 Blks

5206 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 5206

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 S. Chapel Gate ~~Lane~~ WARD) 71

2 FULL NAME Frederick Stamps

(a) RESIDENCE NO. 600 S. Chapel Gate ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. 9 mos. 7 ds. How long in U. S., if of foreign birth? 81 yrs. 9 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Annie R Stamps

DATE OF BIRTH (month, day, and year) March 27 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	9	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None old

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Thomas Stamps

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Emma Stayner

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

Informant (Address) Mr F.C. Rue 2 E. Chase St

Filed 1931 G. HUDSON JAMES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1931

I HEREBY CERTIFY, That I attended deceased from December 18, 1931, to December 28, 1931

that I last saw him alive on December 28, 1931 and that death occurred, on the date stated above, at 12 40 P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Hemiplegia ~~Chronic Interstitial Nephritis~~

(duration) 15 yrs. mos. ds.

Pneumonia 4 ds.

18 Where was disease contracted if not at place of death? Not Known for Autopsy

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) W Schamberg Ford M. D.

12/28, 1931 (Address) 20 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Londontown Cemetery	Dec 30 31
20 UNDERTAKER	ADDRESS
Stewart & Memmo Co	108 W Monte

-30—M. & T.—100 B—60L

E 75207

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75207

CERTIFICATE OF DEATH

1-PLACE OF DEATH Pronounced dead at the

CITY OF BALTIMORE: (No. South Baltimore General Hospital WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clifton C.Garnett.

(a) RESIDENCE NO 609 E.Randall St. ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, and year) January 19,1879.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11	7	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk B.& O.R.R.Co.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia.

10 NAME OF FATHER John Garnett.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Millie Thacker.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

Informant Mrs.John J.Iyska.(niece)

(Address) 609 E.Randall St.

Dec. 31 1931 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 26,1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 701 E.Fort Ave. Dec. 26, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto A. Reinhardt, M. D. Coroner

12/28 1931 Address 1017 E.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] Cemetery

DATE OF BURIAL 12/29 1931

20 UNDERTAKER [illegible] Margaret F. Flynn

ADDRESS 1422 Light St.

...-3-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 75208

CERTIFICATE OF DEATH

E 75208

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 27 Birckhead St ST. 23-33 WARD)

2—FULL NAME Anna Wedemeyer

(a) RESIDENCE NO. 27 Birckhead St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
nale	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Gustav Wedemeyer Sr.

ATE OF BIRTH (month, day, and year) Dec 31 1865

E	Years	Months	Days	If LESS than 1 day, hrs or min.
	65	11	25	

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

THPLACE (city or town) (State or country) Germany

NAME OF FATHER John Miller

BIRTHPLACE OF FATHER (city or town) (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Gustav Wedemeyer Jr.

(Address) 27 Birckhead St

Filed ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26-31

17 I HEREBY CERTIFY, That I attended deceased from Dec 12 1931, to Dec 26 1931, that I last saw h alive on Dec 26 1931, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C Mihelcic M.D.

12/28/1931 (Address) 1279 Hillman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem — DATE OF BURIAL 12/29 1931

20 UNDERTAKER J. F. McCully — ADDRESS 130 E Fort

1-30—M & T—100 M—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75209

93-001

E 75209

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 24-33 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Green

(a) RESIDENCE NO 825 Harmer St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Green

DATE OF BIRTH (month, day, and year) Aug 4 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	53	4	21	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) Private
(c) Name of employer self

BIRTHPLACE (city or town) (State or country) Cedartown Md

10 NAME OF FATHER Mike Ribesy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Charlotte Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Mary Green Anderson

(Address) 657 Dover St

Filed 12-29-1931, 192 . Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 825 Harmer St

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) S. S. Herrmann M. D. Coroner

12-29, 1931 (Address) 1315 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Dec 29, 1931

20 UNDERTAKER Mrs Katie R. Williams — ADDRESS 322 N Schroeder St

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

75210

CERTIFICATE OF DEATH

13 E 75210

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 N Bradford St. 6-10 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

Life

2. FULL NAME Emma Brown

(a) Residence: No. 226 N Bradford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	M

If married, widowed, or divorced: HUSBAND of (or) WIFE of John Brown

DATE OF BIRTH (month, day, year) Nov 10 1883

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	48	- 1	- 15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

12. NAME William Stanfield

13. BIRTHPLACE (city or town) (State or country) Md

14. MAIDEN NAME Eliza Reed

15. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Laura Brown

(Address) 308 N Wolfe St

BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem. Date Dec 29 1931

UNDERTAKER Millard Davis

(Address) Hillen Baltimore Md

FILED Dec 29 1931, 19—

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1931, to Dec 25, 1931

I last saw h[illegible] alive on Dec 24, 1931 death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch Parenchymatous Nephritis	P about 6 mos
Other contributory causes of importance:	
Uremia	6 mos

Name of operation none Date of —

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R J Young, M. D.

(Address) 1429 E Monument St

-30—M. & T.—100 B—501.

7521l

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO. 7521l

1-PLACE OF DEATH Pronounced dead at
CITY OF BALTIMORE: (No. Mercy Hospital ST., 6-4 E (WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Lowe

(a) RESIDENCE NO 2234 Lake ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Johanah Lowe

DATE OF BIRTH (month, day, and year) July 11, 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	80	5	17	

OCCUPATION OF DECEASED
(a) Trade, profession of particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) salesman
(c) Name of employer

BIRTHPLACE (city or town) (State or country) New York

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Mr. Vincent Lowe
(Address) 2234 Lake ave

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Cirrhosis of Liver 2 yrs
Lymphosarcoma Glands
Embolism (duration) yrs. mos ds.
CONTRIBUTORY (Secondary) arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Century Theatre
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D. Coroner
(Address) 7 W Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Dec 31 1931

20 UNDERTAKER John A. Moran — ADDRESS 3000 E. Baltimore

AACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

75212

75212 E

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (-bc.) 23 10-14

CITY OF BALTIMORE: (No. ..... St. ..... (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William McKeever

(a) Residence: No. 1006 E. Madison st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva McKeever

7. DATE OF BIRTH (month, day, year) Aug. 11, 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	4	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) North Carolina
13. NAME Abe McKeever
14. BIRTHPLACE (city or town) (State or country) North Carolina
15. MAIDEN NAME Martha Wright
16. BIRTHPLACE (city or town) (State or country) North Carolina
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place Holden Date Dec 29, 1931
19. UNDERTAKER Edward L. Lyon
(Address) 1631 Orleans St
20. FILED 1931 C. HANSON JONES, M. D.
BY ..... R. F. H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1931 to Dec. 23, 1931
I last saw him alive on Dec. 23, 1931 death is said to have occurred on the date stated above, at 10.45 m a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulm. Tuberculosis	Unknown
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. Hanson Jones, M. D.
(Address) Baltimore City Hospitals

Cor.—10-10-29—A Co—100 Bks.

Makowski

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 1/ E 75213

75213

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 3222 Odonell St. St. 26-1 Ward)

2-FULL NAME Catherine Makowski

(a) RESIDENCE NO. 3222 Odonell St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 4 1894

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	37	1	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Grocer Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) For self
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

10 NAME OF FATHER John Stanek

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland

12 MAIDEN NAME OF MOTHER Unk.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland

Informant Ed Makowski
(Address) 3222 Odonell St.

Filed 19 Registrar

1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) B P Hergsmd M. D.

Dec 29. 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
St. Stanislaus Cem	
20 UNDERTAKER F. W. Gazawski	ADDRESS 1930 Eastern Ave

AACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

75214

CERTIFICATE OF DEATH

91 E 75214

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5206 Rupert Ave Dist. 28 Ward 64

Length of residence in city or town where death occurred 68 yrs. 9 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amelia Johnson

(a) Residence: No. 5206 Rupert Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Geo. W. Johnson

DATE OF BIRTH (month, day, year) Mar 3, 1863

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	68	9	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ballo Md.

13. NAME Kristopher Wittemann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Annie Scherer

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Mrs. Ann Callowhill

(Address) 5206 Rupert Ave

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Dec 31 19 31

UNDERTAKER Wm. Fletcher Sons.

(Address) North & Fremont Sts.

9-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28. 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1931, to Dec. 28, 1931

I last saw her alive on Dec. 28 1931, death is said to have occurred on the date stated above, at 7.17 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis and senile dementia	Unk. 1931

Other contributory causes of importance:

asthenia, coma	1 mo.

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Edward Novak, M. D.

(Address) Med. Arts Bldg.

-30—M. & T.—100 B—50L.

E 75215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 75215

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 26-1 WARD)

2-FULL NAME Minnie Hodges

(a) RESIDENCE NO. 1323 S. Clinton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6 If married, widowed, or divorced HUSBAND) of (or) WIFE of George Hodges

DATE OF BIRTH (month, day, and year) June 16/1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	6	12	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Herman Maching

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W

Informant Herman Hodges

(Address) 1003 Rectory Lane

Filed ..... 193 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8.50 P.M. Dec28/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) ..... Coroner, M. D.

Dec 31/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel

DATE OF BURIAL Dec 31, 1931

20 UNDERTAKER Brownell & Lou

ADDRESS 3615 Eastern Ave

1931

Co. 5-41 2908

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75216 108 E 75216

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 13-51 St.) (Ward)

Length of residence in city or town where death occurred 45 yrs. 1 mos. 25 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Jessie M. Coleman

(a) Residence: No. 2812 Huntington Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Howard Coleman

DATE OF BIRTH (month, day, year) 11/4/86

6. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year) 11/25/31
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Geo. E. Corbin

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Royal E. Coleman
(Address) 1332 W. Fortieth St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 1, 19 32

19. UNDERTAKER Chenowith & Lear
(Address) 3 & 5 Graham Ave.

20. FILED 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/29, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12/20, 1931, to 12/29, 1931
I last saw her alive on 12/29, 1931 death is said to have occurred on the date stated above, at 11:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/26/31
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. V. Jackson M. D.
(Address) Sydenham Hospital.

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

75217

CERTIFICATE OF DEATH

59 E 75217

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6103 Pinehurst Road St. 27-48 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs Life mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Emma Knobloch

(a) Residence: No. 6103 Pinehurst Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
~~DAUGHTER~~ (or) WIFE of John T. Knobloch

6. DATE OF BIRTH (month, day, year) June 4, 1854

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	77	6	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Butzler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Augusta ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. George Villmar

(Address) 6103 Pinehurst Road

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Dec. 30, 1931

19. UNDERTAKER H. I. Tickner & Sons

(Address) 1600 Jones Falls

20. FILED DEC 30 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from 2/22/25, 19 , to 12/27/31, 19

I last saw her alive on 12/26/31, 19 death is said to have occurred on the date stated above, at 2 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) 321 E. 25 [illegible]

AdCo. 5-31 250B

75218 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH X 15 E 75218

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital, non-resident St. 9-45 (Ward)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gabida Lowers

(a) Residence: No. Granite, Balto. Co., Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4 mos.		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Melvin Hatfield

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Emma Tucker

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Mrs. Emma Hatfield
(Address) Granite, Md.

BURIAL, CREMATION, OR REMOVAL
PLACE Alpine Cem. Date Dec. 30 1931

UNDERTAKER Easton Sons
(Address) Edmondson

C. HALLISON JONES M. D.
Registrar.

19 02

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/29/31. 19

22. I HEREBY CERTIFY, That I attended deceased from 12/28/31. 19 to 12/29/31. 19

I last saw h alive on 12/29. 1931 death is said to have occurred on the date stated above, at 2.06 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas (Idiopathic)	12/23/31

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. V. Jackson M. D.
(Address) Sydenham Hospital.

MACo. S-D 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

75219

CERTIFICATE OF DEATH

131 E 75219

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospital St. 17 - 49 Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick J. Nagle

(a) Residence: No. Hampstead, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Mrs. F J Nagle

6. DATE OF BIRTH (month, day, year) Mar 19, 870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	9	10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop
10. Date deceased last worked at this occupation (month and year) 1927
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland
13. NAME Conrad Nagle
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Sarah Burkhardt
16. BIRTHPLACE (city or town) (State or country) Maryland
17. INFORMANT Hospital records
(Address) .....
18. FILED DATE OF BURIAL Dec 29, 1931
19. UNDERTAKER Lantz Bros. C. K.
(Address) 602 N. Eutaw St.
FILED 19 32 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1931, to Dec 29, 1931
I last saw h.. alive on Dec 29, 1931 death is said to have occurred on the date stated above, at 3:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular renal disease Hypertensive vascular disease (chronic) Congestive heart failure Auricular fibrillation.	1929?

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel McLanahan, M. D.
(Address) Union Mem. Hosp

A&Co. 5-11 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

75220 75220

CERTIFICATE OF DEATH

82-002

Registered No. 20-69

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2852 W. Mulberry St. St. ..... Ward) 20

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Billops Carhart

(a) Residence: No. 2852 W. Mulberry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha L. Carhart

6. DATE OF BIRTH (month, day, year) October 25, 1867

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	64	2	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. The May Co.
10. Date deceased last worked at this occupation (month and year) Nov. 1931
11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Portsmouth Virginia

13. NAME William Carhart

14. BIRTHPLACE (city or town) (State or country) Portsmouth Virginia

15. MAIDEN NAME Billops

16. BIRTHPLACE (city or town) (State or country) Portsmouth Virginia

17. INFORMANT (Address) Mr. Frank S. Carhart 2852 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem. Date Dec 31, 1931

19. UNDERTAKER (Address) 1003 E. Baltimore St.

DEC 31 1931 C. HUDSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 3rd, 1931 to Dec 28, 1931

I last saw him alive on Dec 27, 1931 death is said to have occurred on the date stated above, at 2.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	Dec 3rd
Hemiplegia	

Other contributory causes of importance:

Generalized arterio sclerosis	unknown
Myocardial Degeneration	

Name of operation none. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Winchel. M. D.

(Address) 2901 Edmondson Ave.

-30—M & T—100 B—501.

7522I

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

E 7522I

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out Nn. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST., 4-25 WARD

2-FULL NAME William T.Bowen.

(a) RESIDENCE NO 115 N.Green St. ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. 3 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or ~~DIVORCED~~ of Laura V.Bowen.

DATE OF BIRTH (month, day, and year) September 20,1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3	6	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Ship Rigger,
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore, Md.

10 NAME OF FATHER Nathaniel W.Bowen.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Emeline Tindle.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co. Md.

Informant Nathaniel J.Bowen.(son)

(Address) 432 N.South St.Frederick,Md.

1931 G. HAMPSON JONES, Registrar

By ..... Asst

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 26,1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Accidentally struck and knocked down by an automobile while crossing the street.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Calvert & Franklin Sts.

Did an operation precede death? No. Date of Dec. 26, 1931

Was there an autopsy? No.

What test confirmed diagnosis? Inquest.

(Signed) Chas. H. Reinhardt, Coroner, M. D.

12/29/31 (Address) 1017 N.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery

DATE OF BURIAL: Dec 30 1931

20 UNDERTAKER: Margaret G. Flynn

ADDRESS: 1422 Eight St.

...—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-801 E 75222

75222

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

...TY OF BALTIMORE: (No.) 1504 Henry ST., 14-28 (WARD)

2—FULL NAME Margaret Fox

(a) RESIDENCE NO. 1504 Henry ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

...gth of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

...x: M | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

...married, widowed, or divorced HUSBAND of (or) WIFE of: Timothy Fox

...TE OF BIRTH (month, day, and year): Unknown

...E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67			

...CUPATION OF DECEASED

...) Trade, profession or particular kind of work: Housewife. 037

...) General nature of industry, business, or establishment in which employed (or employer)

...) Name of employer

...RTHPLACE (city or town) (State or country): Ireland

... NAME OF FATHER: John F. McNulty

... BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

... MAIDEN NAME OF MOTHER: Margaret McNulty

... BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

Informant: Timothy Fox

(Address): 1504 Henry St

Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 28-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 11, 1931, to Dec 28, 1931,

that I last saw h... alive on Dec 28, 1931

and that death occurred, on the date stated above, at 10.30 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Incised Arterial Lesion

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) O Brunette, M. D.

12/29/1931 (Address) 1279 William St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Dec 31 1931
20 UNDERTAKER	ADDRESS
Margaret A. Flynn	142 Light St

...9 1931 C. CARSON JONES ...

-30—M. & T.—100 B—50L

E 75223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75223

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2534 Druid Hill Ave. ST. 13 WARD

2-FULL NAME Sarah Barr

(a) RESIDENCE NO. 2534 Druid Hill Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Feb. 6th 852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
79	1852	8	13	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 0
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland.

10 NAME OF FATHER Richard Barrys

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Marie Tongue

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Sarah Pratt

(Address) 2534 Druid Hill Ave.

Filed Dec 24 1931

C. HAMPSON JAMES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/27 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ..... Coroner, M. D.

Dec. 1931 (Address) 632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hammonds Md — DATE OF BURIAL: Dec 30 1931

20 UNDERTAKER: Archibald A. Liddle — ADDRESS: 1848 W. Lanvale St.

Spec.—9-30—A. & Co.—250 Blks.

75224 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

31 E 75224

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore
CITY OF BALTIMORE: (No 202 Dolphin — St 11-24 WARD)

2 FULL NAME Mary M. McKenna

(a) RESIDENCE NO 202 Dolphin ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 9 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Mar 13th 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	9	15	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — At Home
(b) General nature of industry, business, or establishment in which employed (or employer) — Self
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Felix McKenna

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary Colter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Mary McKenna
(Address) 202 Dolphin St

Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28, 31

17 I HEREBY CERTIFY, That I attended deceased from August, 1923, to Dec 28, 1931
that I last saw h alive on Dec 28, 1931
and that death occurred, on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Many (duration) yrs. — mos. — ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? —

(Signed) Chas W Lawrence M. D.
Dec 28, 1931 (Address) 137 Park Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 12/30/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 E Fayette St

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

75225

CERTIFICATE OF DEATH

E 75225

92-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 St Paul St, 45-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Katherine Blanke

(a) Residence: No. 1718 St Paul St., Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed or divorced HUSBAND of (or) WIFE of: Ernest G. Blanke

DATE OF BIRTH (month, day, year): Feb. 15. 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Ernest G. Boy

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Augusta Greiss

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Mildred Hatton

(Address): 424 Adam Ave.

BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: 12 Dec 1931

UNDERTAKER: H. M. Cook & Son

(Address): 1617 E. Fayette St

FILED ... 19... By ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from August 12 1931 to Dec. 27, 1931

I last saw her alive on Dec. 26, 1931 death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2 yrs to my knowledge
Other contributory causes of importance: Cerebral Thrombosis	Dec 15, 1931

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No, specify ...

(Signed) George M. Forke, M. D.

(Address) 2435 Maryland Ave

AaCo. 5-31 2500B

HEALTH DEPARTMENT—CITY OF BALTIMORE

75226 — CERTIFICATE OF DEATH — E 75226

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7014 Harford Road St. 27-43 Ward)

Length of residence in city or town where death occurred Life yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Mary E Brown

(a) Residence: No. 7014 Harford Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (or) WIFE of Frederick S

DATE OF BIRTH (month, day, year) May 15, 1876

AGE	Years	Months	Days	If LESS than 1 day hrs. or min
		7	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME John T Kelley

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Molley Strawhaver

16. BIRTHPLACE (city or town) Maryland
(State or country)

INFORMANT Frederick S Brown

(Address) 7014 Harford Road

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 12-30-31 19

UNDERTAKER William Cook

(Address) 1217 St Paul Street

FILED 1931 19 RFK Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 to Dec 28 31

last saw h alive on Dec 28 31 death is said to have occurred on the date stated above, at 12.19 AM

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

Arteriosclerosis

Diabetes

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Louis Krause M. D.

(Address) med ato Bclg

-30—M. & T.—100 B.—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75227 | 184 E 75227

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 Rochester Place ST. 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna E. Dinges

(a) RESIDENCE NO 124 Rochester Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6 If married, widowed, or divorced (or) WIFE of Frank Dinges

DATE OF BIRTH (month, day, and year) Feb 23 1906

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
25	25	10	3	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) South Wales

10 NAME OF FATHER Gwilym D Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Wales

12 MAIDEN NAME OF MOTHER Elizabeth Hooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Wales.

Informant Frank Dinges

(Address) 124 Rochester Place

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Haemorrhage & Bruising due to Gunshot. Accidental

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. S. Herzog M.D. Coroner, M. D.

12/29, 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL 12/30 1931

20 UNDERTAKER: Wm Cook — ADDRESS 1317 St Paul

AaCo. 5-31 250B

75228 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9 3E 75228

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5500 Fern Park Ave. Ward) Roland Park

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles M. Mitchell

(a) Residence: No. 5500 Fern Park Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If ~~married~~ widowed ~~or divorced~~
~~HUSBAND of~~ ~~WIFE of~~ Jeanette Mitchell

DATE OF BIRTH (month, day, year) Nov 13th 1850

AGE Years	Months	Days	If LESS than 1 day hrs or min
81	1	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 01½

BIRTHPLACE (city or town) (State or country) Md

13. NAME Wm S. Mitchell

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT (Address) Chas W. Mitchell 5500 Fern Park Ave

BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cemetery Date 12/30/1931

UNDERTAKER (Address) Wm Cook 1210 E Paul St

FILED 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27th 1931

22. I HEREBY CERTIFY, That I attended deceased from June 27 1931 to Dec. 27 1931

I last saw him alive on Dec. 27 1931 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	
Contributory causes of importance:	
Hypostatitis	
Chronic Bronchitis	
Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If ~~woman~~ only

(Signed) J. H. Mencken M. D.

(Address) 4037 Falls Road

ACo. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

75228

CERTIFICATE OF DEATH

E 75229

93-005

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1902 Walbrook Ave 5-31 St., 5-31 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah C. Bradley

(a) Residence: No. 1902 Walbrook Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, ~~widowed, or divorced~~
(or) WIFE of Frederick R. Bradley

6. DATE OF BIRTH (month, day, year) Aug 26th 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME John Maffield

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Georgia Scharffer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Frederick R. Bradley

(Address) 1902 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park (Date) 12/31/ 1931

19. UNDERTAKER

(Address) 121 E. Saint St

20. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28th 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1931 to Dec 28 1931

I last saw her alive on Dec 28 1931 death is said to have occurred on the date stated above, at 130 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2 years
Acute dilatation of heart	1 day

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Frederick Lesh M. D.

(Address) Temple Garden apts

Spec.—1-12-23—M&B—500 Blks.

E-75230½ E-75230½ 1415E

HEALTH DEPARTMENT—CITY OF BALTIMORE

130

CERTIFICATE OF DEATH.

(130)

1-PLACE OF DEATH County 25-73 REGISTERED NO. 42

~~CITY~~ OF BALTIMORE: (No.) 2402 Bangor ST. (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Robert parry.

(a) RESIDENCE NO. 2402 Bangor. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 3 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of Fanny Ellen parry.

6 DATE OF BIRTH (month, day, and year) Dec 12 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	11	16	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Musician

(b) General nature of industry, business, or establishment in which employed (or employer): Self.

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country): Australia

9 NAME OF FATHER: Rev. Daniel R. parry.

10 BIRTHPLACE OF FATHER (city or town) (State or country): Australia

11 MAIDEN NAME OF MOTHER: Joanna Rutledge

12 BIRTHPLACE OF MOTHER (city or town) (State or country): Australia

Informant: Mrs Fanny parry (Address) 2402 Bangor

Filed Dec 29 31 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 23 .1931. to Dec 28 .1931.

that I last saw he alive on Dec 28 .1931.

and that death occurred, on the date stated above, at 1 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Acute (alcoholic) Nephritis (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Symptoms of uremia

(Signed) Raymond D. Steam M. D.

Dec 29. 1931 (Address) 708 Mullins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: Dec 31 1931

UNDERTAKER: Tom Cook — ADDRESS: 1207 E Fayette

Spec.—9-30—A. & Co.—250 Blks

75231 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 75231

CERTIFICATE OF DEATH.

162

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 744 Bartlett Ave. 9-46 WARD)

2 FULL NAME Sarah A. Behler

(a) RESIDENCE NO. 744 Bartlett Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR OR RACE: White | 3 Single, Married, Widowed, or Divorced (write the word): Widow

4 If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank F. Behler

5 DATE OF BIRTH (month, day, and year): June 13-1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	6	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

7 BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

10 NAME OF FATHER: — Dutch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Rebecca Dutch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant: Mrs. Sallie A. Fulks

(Address): 744 Bartlett Ave.

Filed DEC 30 1931, 19 [illegible]

THOMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 28-1931

17

I HEREBY CERTIFY, That I attended deceased from Dec 24, 1931, to Dec 28, 1931

that I last saw h[illegible] alive on Dec 28, 1931

and that death occurred, on the date stated above, at 9.40 A. m.

The CAUSE OF DEATH* was as follows:

Senile Paresis

(duration) [illegible] yrs. — mos. — ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? [illegible] Date of —

Was there an autopsy? [illegible]

What test confirmed diagnosis? Clinical

(Signed) C. W. Mudge M. D.

Dec 29, 1931 (Address) 838 N. 36th St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Carroll Chapel — DATE OF BURIAL: Dec 30 1931

20 UNDERTAKER: Horace F. Burgee — ADDRESS: 3631 Falls Rd.

MACo. 5-41 2M

E 75232

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75232

CERTIFICATE OF DEATH

2-1323

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Willie Scott.

(a) Residence: No. E. M. Bond St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 10-1-1907

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
24	2	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Aiken S.C.

12. NAME Henry Scott

13. BIRTHPLACE (city or town) (State or country) S. C.

14. MAIDEN NAME Martha Lee

15. BIRTHPLACE (city or town) (State or country) S.C.

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place ..... Date DEC 29 1931

UNDERTAKER Commissioner Health.
(Address)

FILED DEC 30 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-26-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-28-31, 19, to 12-26-31, 19

I last saw he alive on 12-25-31 19 death is said to have occurred on the date stated above, at 7.20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	10 months

Other contributory causes of importance:

Intercostal Neuralgia	3 months.

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Lawrence A. Scott, M. D.

(Address)

678233

HEALTH DEPARTMENT CITY OF BALTIMORE 75233

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 11, 2nd 23 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Riggs

(a) Residence: No. 136 Caroline St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Matilda Riggs.

DATE OF BIRTH (month, day, year) 5-5-1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	7	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Annapolis, Md.

12. NAME John Riggs.

13. BIRTHPLACE (city or town) (State or country) Md.

14. MAIDEN NAME Anna ?

15. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
May
Date DEC 29 1931

UNDERTAKER
(Address)

FILED DEC 30 1931 [illegible] JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-26-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-18-31, 19 ... to 12-26-31, 19 ...

I last saw h[illegible] alive on 12-25-31, 19 ... death is said to have occurred on the date stated above, at 6:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Unknown

Other contributory causes of importance:

Name of operation ——— Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

Signature Lawrence A. Fenn, M. D.
(Address)

MACo. 5-11 250M

3-8-54

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75234 ~~23~~ E 75234

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH E 75234
CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 11 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gus Jackson

(a) Residence: No. 1720 Linwood Hill St. Fox Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 9/22/31

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		2 3	2 4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. /
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~C~~
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md—

13. NAME Leroy Yates

14. BIRTHPLACE (city or town) (State or country) Ala

15. MAIDEN NAME Margaret Jackson

16. BIRTHPLACE (city or town) (State or country) Ala

INFORMANT Ricardo—
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Date DEC 29, 1931

UNDERTAKER
(Address)

FILED DEC 29 1931 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1931, to Dec. 23, 1931

I last saw him alive on Dec. 23, 1931 death is said to have occurred on the date stated above, at 3:01 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary TB	Dec 1
Spastic diplegia - congenital	life

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John A. Lanahan M. D.

(Address) J. H. Hospital

AoCo. 5-31 2408

HEALTH DEPARTMENT—CITY OF BALTIMORE

75235

CERTIFICATE OF DEATH

5.8 108-E 75235

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 Central Ave St Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Price

(a) Residence: No. 504 Central Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Price

DATE OF BIRTH (month, day, year) 1881

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & O
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

INFORMANT Mrs. Rose Price
(Address) 504 Central Ave

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 12/31/31

UNDERTAKER Mrs. J. J. Locke
(Address) 1302 Jefferson St

FILED DEC 31 1931 C. Humphrey Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-28, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-21, 1931, to 12-28, 1931.
I last saw him alive on 12-28, 1931 death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	12-24-31

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo E. Allen, M. D.
(Address) 507 Augusta St

-30—M. & T.—106 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75236

CERTIFICATE OF DEATH

18-2646

E 75236

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. ..... WARD)

2-FULL NAME Carrie Dailey

(a) RESIDENCE NO. 112 N. Carrollton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 0 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of late Wm. Dailey

DATE OF BIRTH (month, day, and year) March 10/1886

AGE 45	Years 46	Months 9	Days 17	If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto., Md.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Sarah J. Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Eastern Shore, Md.

Informant Gladys Johnson (Daughter)
(Address) 112 N. Carrollton Ave

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27/31 19 5.20 A.M.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach

(duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) ..... M. D. Coroner

Dec 28/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cem	Dec 30 31
20 UNDERTAKER J. H. Socks	ADDRESS 1302 Jeffers

O. MARSHALL JONES, M. D.

1931

A&Co. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75237 CERTIFICATE OF DEATH 16 73 131 E 75237

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Robinson

(a) Residence: No. 1339 Mosher St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	olored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Earle Robinson

DATE OF BIRTH (month, day, year) April ?.1883

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Harford Co. Md.

13. NAME Edward Rice

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Charlotte McComas

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT (Address) Records of Baltimore City Hospitals

BURIAL, CREMATION, OR REMOVAL
Date 19
Harford County Dec 31-1931

UNDERTAKER
(Address) Sophia Lively 4922 Moravia St

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from 11/27/31, 19 to 12/25/31, 19
I last saw her alive on 12/25, 1931 death is said to have occurred on the date stated above, at 7:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular renal disease c myocardial failure	8 years ago

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
12-28-31 (Signed) Clem Hirschfeld M.D.
(Address) Baltimore City Hospitals

ACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

253974 E 75238 CERTIFICATE OF DEATH 13-59 157 E 75238

1. PLACE OF DEATH Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert Millner

(a) Residence: No. 2223 Callow ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 10-11-31

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		2	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Md

12. NAME Joseph Lucas Millner

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Hanna Millner

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT (Address) Records

BURIAL, CREMATION OR REMOVAL
Place ..... Date 19

UNDERTAKER
(Address)

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1931, to Dec 23, 1931

I last saw her alive on Dec 23 1931 death is said to have occurred on the date stated above, at 5.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital malformation of brain	birth

Other contributory causes of importance .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. E. Sutton, M. D.

(Address) Johns Hopkins Hosp

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75239

E 75239

CERTIFICATE OF DEATH.

Registered No. 154

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 7-12 Ward)

2. FULL NAME Baby Keller

(a) RESIDENCE No. 2225 Prentiss Pl. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	—

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) 12/26/31

AGE	Years	Months	Days	If LESS than 1 day, 13 hrs. or min.

OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER George Keller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Elsie Zienk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant (Address) Johns Hopkins Hospital

Filed DEC 31 1931 19 F.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/26/31

17

I HEREBY CERTIFY, That I attended deceased from 12/26, 1931, to 12/26, 1931

That I last saw him alive on 12/26, 1931

and that death occurred, on the date stated above, at 5.47 P.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J J Snyder M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL DEC 29 1931

20 UNDERTAKER

ADDRESS

LaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

75240

CERTIFICATE OF DEATH

48 E 75240

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 E Federal St St. 4-16 Ward)

Length of residence in city or town where death occurred 69 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Mary E Hof erkamp

(a) Residence: No. 1729 E Federal St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jul 19 th 1862

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	69	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

12. NAME John H Hoferkamp

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary E Rosengarn

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) George H Vonderhide 2760 Fenwick ave

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date 12/31- 1931

UNDERTAKER John Welnick
(Address) 26 E Lafayette

FILED DEC 30 1931 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29 1931

22. I HEREBY CERTIFY, That I attended deceased from June 27 1928 to Dec 29 1931

I last saw her alive on Dec 28 1931 death is said to have occurred on the date stated above, at 1.30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	June/1928
Other contributory causes of importance: General Metastasis	Jan/1931

Name of operation no Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

12/29/31 (Signed) John D Wirth M. D.
(Address) 9362 Mannsville Rd

ACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75241

CERTIFICATE OF DEATH

6-10 124 E 75241

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 618 N Port St St. 6-10 Ward)

ngth of residence in city or town where death occurred 46 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME J Herman Schreiber

(a) Residence: No. 618 N Port St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret L Schreiber

DATE OF BIRTH (month, day, year) Sept 11 th 1865

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	46	3	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 20 yrs

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Albert H Schreiber

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Katherine Henkel

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Margaret L Schreiber
(Address) 618 N Port St

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 2 1931

UNDERTAKER John Heenick
(Address) 1000 Aliceanna

FILED ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29 th 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1931 to Dec 28 1931

I last saw h (M) alive on Dec 28 1931 death is said to have occurred on the date stated above, at 12.45 m Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Portal Cirrhosis	1929
Terminal - Broncho Pneumonia	

Other contributory causes of importance:
Anemia & Asthenia

Name of operation NONE Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Walter A. Anderson M. D.

(Address) 3300 DUPLEX AVE.

Spec.—7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75242

E 75242

CERTIFICATE OF DEATH

115

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. [illegible] Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Millie Byrd

(a) RESIDENCE NO. 216 N Bruce St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): [illegible]

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Byrd

6 DATE OF BIRTH (month, day, and year): May 13, 1882

7 AGE: Years 49 Months 7 Days 15 — IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Unknown

PARENTS

10 NAME OF FATHER: Abram Lucas

11 BIRTHPLACE OF FATHER (City or town) (State or country): North Carolina

12 MAIDEN NAME OF MOTHER: Marie Pritchett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): North Carolina

14 Informant: Lillie Byrd

(Address): 216 E Bruce St.

15 Filed [illegible] 19 [illegible] Registrar

DEC 30 1931 C. HOWARD JAMES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

12-29-31

17 I HEREBY CERTIFY, That I attended deceased from 12-23, 19 31, to 12-29, 19 31,

that I last saw her alive on 12-29, 19 31,

and that death occurred, on the date stated above, at 12 55 P m.

The CAUSE OF DEATH* was as follows:

Acute meningitis

probably streptococcic

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute tonsilitis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted

If not at place of death: 216 N Bruce St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) George McDaniel M. D.

(Address) 12-29-19 31 Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

Date of Burial: Dec. 30, 19 31

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 322 N Schroeder St.

...—2-29-28—L. F. S.—500 Bks.

75243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1931 E 75243

REGISTERED NO. 167

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 Hillock Court St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Johnson

(a) RESIDENCE NO. 1014 Hillock Court ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	Col.	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Johnson

7 DATE OF BIRTH (month, day, and year)

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lab

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer Unknown

10 BIRTHPLACE (city or town) (State or country) Unknown

11 NAME OF FATHER Unknown

12 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

13 MAIDEN NAME OF MOTHER Unknown

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Mary Dougherty

(Address) 102 Cairo St

Dec 30 1931 H. GRAY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 3 . 1931 . to Dec 28 . 1931 .

that I last saw him alive on Dec 27 . 1931

and that death occurred, on the date stated above, at 11.15 a m.

The CAUSE OF DEATH* was as follows:

Cardiorenal complication

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of

Was there an autopsy? No Clinical Lab

What test confirmed diagnosis?

(Signed) H Mayo Williams M. D.

12-29-31 (Address) 1530 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL Dec. 30, 1931

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 32 N. Arlington St

75244

HEALTH DEPARTMENT—CITY OF BALTIMORE

75244

CERTIFICATE OF DEATH

13-51-34 V

1. PLACE OF DEATH Union Memorial Hospital — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 1 yrs ... mos ... ds. How long in U. S., if of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Myrna Read

(a) Residence: No. 2802 Huntington Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Everett Read

DATE OF BIRTH (month, day, year) June 13, 1907

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	24	11	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Ill

12. NAME Helen Cramer

14. BIRTHPLACE (city or town) (State or country) Ill

15. MAIDEN NAME Margaret Cohen

16. BIRTHPLACE (city or town) (State or country) Ill

INFORMANT Hospital records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Lorraine's (Date 2/30, 19 31)

UNDERTAKER Lorraine's
(Address) 1101 E. Madison St.

FILED ... 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1931, to Dec 29, 1931

I last saw her alive on Dec 29, 1931 death is said to have occurred on the date stated above, at 11:55 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Nervous System Lues (Syphilis) ?	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel McCausland, M. D.

(Address) Union Mem. Hospital

...—2-29-28—L. F. S.—500 Bks.

E 75245 HEALTH DEPARTMENT—CITY OF BALTIMORE 49 E 75245

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3007 Ruckert Ave (ST.) 27-43 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edna Egusta Seiger

(a) RESIDENCE NO. 3007 Ruckert Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 30, 1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	9	8	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

9 NAME OF FATHER: Andrew Seiger

10 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

11 MAIDEN NAME OF MOTHER: Elizabeth Weller

12 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

Informant: Mr. Andrew Seiger

(Address) 3007 Ruckert Ave

Filed ... 19... Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/28/31

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1931, to Dec 28, 1931

that I last saw h wife on 12/25/31, 1930 4 m.

and that death occurred, on the date stated above, at 11

The CAUSE OF DEATH* was as follows:

Adeno-carcinoma of Ovary.

? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes, Date of Sept. 1931

Was there an autopsy? Yes

What test confirmed diagnosis? Operation & Mic.

(Signed) Ryan L Gosby, M. D.

19 (Address) 5103 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emmanuel Cem — DATE OF BURIAL: Dec 31 1931

20 UNDERTAKER: Louis Neumann — ADDRESS: 324 Broadway

Co. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75246

CERTIFICATE OF DEATH

E 75246

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 511 S. Chapel St. W. Ward)

ngth of residence in city or town where death occurred 54 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME William Ahles

(a) Residence: No. 511 S. Chapel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Georgina Ahles

6. DATE OF BIRTH (month, day, year) May 24th 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME John Ahles

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Georgina Ahles

(Address) 511 S. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Dec. 31st 1931

19. UNDERTAKER Lilly & Jacoby Inc.

(Address) 403 W. Lanvale St.

FILED Dec 30 1931 [illegible] Registrar

BY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25th, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12/24, 1931, to 12/30/31, 19

I last saw him alive on 12/30/31 death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Intra Pneumonia — Date of onset 12/17/31

Other contributory causes of importance: Diabetes Mellitus, Chronic Interstitial Nephritis

Name of operation Lab. & Pathology — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Samuel B. Hooker, M. D.

(Address) 316 St Paul Place

AACo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE 75247

75247

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 107-001

CITY OF BALTIMORE: (No. Baltimore Med St. 2 Ward) 5 19

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Frankenberg

(a) Residence: No. 528 N. Chester St St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) 10/1/1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	—	2	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME OF FATHER John Dinnish

14. BIRTHPLACE (city or town) (State or country) Bavaria

15. MAIDEN NAME OF MOTHER Christiania Krug

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Baltimore City Hospitals Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Holy Redeemer Date Jan 2nd 1931

19. UNDERTAKER Lilly & Gilden Inc
(Address) 203 E. Lloyd St.

20. FILED JAN 2 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 29 1930

22. I HEREBY CERTIFY, That I attended deceased from 7-11, 1931 to 12-29, 1930

I last saw h alive on 12-29 1930 death is said to have occurred on the date stated above, at 2.00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-26
	31

Other contributory causes of importance Arteriosclerosis of old age

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

12-29-30 (Signed) Edward Hagberg Jr. M. D.

(Address) Baltimore City Hospitals

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

75248

CERTIFICATE OF DEATH

3 7 08

E 75248

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

ITY OF BALTIMORE: (No. St., 20 Ward)

ngth of residence in city or town where death occurred 29 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William York

(a) Residence: No. 31 S. Highland Ave. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah York

DATE OF BIRTH (month, day, year) June 31, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6 5	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 15
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Long Green
(State or country) Md.

13. NAME Tobias York

14. BIRTHPLACE (city or town)
(State or country) Md.

15. MAIDEN NAME Rebecca Mumma

16. BIRTHPLACE (city or town)
(State or country) Md.

INFORMANT Records of
(Address) Baltimore City Hospitals

BURIAL, CREMATION, OR REMOVAL
Place Evergreen Date Dec 31, 1931

UNDERTAKER Kelly-Zeller Co.
(Address) 403 E. Fayette St

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12/2, 1931, to 12/27, 1931

I last saw him alive on 12/27 1931 death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 days
Other contributory causes of importance: Adenoma Toxic	5 yrs

Name of operation Thyroidectomy Date of 12-21-31
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ____, 19__
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Allen A. Hoffberger M.D.
(Address) Baltimore City Hospitals

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75249

CERTIFICATE OF DEATH

59 E 75249

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2405 E. Fayette St., E 9 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Fisher

(a) Residence: No. 2405 E Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Fisher

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME of father Moses Kant

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME of mother Hinda —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Fisher. (Address) 2405 E Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Arlington Cem Date 12-30- 193

19. UNDERTAKER Jacob Reuss Inc (Address) 1439 E Baltimore St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29th, 193

22. I HEREBY CERTIFY, That I attended deceased from June 16, 193, to Dec 29th, 193
I last saw her alive on Dec. 29, 193, death is said to have occurred on the date stated above, at 4:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1928
Chronic myocarditis.	1928
Myocardial Insufficiency	Dec 1931

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) Joseph J. Blum M. D.
(Address) 1031 E Monument St

ACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH

75250 108 E 75250

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 1617 N Bentalou St. 16-G Ward)

ngth of residence in city or town where death occurred 25 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Rebecca Colton

(a) Residence: No. 1617 N Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	58			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME OF INFORMANT Louis Rubin

14. BIRTHPLACE (city or town) (State or country) R.

15. MAIDEN NAME Tobin

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Fannie Gold
(Address) 1617 N Bentalou St

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Wash. Rd. Date 12-30 1931

19. UNDERTAKER Jack Level Jr.
(Address) 1439 E Baltimore St

(Filed) 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30th 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25 1931 to Dec 30 1931

I last saw her alive on Dec 30th 1931 death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance: Dehydration, Senility	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Maurice Rosenau, M. D.
(Address) 2225 Linden Ave

ACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

75251

CERTIFICATE OF DEATH

46 E 75251.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 Bolton St. 13-20 Ward)

Length of residence in city or town where death occurred 76 yrs 3 mos 24 ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Conrad L. Paul

(a) Residence: No. 2102 Bolton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

DATE OF BIRTH (month, day, year) Sept 4 1855

AGE Years	Months	Days	If LESS than 1 Day hrs. or min.
76	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Silk Business
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Conrad L Paul

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Anna E Roth

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT William H. Paul Jr.
(Address) 2102 Bolton St.

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Dec 31 1931

UNDERTAKER M I Kaufman John F Gimple & Son
(Address) 501 N. Fayette St.

FILED ..... 19.. .....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1931, to Dec. 28, 1931

I last saw him alive on Dec. 25 1931, death is said to have occurred on the date stated above, at 6:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer involving Left Cheek and Jaw	2 yrs

Other contributory causes of importance:

Age & myocarditis	2 yrs

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard A. Kelly M. D.
(Address) 3706 Auburn Baltimore

AdCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

75252

CERTIFICATE OF DEATH

10 E 75252

1. PLACE OF DEATH

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sydenham Hospital St. 2-51 Ward)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 3 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Clarice Borze

(a) Residence: No. 2107 Oak St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 6/26/30

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Clarence Borze

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

15. MAIDEN NAME Lillian Jones

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Clarence Borze
(Address) 2107 Oak St.

BURIAL, CREMATION, OR REMOVAL
Place Mt Cavalry Date Dec 29 1931

UNDERTAKER Mrs R A Elliott
(Address) 1725 Madison Ave

FILED _____ 19____ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/29, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12/26/31, 19__, to 12/29/31 19__

I last saw her alive on 12/29, 1931. death is said to have occurred on the date stated above, at 7:05 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nasal and tonsillar Diphtheria	12/14/31

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. V. Jackson, M. D.

(Address) Sydenham Hospital

ACo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

75253

CERTIFICATE OF DEATH

93 E 75253

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3749 Nortonia St.) (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Nazzareno Artigiani

(a) Residence: No. 3749 Nortonia Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Palma Artigiani

6. DATE OF BIRTH (month, day, year) April 13, 1861

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	70	& 10 mo.	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) Retired

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Fossato di Vico Italy

13. NAME Arcangelo Artigiani

14. BIRTHPLACE (city or town) (State or country) Fossato di Vico Italy

15. MAIDEN NAME Agostinelli

16. BIRTHPLACE (city or town) (State or country) Fossato di Vico Italy

INFORMANT Libero Artigiani

(Address) 3749 Nortonia Road

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 1 1932

UNDERTAKER Frank O. Epstein

(Address) 784 E Baltimore St

FILED. 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1931, to Dec 29, 1931

I last saw him alive on Dec 25, 1931 death is said to have occurred on the date stated above, at 3.45 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Arterio sclerosis

Date of onset

Other contributory causes of importance:

myocarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Claud Bennett M. D.

(Address) 4706 Harford Road

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75254

119 E 75254

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Chestnut

(a) RESIDENCE NO. 1533 Baker St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 8-31

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
		2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: Benj. Chestnut

11 BIRTHPLACE OF FATHER (City or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Rebecca Beasley

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant (Address): Rebecca Beasley 1533 Baker St

15 Filed: DEC 1 1931 C. HARRISON JAMES, M. D. Registrar

By: APH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 31: 12-29

17 I HEREBY CERTIFY, That I attended deceased from 12-21, 19 31, to 12-29, 19 31, that I last saw h. M. alive on 12-29, 19 31, and that death occurred, on the date stated above, at 10.50 A. m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Disease

(duration) yrs. mos. 12 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Baltimore, Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Georgia McDonnell M. D.

12-30 1931 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Harlem Park — Date of Burial: Dec 3 1931

20 UNDERTAKER: Chas. H. Grace & Son — ADDRESS: 638 N. Gilmor

ACo. 5-31 250B

54144 75255

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75255

CERTIFICATE OF DEATH

X 68

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No.) St. 7-9 Ward)

Length of residence in city or town where death occurred yrs. 2 mos. da. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Rose Marie Carr

(a) Residence: No. 91 Prentiss St., Ward. Somerville Mass.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Carr

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	36			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Mass.

13. NAME Wm Burgess

14. BIRTHPLACE (city or town) (State or country) Hamilton Nova Scotia

15. MAIDEN NAME Jennie Frazer

16. BIRTHPLACE (city or town) (State or country) Nova Scotia

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Waltham Mass. Date Dec 30 1931

19. UNDERTAKER Peterson
(Address) 1424 E. Fayette Ave.

DEC 30 1931 C. HARPER JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29th, 1931

22. I HEREBY CERTIFY, That I attended deceased from October 28, 1931, to Dec. 29, 1931

I last saw her alive on Dec 29, 1931 death is said to have occurred on the date stated above, at 8:05 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Addison Disease	1930

Other contributory causes of importance:

Cirrhosis	12-31

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Nicholson, M. D.

(Address) Johns Hopkins Hospital

AaCo. 5-11 2/08

HEALTH DEPARTMENT—CITY OF BALTIMORE

75256

CERTIFICATE OF DEATH

E 75256

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 E. Fenton St. 9-18 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Henry Madison Sorsmon

(a) Residence: No. Lunatic Chas Co Md., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Louisa E. Sorsmon

DATE OF BIRTH (month, day, year) Oct 24 1859

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	72	2	5	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sea Captain
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Louisa Sorsmon

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Sarah L. Church

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Louisa E. Sorsmon
(Address) Lunatic Md

BURIAL, CREMATION, OR REMOVAL Md Dec 31 1931

UNDERTAKER Wm. Fox & Son
(Address) 1210 E. Fenton St

FILED 1931 C. DAWSON JAMES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29. 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 19. 1931. to Dec. 29. 1931

I last saw h. alive on Dec 29. 1931 death is said to have occurred on the date stated above, at 10.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chron. Myocarditis	1925
Myocardial Insufficiency	1931

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Exp Lapse Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. A. Blum, M. D.
(Address) 83 E. North Ave

AaCo. 5-31 250B

75257 HEALTH DEPARTMENT—CITY OF BALTIMORE

Milligatroyd

108 E 75257

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2700 Greenmount Ave Ward) 17-50

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel J. Donohue

(a) Residence: No. 2700 Greenmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence E. Donohue

DATE OF BIRTH (month, day, year) Sept 30 1868

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	63	2	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business Self
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Maryland

12. NAME Daniel Donohue

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary O'Brien

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Florence E. Donohue
(Address) 2700 Greenmount Ave

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Dec 31 1931

UNDERTAKER Jenkins Court
(Address) 1417 St Paul St.

FILED DEC 31 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28th 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 24th 31, to Dec 28th 1931
I last saw him alive on Dec 28th 1931 death is said to have occurred on the date stated above, at 8.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 27th
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Thos Milligatroyd M.D. M. D.
(Address) 401 E 25th St

AACo. 5-11-2500

75258 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 93 E 75258

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md Gen Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 19-50 St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose Oster

(a) Residence: No. 2745 N Calvert St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	~~Married~~ Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of late Wm. H. Oster

7. DATE OF BIRTH (month, day, year) April 1858

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
74	74	3	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Conrad Leipfel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Christina Frederick

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 12/31, 19 31.

19. UNDERTAKER J. Wm. D. Tuttle
(Address) 1101 E. Lanvale Ave

20. FILED 1931 C. HUNTER JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 28 31/19

22. I HEREBY CERTIFY, That I attended deceased from 12 22, 1931, to 12 28, 1931

I last saw her alive on 12 28, 1931 death is said to have occurred on the date stated above, at 11 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 year ? ?

Other contributory causes of importance:

Acute Cardiac Delirium	20 hours

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert F. Chenowith M. D.

(Address) Md. General Hospital

Co. 5-31 2500

5895

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 75259

CERTIFICATE OF DEATH

121 E 75259

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 6 yrs 9 mos 9 ds How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Isiah Jackson

(a) Residence: No. 373 North Side St., Ward. Spring Gard Point
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	49.			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Sallie Jackson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION OR REMOVAL. Pine Grove Cem Co Date Dec 1 1931

19. UNDERTAKER Thos. H. Kruse Son
(Address) 639 N. Eutaw St.

DEC 1 1931 19 [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1931, to Dec 29, 1931
I last saw HE alive on Dec 29, 1931 death is said to have occurred on the date stated above, at 10½ P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicular abscess & ruptured & generalized peritonitis,	12 22 31

Other contributory causes of importance:
Cardiac failure from coronary disease

Name of operation Appendectomy & drainage Date of 12-20 31
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. H. Campbell M. D.
(Address) Johns Hopkins Hospital

55992 E 75260

HEALTH DEPARTMENT—CITY OF BALTIMORE E 75260

CERTIFICATE OF DEATH

X 107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 17-4

Length of residence in city or town where death occurred ... yrs ... mos. 4 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gladys Foster

(a) Residence: No. 3553 Forrest Lane, Ward, Colgate md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 8-10-30

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	1	4/16	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (None)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

12. NAME John Smith

13. BIRTHPLACE (city or town) (State or country) Md

14. MAIDEN NAME Alphonza Foster

15. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Greenwillow Cem. Date 12-31 1931

UNDERTAKER Jas. W. Spencer
(Address) 1420 E. Mad St

DEC 31 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1931, to Dec 29, 1931
I last saw her alive on Dec 29, 1931 death is said to have occurred on the date stated above, at 3:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11/22/31
Other contributory causes of importance:	
Chronic bronchitis	11/10/30

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John A. Hawkins Co, M. D.
(Address) Johns Hopkins Hosp

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75261

Registered No. 93803 E 75261

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 Mellon Hill Road 28-71 Ward)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Edward Shipley

(a) Residence: No. 226 Mellon Hill Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Ellen Moore Shipley

DATE OF BIRTH (month, day, year) February 11, 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Power
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation 0

BIRTHPLACE (city or town) (State or country) Carroll County Maryland

13. NAME Benjamin B. Shipley

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary Jane Mercer

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address) Mr. Clarence E. Shipley 226 Willow Hill Road

BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem. Date Jan. 1931

UNDERTAKER (Address) Wm. P. Cook 100 N. Baltimore St.

Filed JAN 1 1931 No. 540 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from July, 1930 to Dec 28, 1931

I last saw him alive on 19 death is said to have occurred on the date stated above, at 11.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Arteriosclerosis	

Other contributory causes of importance:

Acute Cardiac Dilitation Dec 1931

Name of operation Physical Signs Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harry Klaasman, M. D.

(Address) 2607 Wilkens Ave.

-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75262

75262

CERTIFICATE OF DEATH

157-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 36 E.Churchill St. ST. 22-33 WARD)

2-FULL NAME Ida Jenkins.(C)

(a) RESIDENCE NO. 36 E.Churchill St. ST., ... WARD ...

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, and year) November 10, 1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	1	19	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore, Md.

10 NAME OF FATHER: Arthur Jenkins,(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia.

12 MAIDEN NAME OF MOTHER: Edna Washington(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia.

Informant: Edna Jenkins.(C) mother

(Address) 36 E.Churchill St.

Filed DEC 1 1931 192 H. J. M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 29, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
Congenital.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto E. Reinhardt, M. D. Coroner

12/29/31 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

DEC 1 1931 Commissioner Health.

per.—8-16-29—L. F. S.—100 Bks.

E 75263

HEALTH DEPARTMENT—CITY OF BALTIMORE

48 E 75263

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. _____

CITY OF BALTIMORE: (No. 628 Gold ST. 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E. Pinkney

(a) RESIDENCE NO. 628 Gold St ST. _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Jno. W. Pinkney

6 DATE OF BIRTH (month, day, and year) 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper & Hairdresser

(b) General nature of industry, business, or establishment in which employed (or employer) Beauty Parlor

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Thos Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER ~~Mary Wright~~ Anna Mackey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Octavia Viola Pinkney

(Address) 628 Gold St

Filed 1931 W. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27-1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 1929 to Dec 26 1931, that I last saw h[er] alive on Dec 26 1931 and that death occurred, on the date stated above, at 10 20 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) none known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Colloidy

(Signed) Chas J. Kullen, M. D.

12/28 1931 (Address) 2222 W. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pt. Auburn Cem.

DATE OF BURIAL 12/31 19 31

UNDERTAKER Emmert & Stansbury

ADDRESS 518 N Bdwy

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75264

CERTIFICATE OF DEATH

131 E 75264

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 4602 Liberty Heights St.) 28-63 (Ward)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George Washington Mowen

(a) RESIDENCE NO. 4602 Liberty Heights St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 91 yrs. 4 mos. 24 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Miller Mowen

DATE OF BIRTH (month, day, and year) March 5 1840

AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	91	9	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Funeral Director

(c) Name of employer: Self

BIRTHPLACE (city or town) (State or country): Waynesboro Pa

10 NAME OF FATHER: George Mowen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ellinger Penna

12 MAIDEN NAME OF MOTHER: Mary Besore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Waynesboro Penna

Informant: Mr. A. S. Mowen - (Son)

(Address): Reisterstown.

Filed DEC 31 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27/31.

17

I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1930, to Dec. 29, 1931

that I last saw him alive on Dec. 29, 1931

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitia Nephritis
Enterocolitis.

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Endocarditis Benn
Pneum (duration) 1 yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. B. Robertson M. D.

. 19 (Address) 719 Med Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Waynesboro Pa	Jany-1932
20 UNDERTAKER	ADDRESS
E. Stewart Mowen	Balto

...ec.—9-20—A. A Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75265

E 75265

CERTIFICATE OF DEATH.

87-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4011 Alto Ave (St.) 15-65 (Ward)

2 FULL NAME Dr. Edward S Hoffmeister

(a) RESIDENCE NO. 4011 Alto Ave (Usual place of abode) ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 0 mos. 21 ds. How long in U. S., if of foreign birth? 61 yrs. 0 mos. 21 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Katherine Hoffmeister

DATE OF BIRTH (month, day, and year) Sept 9 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	0	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dentist D.D.S.

(b) General nature of industry, business, or establishment in which employed (or employer) Dentistry

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER John F Hoffmeister

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Bolker

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

Informant Mrs Edward Hoffmeister - wife

(Address) 4011 Alto Ave City

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30, 1931

17

I HEREBY CERTIFY, That I attended deceased from ... 19 26, to Dec 30, 19 31

that I last saw h alive on Dec 30th, 19 31

and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis + Hypertension

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) ... Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual Signs + Symptoms

(Signed) Howard Melton M. D.

. 19 (Address) 1609 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Jan. 2 - 1932

20 UNDERTAKER: Stewart & Co. — ADDRESS: Balto

AaCo. 5-11 2508

E 75266

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75266

CERTIFICATE OF DEATH

XV 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-27-31 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos 6 ds How long in U. S. If of foreign birth? yrs mos ds

2. FULL NAME Baby Dwight Randolph -

(a) Residence: No. 908 Old Bolton Rd St., Ward Baltimore
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 15, 1931

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	0	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

12. NAME Baby Randolph

13. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Madeline Lady

16. BIRTHPLACE (city or town) (State or country) California

INFORMANT Father

(Address)

~~BURIAL~~, CREMATION, ~~OR REMOVAL~~

Forest Lawn, Md. Date Dec 31 1931

UNDERTAKER Stewart & Myers Company

(Address) 128 W. North Avenue

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/31 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-23-31, 19, to 12-27-31, 19

I last saw h alive on 12-29, 19 death is said to have occurred on the date stated above, at 11:55 a.m.

The principal cause of death and related causes of importance were as follows:

Status Lymphaticus — Date of onset 12/23/31

Pneumonia — 12/23/31

Other contributory causes of importance:

Empyema (Staphylococcus) — 12/28/31

Name of operation Thoracentesis Date of 12/29/31

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jean D. Craven M. D.

(Address) Union Memorial Hospital

-30—M. & T.—100 B—50L

75267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

60-00 E 75267

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 Stirling ST. 10-44 WARD)

2-FULL NAME Doris C. Dennis

(a) RESIDENCE NO 822 Stirling ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Dec 29/31

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	35

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto., Md.

10 NAME OF FATHER Clarence Dennis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Rachial Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

Informant Clarence Dennis

(Address) 822 Stirling St

Filed DEC 31 1931 19: [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably cerebral birth accident

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

Dec 31/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashley Cemetery DATE OF BURIAL 1/3 1931

20 UNDERTAKER Chris H. Johnson ADDRESS 416 N. Carolina St.

20—M. & T.—100 B—50L

E 75268

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

E 75268

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Ruxton Ave. ST. 15-68 WARD)

2-FULL NAME Albert Hack

(a) RESIDENCE NO 1615 Ruxton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Reina Hack

DATE OF BIRTH (month, day, and year) 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Moses Hack

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Reina Hack

(Address) 1615 Ruxton Ave.

Filed 1931 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-30- 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regulars

(Signed) H. McGuire, M. D.

Coroner

Dec 30 1931 (Address) Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rit Carrel

DATE OF BURIAL 12-31 1931

20 UNDERTAKER Jack Lewis Inc

ADDRESS 1439 E Baltimore St

A&Co. 5-11 2M

75269

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75269

CERTIFICATE OF DEATH

159V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1641 Jackson St., 24-34 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Schneider—Schneider

(a) Residence: No. 1641 Jackson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec 30-1931

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
			3 hrs	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto

12. NAME [illegible] Henry Schneider

13. BIRTHPLACE (city or town) (State or country) Balto

14. MAIDEN NAME Pauline Kaechtle

15. BIRTHPLACE (city or town) (State or country) New York

16. INFORMANT Henry Schneider
(Address)

17. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Date Dec 31, 1931

18. UNDERTAKER Wayne Pask
(Address) Ashland Ave

19. FILED 1-1-1931 C. HAMILTON JONES, M.D.
Registrar
or

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12/30, 1931, to 12/30, 1931

I last saw h—n alive on 12/30, 1931, death is said to have occurred on the date stated above, at 8.P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature 6th Foetal Month	

Other contributory causes of importance:
Not known

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Not known
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L.D. Linthicum, M. D.
(Address) 2102 Mt Holly St

ACo. 5-31-1938

75270 **HEALTH DEPARTMENT CITY OF BALTIMORE** 3

93-0 E 75270

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-50 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Jones

(a) Residence: No. 2310 Guilford Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Maria Jones

7. DATE OF BIRTH (month, day, year) Oct 16 1868

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	63	2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Preacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.M.E.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Nat Jones

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Date Dec 30 1931

19. UNDERTAKER Wm. H. C. Elliott

(Address) 112 Eastwood Ave

DEC 31 1931 HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from December 5, 1931 to December 28 1931

I last saw h alive on December 28 1931 death is said to have occurred on the date stated above, at 10 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	30 Dys ?

Other contributory causes of importance:
Arteriosclerotic Cardio Vascular Disease with Hypertension ?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

M. D. (Signed) Simon Brager, M. D.

(Address) Mercy Hospital

AACo. 1-31-2108

75271

HEALTH DEPARTMENT CITY OF BALTIMORE

75271

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 15-61 Ward)

Length of residence in city or town where death occurred 56 yrs mos da How long in U.S. If of foreign birth 38 yrs mos da

2. FULL NAME Miss Olive Virginia Crane

(a) Residence: No. 221 Roslyn Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 27, 1875 (?)

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	56	11	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress Fitter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Dept. Store
10. Date deceased last worked at this occupation (month and year) May 1931
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

12. NAME Dr. Geo H Crane

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Anna Rue

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Deceased
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem Date Dec 31, 1931

UNDERTAKER Sam C. Mitchell & Bro
(Address) 1 Fountain Place

FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1931, to Dec 29, 1931

I last saw h.. alive on Dec 28, 1931 death is said to have occurred on the date stated above, at 2.45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Agranulocytosis	Months (?)
Panophthalmitis, Left	11-22-31 (?)

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Blood Count Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert W. Faris, M. D.
(Address) Union Memorial Hosp.

Spec.—9-30—A. & Co.—250 Blks.

E 75272

75272 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No) 1619 E. 33rd St 9-46 (WARD)

2 FULL NAME Annie H. Aleshire

(a) RESIDENCE NO 1619 E. 33rd St WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of James E. Aleshire

DATE OF BIRTH (month, day, and year) Oct 24 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	6	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Home Duties
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Isaac Knight

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Purnell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Mrs Effie V. Aleshire
(Address) 1619 E 33rd St

Filed ..... 19 ..... Registrar
By .....

C. HAMPSON JONES, M.D.
1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30 1931

17
I HEREBY CERTIFY, That I attended deceased from Dec 10th 1930 to Dec. 30th 1931
that I last saw h[illegible] alive on Dec 29th 1931
and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows: Endocarditis & Myocarditis

(duration) 1½ yrs. mos. ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.
12/31 1931 (Address) 846 W 36th St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem — DATE OF BURIAL: Jan 1 1932

20 UNDERTAKER: Chas O. Mitchell & Son — ADDRESS: 1100 Eutaw Place

75273

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75273

23V

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. 2750 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Perry Carroll

(a) RESIDENCE NO. 189 York St., Baltimore, Md. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Richards

6 DATE OF BIRTH (month, day, and year) March ? 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	50	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Deck hand

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer Ferry "Philadelphia"

9 BIRTHPLACE (City or town) (State or country) Chestertown Md.

10 NAME OF FATHER Dave Carroll

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie Ready

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Records, U.S. Marine Hospital

(Address) Baltimore, Md.

Filed JAN 5 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from October 12, 19 31, to December 30, 19 31, that I last saw him alive on December 29, 19 31 and that death occurred, on the date stated above, at 12:15 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, pulmonary, acute, pneumonic

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? clinical & lab. findings and autopsy

(Signed) Jordan A. Cooper, M. D.

12/30, 31 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Jan. 2, 1931
20 UNDERTAKER	ADDRESS
E. Leroy Stiffler, Inc.	125 E. North ave.

ACo. 5-H 250B

E 75274 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 53 E 75274

CERTIFICATE OF DEATH

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St. 16-25 Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME William B. Lewis

(a) Residence: No. 1719 W Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col.	Mar.

If married, widowed, or divorced: HUSBAND of (or) WIFE of Ruth B. Lewis.

6. DATE OF BIRTH (month, day, year) 7-10-1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Walter Lewis (?)

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Isabel Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ruth Jones
(Address) 1719 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Dec 31 1931

19. UNDERTAKER Thomas E Kelson
(Address) 1203 Pennsylvania Ave

20. FILED 1931 C. M. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-28, 1931.

22. I HEREBY CERTIFY, That I attended deceased from 11-15, 1931, to 12-28, 1931

I last saw him alive on 12-28 1931, death is said to have occurred on the date stated above, at 3 55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma of Right Inguinal Glands with diffuse metastases. Abdominal Perforation of Gland.	July 1931
Other contributory causes of importance: Broncho-pneumonia.	Dec 21

Name of operation no Date of
What test confirmed diagnosis? Clinical & Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Luther E. Leitz M.D.
(Address) Balto. City Hospitals

AACo. S-It 2500

75275 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 75275

CERTIFICATE OF DEATH

97

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 E. Preston St., 9-18 Ward)

Length of residence in city or town where death occurred 81fe mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George A. Struble

(a) Residence: No. 1220 E. Preston St., Ward. 4th
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1836

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	95	-	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Elizabeth Ann Struble

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Mr. Charles A. Busick

(Address) 1220 E. Preston St.

BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cemetery Date Jan. 2 1932

UNDERTAKER Toney Hoen Sons, Inc.

(Address) 301 E. Eager St.

FILED Jan 1 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1931 to Dec 31 1931

I last saw h alive on Dec 31 1931 death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

arteriosclerosis — Date of onset

Other contributory causes of importance:

uremia

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following.
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Lee Magness M. D.

(Address) 206 E. Preston St.

Spec.—9-30—A. & Co.—250 Bks.

E 75276

E 75276 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 1702 N. Caroline St. ST. 9-17 WARD.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Helen Robinson Hale.

(a) RESIDENCE No. 1702 N. Caroline St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widow

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles S. Hale

DATE OF BIRTH (month, day, and year) March 19, 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	9	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER T. Bascon Watkins.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anne E. Bowen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant (Address) Mrs. Harry C. Day 1702 N. Caroline St.

Filed DEC 31 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29. 1931

17

I HEREBY CERTIFY, That I attended deceased from Dec 13, 1931, to Dec 29, 1931, that I last saw he alive on Dec 29, 1931, and that death occurred, on the date stated above, at 1:1 a m.

The CAUSE OF DEATH* was as follows:

Dilatation of heart

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) arteriosclerosis & myocarditis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John W Gunderson M. D.

19 (Address) 1702 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery.

DATE OF BURIAL Dec 31 1931

ADDRESS

UNDERTAKER Chas S. Bracewell 118 W. Mt. Royal Ave

AMCo. 5-31 250B

75277 HEALTH DEPARTMENT—CITY OF BALTIMORE 75277.

CERTIFICATE OF DEATH

82-001 Lib 6 f 5

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 E. Eliston St., 26 Ward)

Length of residence in city or town where death occurred 14 yrs. 7 mos. 13 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Pedrick

(a) Residence: No. 714 E. Eliston St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Wm E. Pedrick

DATE OF BIRTH (month, day, year) May 17th 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
74	7	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John Scott.

14. BIRTHPLACE (city or town) (State or country) Denmark.

15. MAIDEN NAME Margaret W. Haughey

16. BIRTHPLACE (city or town) (State or country) N. Y.

INFORMANT R Addie Schlaffer
(Address) 414 S. Eliston St.

BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Jan 2nd 1932

UNDERTAKER Lilly & Tilden Inc.
(Address) 403 N. Howard St.

FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30th 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1931, to Dec 30, 1931

I last saw her alive on Dec 29, 1931, death is said to have occurred on the date stated above, at 5 26 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 30
Other contributory causes of importance: Arteriosclerosis	5 yr.

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify No.

(Signed) Frank A. Eslanty, M. D.
(Address) 3244 Eastern Ave.

Spec.—1-10-21—M&T—1500 Blks.

75278

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75278

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 247 N. Schroeder ST. 18 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles F. Baker

(a) RESIDENCE NO. 247 N. Schroeder ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4 COLOR OR RACE: Cal | 5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year): Dec 8-1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: Richard Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Hannah Snowden

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Mary E. Williams

(Address): 214 Eutaw St. Balto. Md.

Filed DEC 31 1931, CLAMPETT JONES, M. D. Registrar

DEC 31 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-21-1931

17 I HEREBY CERTIFY, That I attended deceased from 12-20-, 1931, to 12-27, 1931,

that I last saw him alive on 12-27-, 1931,

and that death occurred, on the date stated above, at 11P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. F. Jackson M. D.

12/31/1931 (Address) 4000 Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cemetery	Dec 31, 1931
20 UNDERTAKER	ADDRESS 3227
Mrs. Katie R. Williams	Schroeder St

Spec.—1-10-21—M&T—1500 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

75279

CERTIFICATE OF DEATH.

107-001 ✓ E 75279

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1433 E. Pratt St. 3-4 WARD)

2.-FULL NAME Salvator Scioto

(a) RESIDENCE NO. 1633 E Pratt ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant.

6a If married, widowed, or divorced (HUSBAND of (or) WIFE of): Infant.

7 DATE OF BIRTH (month, day, and year): Dec 13. 1920

8 AGE: Years: 11. Months: Days: 13/4 If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: Mario Scioto

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Mary Buccheri

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Mario Scioto (Address) 1633 E Pratt St

Filed: 1 1931 .19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 29 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 27. 19 31. to Dec 29. 19 31.

that I last saw h alive on Dec 28. 19

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary): Bronchial Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Nay Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray Exam.

(Signed) Chas E Baldwin M. D.

19 (Address) 100 E 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer. DATE OF BURIAL: Dec. 31 1931

20 UNDERTAKER: Wendell & Hoppel ADDRESS: 300 E Eden

ACo. 5-31 250B

75280 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 34 E 75280

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Med

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St., 7-9 (Ward)

Length of residence in city or town where death occurred yrs. mos 6 ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME William Spencer

(a) Residence: No. 1317 C 14th st. St., Oklahoma City, Okla. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Adelaide (same)

6. DATE OF BIRTH (month, day, year) July 17 1871

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	60	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

13. NAME O C Spencer

14. BIRTHPLACE (city or town) (State or country) Missouri

15. MAIDEN NAME Maggie Steele

16. BIRTHPLACE (city or town) (State or country) Missouri

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Place Oklahoma City Okla. 1/3/1931

UNDERTAKER [illegible]
(Address) [illegible]

FILED 1931 . 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1931, to Dec 31, 1931

I last saw him alive on Dec. 31 1931 death is said to have occurred on the date stated above, at 9.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Aneurysm	1927

Other contributory causes of importance:
Occlusion Lt & Coronary

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Nicholson M. D.

(Address) Johns Hopkins Hospital

Weissenborn ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

75281 75281

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen'l Hospital ST. 15 WARD)

REGISTERED NO. 1548

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mr Edward Weissenborn W

(a) RESIDENCE NO. 2068 Linden Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 10 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

If married, widowed, or divorced (HUSBAND of) (or) WIFE of Helen Weissenborn

DATE OF BIRTH (month, day, and year) Feb 10-1907

AGE	Years	Months	Days 21	If LESS than 1 day, hrs. or min.
	24	10	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Radio Sales Man

(b) General nature of industry, business, or establishment in which employed (or employer) Radio Repair Shop

(c) Name of employer Himself Baltimore Md.

BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER Frederick Weissenborn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Miss Tilly Wreck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Father.

(Address)

JAN 1 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31-1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 3, 1931, to Dec 31, 1931

that I last saw him alive on Dec 30, 1931

and that death occurred, on the date stated above, at 2 0/A m.

The CAUSE OF DEATH* was as follows:

Chronic Pyelonephritis

(duration) 11 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hospital accident followed 22 operations

Did an operation precede death? Yes Date of Nov 5/31 at W.G.H. last

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John R. Young M. D.

1/4/1932 (Address) W.G.H.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western

DATE OF BURIAL Jan. 2. 1932

20 UNDERTAKER Mr. & Mrs. John H. Tuppel & Son

ADDRESS 801 W. Fayette

AACo. 5-31 2500

E 75282

HEALTH DEPARTMENT—CITY OF BALTIMORE

87-00 75282

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2225 Jefferson St. 6-10 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary, Catherine, Orwig.

(a) Residence: No. 2225 Jefferson St., ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John, A, Orwig

DATE OF BIRTH (month, day, year) July, 26, 1844

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	87	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At, Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME Henry Baker

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Anna Macmer

16. BIRTHPLACE (city or town) (State or country) Penna.

INFORMANT Mrs, Mary, E, Kurtz
(Address) 2225, E, Jefferson, St.

BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Cem. Date Jan. 2, 1932

UNDERTAKER George W Bikler
(Address) 1737. E. Eager St.

FILED DEC 31 1931 H. JAMES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1931 to Dec. 30, 1931

I last saw her alive on Dec. 30 1931, death is said to have occurred on the date stated above, at 9.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 10, 1931

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Eugene L. Bersano, M. D.

(Address) 514 Drury Lane

AACo. 5-11 2508

Alice Hale

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

75283 — 11-101 E 75283

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 518 S Sharp St. (Ward) 31

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Hale

(a) Residence: No. 518 S Sharp St. Ward. 22

(If non-resident give city or town and State)

(usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col.	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thos. Hale

DATE OF BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

12. NAME Francis Palmer

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Harriet Quinn

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Francis Palmer

(Address) 518 S. Sharp St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 2 1932

UNDERTAKER Isaiah L Bowers Son

(Address) 108 W Montgomery St

FILED JAN 4 1932 19 E. J. S. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/30/1931

22. I HEREBY CERTIFY, That I attended deceased from 12/26/1931, to 12/30/1931

I last saw him alive on 12/29/1931 death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12/23/31

Other contributory causes of importance:

Acute Bronchitis Influenza type

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 5191 V Carrollton

Spec.—9-28—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 L 75284

75284 DEATH

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE 1 NO West Balto Gen'l Hosp. ST. 15-21 WARD

2 FULL NAME George M. Heatzman (HEATZMAN)

(a) RESIDENCE NO 2021 Herbert ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Heatzman

7 DATE OF BIRTH (month, day, and year) Nov 18-1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	1	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Collector

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Matthias Heatzman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Margaret Poole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Mrs Jennie Heatzman

(Address) 3128 N. Calvert St

Filed 1931 JAMES H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/31/31

17 I HEREBY CERTIFY, That I attended deceased from 12/27 1931 to 12-/31 1931

that I last saw h alive on 12-/31 1931

and that death occurred, on the date stated above, at 8 50 A. M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis : Hypertension

(duration) unknown ds.

CONTRIBUTORY (Secondary) Cerebral Hemmorhage

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) H. Ashman M. D.

Dec 1931 (Address) West Balto & Hoods.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL Jan 2 1932

UNDERTAKER Wm J Pickerson & Son ADDRESS N. Y. Pa

AaCo. 5-31 2508

75285 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ 75285

CERTIFICATE OF DEATH 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 Guilford Ave. 12 Ward) 9

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Delia E Seymans

(a) Residence: No. 1626 Guilford Ave. St., Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph P Seymans

7. DATE OF BIRTH (month, day, year) 1877

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Dublin Ireland

13. NAME Thomas Fox

14. BIRTHPLACE (city or town) (State or country) Dublin Ireland

15. MAIDEN NAME Mary Whelan

16. BIRTHPLACE (city or town) (State or country) Dublin Ireland

INFORMANT Joseph P Seymans
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Jan 2 1932

UNDERTAKER Mary M Warfield
(Address) 601 N Gay St

1932 C. HAMPSON JAMES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/29/1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1931 to Dec 29 1931

I last saw h[illegible] alive on Dec 29 1931 death is said to have occurred on the date stated above, at 2 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Decompensation	7 yrs.
Bronchial Pneumonia	2 days
Other contributory causes of importance:	
Myocarditis	27 mos.
Cerebral Thrombosis	2 yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? CBS. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thomas O'Hare, M. D.

(Address) 502 E 22nd St

Spec.—1-10-21—MAT—1000 Blks.

E 75286 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75286

CERTIFICATE OF DEATH. 108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2145 (Street) Kirk Ave (Ward) 9-46

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Loretto Marie Sutton

(a) RESIDENCE NO. 2145 (Usual place of abode) Kirk Ave WARD 9

Length of residence in city or town where death occurred 6th mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of L J Sutton

DATE OF BIRTH (month, day, and year) 1901

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	30			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (City or town) (State or country) Baltimore City

10 NAME OF FATHER Thomas J. Miller

11 BIRTHPLACE OF FATHER (City or town) (State or country) Kansas

12 MAIDEN NAME OF MOTHER Eliz Kelly

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Baltimore

Informant L J Sutton (Address) 2145 Kirk Ave

1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/30 1931

17 I HEREBY CERTIFY, That I attended deceased from 12/27, 1931, to 12/30, 1931, that I last saw h[illegible] alive on 12/24, 1931, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Wess, M. D.

12/31, 1931 (Address) 216 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Jan 2 1932
20 UNDERTAKER	ADDRESS
Mary M Medford	501 E 33rd St

75287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-01 75287

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 5-8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Brown

(a) Residence: No. 528 East Dr. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Unknown

If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Maryland
13. NAME John Brown
14. BIRTHPLACE (city or town) (State or country) Virginia
15. MAIDEN NAME Jane Downes
16. BIRTHPLACE (city or town) (State or country) Unknown
17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS HOSPITAL Date DEC 31 1931 19

UNDERTAKER Commissioner Health.
(Address) per wm E. WOODALL

FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25 . 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9 . 1931 to Dec 25. 1931
I last saw him alive on Dec 25. 1931. death is said to have occurred on the date stated above, at 12-0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Amoebic dysentery	Nov. 1st
Gunshot puncture	Dec. 20th

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Caroline C. Seidel, M. D.
(Address) Johns Hopkins Hospital

Spec.—1-1021—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 75288 — 159 E 75288

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 S. Stricker ST. 9-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby boy King

(a) RESIDENCE NO. 13 S. Stricker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) 13 S. Stricker Balto., Md

10 NAME OF FATHER Earl King

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ky

12 MAIDEN NAME OF MOTHER Emma Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Salem Va.

Informant

(Address)

Filed 1931 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29 1931

17 I HEREBY CERTIFY, That I attended deceased from 12/28. 1931. to 12/29. 1931.

that I last saw h(m) alive on Dec. 28. 1931.

and that death occurred, on the date stated above, at 5 40 A m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Prematurity (32 wks).

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Fred Thoroughman M. D.

12/29 1931 (Address) Mun Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — UNIVERSITY OF MARYLAND

DATE OF BURIAL DEC 31 1931

20 UNDERTAKER

ADDRESS

...c.—1-30—M. & T.—250 Blks

75289 HEALTH DEPARTMENT—CITY OF BALTIMORE 75289

CERTIFICATE OF DEATH.

REGISTERED NO. 154

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. U. Hospital ST. [illegible] (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy McCubbins

(a) RESIDENCE NO. 121 S. Arlington Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	S.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) 12/24/31

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	0	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) U. Hosp. Balto. Md.

NAME OF FATHER Wm. McCubbins

BIRTHPLACE OF FATHER (city or town) Balto. Md.
(State or country)

MAIDEN NAME OF MOTHER Louise Cook.

BIRTHPLACE OF MOTHER (city or town) Lisbon, Md.
(State or country)

Informant Mother
(Address)

Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25-1931

17 I HEREBY CERTIFY, That I attended deceased from 12/24/31 . 19 . to 12/25/31 . 19 .

that I last saw him alive on 12/25/31 . 19 .

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows: Prematurity 32 wks.

(duration) yrs. mos da.

CONTRIBUTORY (Secondary) Placenta Previa

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) [illegible] M. D.

12/28/31 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND DEC 31 1931

Spec.—9-30—A. & Co.—250 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

75290 | CERTIFICATE OF DEATH | 159 E 75290

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Johns Hopkins Hospital ST 7-9 WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby McKee

(a) RESIDENCE NO. Reley Md. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12 | 19 | 31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Robert McKee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Anna White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant
(Address) Johns Hopkins Hospital

Filed DEC 31 1931, 19 H. Emerson Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/19/31

17
I HEREBY CERTIFY, That I attended deceased from 12/19, 1931, to 12/19, 1931

that I last saw h CR alive on 12/19, 1931

and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows: Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. F. Snyder M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	DEC 31 1931, 19
20 UNDERTAKER	ADDRESS
Commissioner Health	

Per. Wm. J. Howard

Co. 5-31-2908

3960
75293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+51 VE 75293

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-4 ..... Ward)

Length of residence in city or town where death occurred 7 yrs 1 mos 7 ds How long in U.S. if of foreign birth 20 yrs mos ds.

2. FULL NAME Nicx Alvaro

(a) Residence: No. 320 Harrison St St., Ward. Clarksburg W. Va.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Concetta

DATE OF BIRTH (month, day, year): March 18 1877

AGE	Years	Months	Days	If LESS than 1 day ~~hrs~~ or min.
	54	9	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Glass Factory Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Italy

13. NAME: Anthony Alvaro

14. BIRTHPLACE (city or town) (State or country): Italy

15. MAIDEN NAME: Carmela Cutufia

16. BIRTHPLACE (city or town) (State or country): Italy

INFORMANT (Address): Records JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL: Place Clarksburg W. Va. Date 1/30/32. 19

UNDERTAKER (Address): [illegible]

FILED: 1931 By C. THOMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1931, to Dec 30, 1931

I last saw him alive on Dec 30, 1931 death is said to have occurred on the date stated above, at 1145 pm.

The principal cause of death and related causes of importance were as follows:

		Date of onset
Carcinoma of Bladder	prior to	Oct. 23, 1931
Cystitis	prior to	Oct. 23, 1931
Pyelitis		Dec. 20, 1931
Pyelonephritis		Dec. 20, 1931
		Dec. 20, 1931

Other contributory causes of importance: Anuria

Name of operation: ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Webber Young M. D.

(Address) Johns Hopkins Hospital

—1 30—M. & T.—250 Blks.

75292

HEALTH DEPARTMENT—CITY OF BALTIMORE

53 E 75292

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Church Home and Infirmary ST. (and) WARD 76-42

2-FULL NAME Richey Nutwell

(a) RESIDENCE NO. 4307 Arizona Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Minnie Nutwell

6 DATE OF BIRTH (month, day, and year) Oct 18th 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Flour Miller

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Benedict Milling Co

9 BIRTHPLACE (city or town) (State or country) Lothian, Md.

10 NAME OF FATHER Isaac S. Nutwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Roberta Winterson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Minnie Nutwell

(Address) 4307 Arizona Ave

Filed Jan 4 1932, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/30/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 19 31, to Dec 30, 19 31,

that I last saw he alive on Dec 30, 19 31;

and that death occurred, on the date stated above, at 8:17 p. m.

The CAUSE OF DEATH* was as follows:

Sarcoma of occipital bone of skull

(duration) yrs. 6 mos da.

CONTRIBUTORY (Secondary) Senile Psychosis

(duration) yrs. 1 mos. da.

18 Where was disease contracted if not at place of death? 4307 Arizona Ave. Balto. Md.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Hyperplasia, Cerebrospinal Fluid

(Signed) Richard C. Cumming, M. D.

Dec 30, 19 31 (Address) Ch Church Home and Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery — DATE OF BURIAL Jan 2nd 1932

20 UNDERTAKER Wm Cook — ADDRESS 1217 E Fayette St

(Mollie J Sipes)

HEALTH DEPARTMENT—CITY OF BALTIMORE

5293 — 75293

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos 2 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mollie J. Sipes

(a) Residence: No. Mc Donough, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Walter H Sipes.

DATE OF BIRTH (month, day, year) 6/22/59

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
- /	72	6	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME John F. Simons

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Gertrude Craigen

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Walter H. Sipes.

(Address) Mc Donough, Md

BURIAL, CREMATION, OR REMOVAL. Date Jan 2nd 1932

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED Jan 3 1932 M. F. A. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/31 1931

22. I HEREBY CERTIFY, That I attended deceased from 12/29/31 1931, to 12/31 1931

I last saw her alive on 12/31/31 1931 death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diverticulitis of colon with perforation.	12-15-31?
Peritonitis Generalized.	12-25-31?

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? Not to specify

(Signed) Samuel McCausland M. D.

(Address) Union Memorial Hosp.

Size—12-23-21—E.B.P.S.—400 Bks.

E 75294

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75294

CERTIFICATE OF DEATH.

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 606-S. Eaton St., Ward 24)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary L. France

(a) Residence No. 606-S Eaton St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE White

5-Single (Married, Widowed, or Divorced, (Write the word.))

6-If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7-DATE OF BIRTH (month, day and year) Feb 22nd 1930

8-AGE 1 yrs. 10 mos. 9 ds. If LESS than 1 day, ... hrs. or ..... min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

10-BIRTHPLACE (city or town) (State or Country). Balto Md

10-NAME OF FATHER Alfred H. France

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER Ethel M. Johnson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto Md

(Informant) Alfred H. France

(Address) 606 S. Eaton St

1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 31st 1931

17- I HEREBY CERTIFY, That I attended deceased from 12/26 1931 to 12/31 1931

that I last saw h alive on 12/30 1931

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pertussis

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. P. Gannell M. D.

12/31. 1931 (Address) 633-S-Conkling

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Rood (Harford Rd) DATE OF BURIAL. Jan 2 ..., 1932

20-UNDERTAKER Wm Cook 1217 ADDRESS St Paul St

Co. 5-31 2508

5-845

75295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 149-81 E 75295

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-9 ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Thomas

(a) Residence: No. Patapsco Ave — St., ... Ward. Brooklyn, Md —
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Carroll

6. DATE OF BIRTH (month, day, year) Aug-28-1909

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	23	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md —

13. NAME Samuel Russell

14. BIRTHPLACE (city or town) (State or country) Penn —

15. MAIDEN NAME Ella White

16. BIRTHPLACE (city or town) (State or country) Va —

17. INFORMANT Records — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Auburn Date Jan 2 1932

19. UNDERTAKER Thos. D. Chase & Son (Address) 638 N. Eutaw

20. FILED 1931 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec-15, 1931, to Dec 29, 1931

I last saw her alive on Dec 27, 1931 death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia of Pregnancy, nephritis	Undetermined

Other contributory causes of importance:
Embolism?
Anaesthesia?

Name of operation Caesarean Section Tubal Resection Date of Dec 29/31

What test confirmed diagnosis? Bx. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Blanchard V. Aptes M. D.

(Address) The Johns Hopkins Hospital

1-30—M. & T.—100 B—50L

75296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97-401 E 75296

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 421-E. 20 nr- ST. 12-9 WARD)

2-FULL NAME Chas. E. Fiehe

(a) RESIDENCE NO. 421-E. 20 nr- ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Ann Fiehe

6 DATE OF BIRTH (month, day, and year) 6/21/1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	3	9	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): 066
(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER Henry Fiehe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER Mary Brick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

Informant Ann Fiehe

(Address) 421 E. 20th St

1932 ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Edw. J. Thomsen, M. D. Coroner

(Address) 532 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL 1/2 1932

20 UNDERTAKER Frank A. Tink — ADDRESS 915 E. Fayette

ec.—2-28-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

75297

CERTIFICATE OF DEATH

50 E 75297

REGISTERED NO.

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. 901 Aisquith Street ST. 10-14 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sr. M. Nichola Koehlein

(a) RESIDENCE NO. Convent of Notre Dame ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if foreign birth? 47 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) Jan. 23, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	24 7	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Religious

(b) General nature of industry, business, or establishment in which employed (or employer) Notre Dame Convent

(c) Name of employer Sisters of Notre Dame

IRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER George Koehlein

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Barbara Roedel

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

Informant Sisters of Notre Dame
(Address) 901 Aisquith Street

Filed 1932. C. HAMPSON JONES, M. D. Registrar

By A. E. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1931, 19 , to Dec. 30, 1931, 19 ,

that I last saw h OF alive on Dec. 30 1931, 19

and that death occurred, on the date stated above, at 5.30 P.M. m.

The CAUSE OF DEATH* was as follows:

Carcinoma
Breast—

(duration) 4 yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of no

Was there an autopsy?

What test confirmed diagnosis? usual

(Signed) E. J. Kirby M. D.

12 31, 1931 (Address) 110 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Natch Cliff Md	Jan 2 1932
20 UNDERTAKER	ADDRESS
Frank A. Fink	915 N. Gay

ACo. 1-01 2508

75298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157 E 75298

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1132 Scott St. Ward) 21-29

Length of residence in city or town where death occurred yrs mos 3 ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME James C Hooley

(a) Residence: No. 1132 Scott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25 1931

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
			7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME Edwin M Hooley
14. BIRTHPLACE (city or town) (State or country) Baltimore Md
15. MAIDEN NAME Dorothy A Welsh
16. BIRTHPLACE (city or town) (State or country) Baltimore Md
17. INFORMANT Mrs Edwin M Hooley
(Address) 1132 Scott St
18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem Date Jan 2 1932
19. UNDERTAKER John F Denny
(Address) 5 Light St
20. FILED 1932 C. HANSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1931, to Dec 31, 1931
I last saw him alive on Dec. 31, 1931 death is said to have occurred on the date stated above, at 6:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth, a	2
Malnutrition	2

Other contributory causes of importance:

Syncephalus	2

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Schaefer Long, M. D.
(Address) 1132 Scott St

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

75299 CERTIFICATE OF DEATH 6 1 59 E 75299

1. PLACE OF DEATH Maryland Gen Hospital Registered No. 11-24
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Mrs Georgia Jones

(a) Residence: No. Frederick Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: (or) WIFE of Chas W. Jones

6. DATE OF BIRTH (month, day, and year): July 25 1867

7. AGE: Years 65 | Months 5 | Days 8 6 | If LESS than 1 day hrs or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: House

10. If state deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: George Stone

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Mrs. M. Gelzendanner

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Antioch Pet Date Nov 2 1932

19. UNDERTAKER: Joseph Ellis
(Address) 1003 E Balto St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-1- 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-17-31 19 to 1-1- 1932

I last saw h alive on 1-1 1932 death is said to have occurred on the date stated above, at 1.50 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	8 yrs ?
Chronic Myocarditis	

Other contributory causes of importance:

Acute Cardiac dilatation	20 min

Name of operation ..... Date of .....

What test confirmed diagnosis Blood ..... Was an autopsy? C. D

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) Md General Hospital

AaCo. 5-31 2508

75300

HEALTH DEPARTMENT—CITY OF BALTIMORE

V93-E 75300

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital. Registered No. 76-69

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore Md. St. ..... Ward) .....

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Dietrich George T. Dietrich

(a) Residence: No. 2216 W Fayette St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Dietrich

DATE OF BIRTH (month, day, year) June 10, 1864

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	67	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness maker, 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John H. Dietrich

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Bayer

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Baltimore City Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Jan. 4 1932

UNDERTAKER E. F. Cook

(Address) 1005 W. Baltimore St.

1932 C. HAMPSON JONES, M. D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31-1931

22. I HEREBY CERTIFY, That I attended deceased from 10-4 1925 to 12-31 1931

I last saw h[illegible] alive on 12-31 1931 death is said to have occurred on the date stated above, at 7:30 m.

The principal cause of death and related causes of importance were as follows:

Myocardial failure — Date of onset 4 days

chronic nephritis

Other contributory causes of importance: Myocardial Chronic nephritis 1 yr

arteriosclerosis

Hypertrophy with eccentric dilatation

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased, or as specify .....

12-31-31 Edward Heyn M. D.
(Signed)

(Address) Baltimore City Hospitals

Inc.—9 30—A & Co.—250 Bks

75301 HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 75301

CERTIFICATE OF DEATH

REGISTERED No.
(If death occurred in a hospital or institution give its NAME instead of street and number.)

1 PLACE OF DEATH
CITY OF BALTIMORE (No 828 N. Fulton Ave ST. 16-23 WARD)

2 FULL NAME James McFee

(a) RESIDENCE No 828 N. Fulton Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs 8 mos 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Estelle McFee

DATE OF BIRTH (month, day, and year) April 2, 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	8	29	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Robert I. McKenzie

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER James H McFee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Virginia Boodell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Oxford Md.

Informant Mrs. Caroline Monahan
(Address) 828 N. Fulton.

Filed 1932 by HAMPSON JONES M. D. Registrar
A. C. F.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1, 1932

17
I HEREBY CERTIFY, That I attended deceased from Dec 25, 1931, to Dec. 31, 1931

that I last saw h[illegible] alive on Dec 30, 1931

and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arthritis

(duration) yrs. 6 mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Lang M. D.

, 19 (Address) 933 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Jan. 2 1932

20 UNDERTAKER Henry W. Meardsley ADDRESS 805 N. Calvert St

ACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

75302

CERTIFICATE OF DEATH

E 75302

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Shirley Hotel 205 W Madison St (St.) 11 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 5 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza Irvine McDonald

(a) Residence: No. Shirley Hotel 205 W Madison St (St.) 11 (Ward)
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

If married, widowed, or divorced
~~Husband of~~ (or) WIFE of Frederick H. McDonald

DATE OF BIRTH (month, day, year) Nov 23 1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Carter Irvine

14. BIRTHPLACE (city or town) (State or country) Lynchburg Va

15. MAIDEN NAME Mary Reynolds

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Miss Jane Irvine
(Address) 2002 St Paul St

BURIAL, CREMATION, OR REMOVAL
Place Mens Cathedral Date Jan 2 1932

UNDERTAKER Henry W. Perkins Sons & McCabe Co Cathedral
(Address)

FILED 1932 HARRISON JONES M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1931 to Dec 31 1931
I last saw her alive on Dec 31 1931 death is said to have occurred on the date stated above, at 9-30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Dec 31
Hypertension	1931

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. H. Kerr M. D.
(Address) 2105 Charles St

AaCo. 5-11 2508

✓ Dr Kader 2306

HEALTH DEPARTMENT—CITY OF BALTIMORE

75303

23 E 75303

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2234 Mondawmin Ave St. 12-59 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Hartz

(a) Residence: No. 2234 Mondawmin Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harris L. Hartz

DATE OF BIRTH (month, day, year) 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Joshua Hart

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME — — — —

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Harris Hartz

(Address) 2234 Mondawmin ave

BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rodef Sholom Cem Date 1-1-32 19

UNDERTAKER Lack Lane Inc

(Address) 1432 E. Baltimore st

FILED 1932 G. RAMSAY JONES, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22 1931 to Dec 31 1931

I last saw h[illegible] alive on Dec 31 1931 4.05p death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis and Chronic Myocarditis	?

Other contributory causes of importance:

Acute cardiac dilatation	Dec 31

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

28. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

29. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) B. Kader M. D.

(Address) 2306 Eutaw Place

Spec.—9-30—A. & Co.—250 Blks

75304 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 75304

CERTIFICATE OF DEATH 59

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 3-5 WARD)

2 FULL NAME Adolph Williams

(a) RESIDENCE NO. 1307 E. Baltimore ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Doris Williams

DATE OF BIRTH (month, day, and year) 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Barber 64
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Morton Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Doris Williams
(Address) 1307 E. Balto St

1932 C. HAMPSON JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/1/32

17
I HEREBY CERTIFY, That I attended deceased from
12/29, 1931, to 1/1, 1932
that I last saw him alive on 1/1, 1932
and that death occurred, on the date stated above, at 12 30 A. m.

The CAUSE OF DEATH* was as follows:
Chronic myocarditis
Diabetes Mellitus
Diabetic gangrene
(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. 10 mos. 10 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? yes
What test confirmed diagnosis? clinical
(Signed) M. B. Kirsh M. D.
. 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Wash. Road
DATE OF BURIAL Jan 1- 1932
20 UNDERTAKER Jack Levine, Inc. 1431
ADDRESS E. Balto St

aCo. 5-31 250E

HEALTH DEPARTMENT CITY OF BALTIMORE

21 Edwards 700 N Patterson Park Ave

75305

131 E 75305

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 712 N Wolfe St 13-20 Ward)

ngth of residence in city or town where death occurred 53 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Elizabeth Lemmon

(a) Residence: No. 712 N Wolfe St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Lemmon

DATE OF BIRTH (month, day, year) Dec 10, 1847

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	84	10	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Belair Md

13. NAME Jennie Dulin

14. BIRTHPLACE (city or town) (State or country) Belair Md

15. MAIDEN NAME Harriet Larsen

16. BIRTHPLACE (city or town) (State or country) Belair Md

INFORMANT Charles E Lemmon
(Address) Same

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 31 19 31

UNDERTAKER J H Cook & Son
(Address) 1032 E Baltimore St

FILED July 31 19 31 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 19 31

22. I HEREBY CERTIFY, That I attended deceased from July 1 19 31 to July 31 19 31 that I saw h[illegible] alive on July 31 19 31, death is said to have occurred on the date stated above, at 1:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	July 31
Chronic Interstitial Nephritis	July 31

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19 —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) Irvin Eberwein M. D.

(Address) 701 N Patterson Park Ave

AACo. 5-31 2500

75306 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 75306

CERTIFICATE OF DEATH

Registered No. 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 Compton St. 24 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Emma Hood

(a) Residence: No. 1613 Compton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Howard T. Hood

DATE OF BIRTH (month, day, year) June 3, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Alexander Fowler

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Anne Buckley

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Howard T. Hood

(Address) 1613 Compton St

BURIAL, CREMATION, OR REMOVAL Interment Date Jan 2 19 32

UNDERTAKER

(Address)

FILED 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 19 31

22. I HEREBY CERTIFY, That I attended, deceased from July 15 1931, to Dec 31 1931

I last saw her alive on 12/31/31, 19, death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	7/15/30

Other contributory causes of importance:

Carcinoma of Lungs

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) C. Hampson Jones, M. D.

(Address) 1345 Cherry

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75307 — 190 E 75307

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
City of Baltimore: (No. Private, Hospital or St. 4-7 Ward)

2-FULL NAME James Rogers

(a) RESIDENCE NO. 430 E Saratoga St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	about 81			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) — 087
(c) Name of employer

9 BIRTHPLACE (city or town) Ireland
(State or country) Canada

10 NAME OF FATHER John Rogers

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Simpson

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant (Address) Mrs. L. A. Rogers 430 E. Saratoga St.

15 Filed [illegible], 19[illegible] [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12 30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Lennox M. Hanson, M. D.

(Address) 700 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	1/4 1932
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

75308 — CERTIFICATE OF DEATH — 75308

1. PLACE OF DEATH Bon Secours Hospital — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Hospital) St. 15-6 Ward 107-02

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Leanna Stallings

(a) Residence: No. 211 N. Carey St., ____ Ward. ____ (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept 7 1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Maryland
13. NAME Daniel J Stallings
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Dorothy Appleby
16. BIRTHPLACE (city or town) (State or country) Maryland
17. INFORMANT Hospital Record
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cemetery 1/1 1932
19. UNDERTAKER Joseph A. Kingsley
(Address) 1932 J. RAMSON JONES, M. D.
20. FILED 1932 Registrar
By ____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1931 to Dec 31, 1931.
I last saw h[illegible] alive on Dec 31, 1931 death is said to have occurred on the date stated above, at 9 05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia	?

Other contributory causes of importance:

Name of operation None Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Dudley F. Calas M. D.
(Address) Bon Secours Hospital

1-30—St. a T.—100 B—501.

E 75309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-203 ✓ E 75309

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2037 Annapolis Ave (St.) (WARD) 25-3

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George P Hamlin

(a) RESIDENCE NO 2037 Annapolis Ave ST. ..... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. 11 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) June 6, 1846

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	11	24	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer — Retired Mfr

BIRTHPLACE (City or town) (State or country) Balto Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Unknown

Informant Robert B. Eckels

(Address) 2037 Annapolis Ave

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry), thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism (duration) Suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) Disease Chronic Myocardial (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Cromwell M. D. Coroner

1/1. 1932 (Address) 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Jan 2 1932

20 UNDERTAKER: Wm J Tustin & Sons — ADDRESS: North Ave

AaCo. 5-31 1000

75310 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 75310

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. South Baltimore Gen. Hosp St. 25-63 Ward)

Registered No. 1311
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U.S. If of foreign birth? Ans yrs. mos. ds.

2. FULL NAME Mr. Samuel Westbrook

(a) Residence: No. 4812 Liberty Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. ~~Single, Married, Widowed,~~ or Divorced (write the word)
Male	White	Divorced

6. If (married) widowed, or divorced
HUSBAND of ~~Mrs.~~ ~~Virginia~~ Helen Westbrook
(or) WIFE of Mrs ~~Samuel~~ Westbrook

DATE OF BIRTH (month, day, year) Sept 9, 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Dec. 1930
11. Total time (years) spent in this occupation 3

BIRTHPLACE (city or town) North Carolina
(State or country)

13. NAME Frank J. Westbrook
14. BIRTHPLACE (city or town) North Carolina
(State or country)
15. MAIDEN NAME Bessie Fryar
16. BIRTHPLACE (city or town) North Carolina
(State or country)

INFORMANT Bernard Hospital Record
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Hobson N.C. Date Jan 2, 1932

UNDERTAKER Oram Funeral Home
(Address) Norfolk & Penna Ave.

FILED 1932, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12/1, 1931, to 1/1, 1932

I last saw h[illegible] alive on 12/31, 1931. death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension	1927
Arterio-sclerosis	1927
Chronic Glomerulo Nephritis	Aug-1931

Other contributory causes of importance:

Chronic Valvular Myocarditis	1929

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Luton M. D.

(Address) South Balto. Gen. Hosp.

20—M & T—100 H—501.

75311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V. 75311

REGISTERED NO. 131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jozef Onisk or Oniszk Or Unisk

(a) RESIDENCE NO 616 S. Ann ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	Between 50 &	60		

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Common Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant Joseph Ostrowski

(Address) 616 S. Ann St

1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Nephritis-General Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? At Hopkins Hospital

What test confirmed diagnosis?

(Signed) [signature], Coroner, M. D.

Dec. 31/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Hamilton Cemetery. DATE OF BURIAL Jan. 2-4 1932

20 UNDERTAKER George A. Weber 705 ADDRESS E. Ann st.

...—3-29-28—L. P. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

75312

CERTIFICATE OF DEATH

REGISTERED NO. E 75312

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 8-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Margaret Budd

(a) RESIDENCE NO. 1314 N. Broadway ST. Balt WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Budd

6 DATE OF BIRTH (month, day, and year) 9/15/1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Thomas OConnell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Duane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mrs. Hannah Feaney

(Address) 111 - Forest Pk

Filed ... 19 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1931, to Dec 31, 1931, that I last saw h alive on Dec 31, 1931 and that death occurred, on the date stated above, at 5-20 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cerebral Arteriosclerosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? V

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	1/3 1932
20 UNDERTAKER	ADDRESS
Geo J Roth Sons	1735 Hoyt

...—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

75313

CERTIFICATE OF DEATH

92 E 75313

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 160 ½ Division ST. 14-20 WARD)

2—FULL NAME Susan Brown

(a) RESIDENCE NO. 160 ½ Division ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Titus

6 DATE OF BIRTH (month, day, and year) Dec. 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Cornelius Woodland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Vesta Rebecca

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Mildred Gibson

(Address) 1612 E Monument

Filed ... 19 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30-31

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1931, to Dec 30, 1931, that I last saw h.w alive on Dec 29 1931 and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Antecedent (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiosclerosis (duration) 2 yrs. 0 mos. 7 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) J. Edward Fisher, M. D.

12-30-31 (Address) 1612 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. St Peters Cemetery

DATE OF BURIAL 1/2/1932

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1631 Druid Hill Ave

Spec.-7-17-26--A Co.--200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75314

E 75314

CERTIFICATE OF DEATH

REGISTERED NO. 17259

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 1725 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cyrus Bell

(a) RESIDENCE NO. 1030 Druid Hill Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, (Married), Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bettie Bell

6 DATE OF BIRTH (month, day, and year) May 1869

AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	62	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer) 0/7

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER Robert Bell

11 BIRTHPLACE OF FATHER (City or town) Va.

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Bettie Bell

(Address) 1030 Druid Hill Ave

15 Filed 1-4-1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-31 1931

17 I HEREBY CERTIFY, That I attended deceased from 12-24 1931 to 12-31 1931

that I last saw him alive on 12-31 1931,

and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

~~Chronic nephritis~~

Uremia.

(duration) Indefinite ~~yrs. mos. ds.~~

CONTRIBUTORY (Secondary) Chronic nephritis

Indefinite 15 yrs?

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Laboratory

(Signed) Geo. E. McDonald M. D.

12-31 1931 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — Date of Burial 1/3/ 1932

20 UNDERTAKER Wm. Geo. H. Holland ADDRESS 163 Druid Hill

1-30—M. & T.—100 B—50L

E 75315

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75315

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 E Pratt ST. 19-28 WARD

2-FULL NAME Louisa La Rosa

(a) RESIDENCE NO 1504 E. Pratt ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Antonia La Rosa

6 DATE OF BIRTH (month, day, and year) Oct 18th 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	2	13	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lunch Room
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER Bortonia Cuoco

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Mary La Rosa

(Address) 1564 E. Pratt St

Filed 1932, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1st 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) C. B. Steiger M.D., M. D. Coroner

1/3/32 (Address) 1305 Fallsway Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	1/5/1932
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

ACo. 5-11 2408

HEALTH DEPARTMENT—CITY OF BALTIMORE

75316 E 75316

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 E Union Memorial 1853 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Baby Girl Jones

(a) Residence: No. 1433 Falls Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 1st 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	0	0	0	1 hr

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balt Md.

13. NAME Father Edgar William Jones

14. BIRTHPLACE (city or town) (State or country) Balt. Md.

15. MAIDEN NAME Mother Charlotte Woodcock

16. BIRTHPLACE (city or town) (State or country) Reisterstown Md.

INFORMANT Mother
(Address) 1433 Falls Rd.

BURIAL, CREMATION OR REMOVAL

Place Baltimore Date 1/2 1932

UNDERTAKER
(Address)

FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1932 to Jan 1st 1932

I last saw her alive on Jan 1st 1932 death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Prematurity	1-1-32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John B. Jones M. D.

(Address) Union Mem Hospital

LaCo. 5-H 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

75317

CERTIFICATE OF DEATH

9E 75317

1. PLACE OF DEATH Union Memorial Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ..... St. 19-27 Ward)

ngth of residence in city or town where death occurred ... yrs 5 mos ... ds How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Virginia Mulvey

(a) Residence: No. 519 Bruce St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 7 1931

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
		5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto

13. NAME Chas Aubrey

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mc Montgomery

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Mother
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 2/1/32

UNDERTAKER Wm Leigh & Son
(Address)

FILED 1932 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1 , 19 32

22. I HEREBY CERTIFY, That I attended deceased from 12-29 , 19 31, to 1-1 , 19 32

I last saw her alive on 1-1-32 19 death is said to have occurred on the date stated above, at ... a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	12-29-31
Pertussis	12-8-31

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Chas O. Carey, M. D.
(Address) Union Memorial Hospital

A&Co. 5-31 2500

75318 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75318

Registered No. 99603

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) (Ward) 14-22

Length of residence in city or town where death occurred life mos. da. How long in U.S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jeremiah Nicholson

(a) Residence: No. 608 Smithson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Mar. 15, ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69?	9	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Benjamin Nicholson

14. BIRTHPLACE (city or town) (State or country) ? Md.

15. MAIDEN NAME Rebeccah Tucker

16. BIRTHPLACE (city or town) (State or country) ? Md.

INFORMANT (Address) Records of Balto. City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 1/2/32

UNDERTAKER Samuel Easton

(Address) 916 Park

FILED 1932 19 RPW Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1931 to Dec. 31, 1931

I last saw h im alive on Dec. 31, 1931 death is said to have occurred on the date stated above, at 8:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure, acute.	3 ds.
Other contributory causes of importance: Myocarditis, chronic	?

Name of operation none Date of

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) Baltimore City Hospitals

A&Co. 5-31 250B

75319

HEALTH DEPARTMENT—CITY OF BALTIMORE

75319

CERTIFICATE OF DEATH

131 V

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 118 W Biddle St. 11-24 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosie Norris

(a) Residence: No. 118 W Biddle St. Ward.

(Usual place of abode) 118 W Biddle St (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

6. If married, widowed, or divorced (or) WIFE of John Norris

7. DATE OF BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	apprx 60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year) Sept 1931

11. Total time (years) spent in this occupation 25 yr

BIRTHPLACE (city or town) (State or country) Edenton N.C.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT Florence Johnson (Friend)

(Address) 118 W. Biddle St

BURIAL, CREMATION, OR REMOVAL

Place Laurel Date 1/2/32

UNDERTAKER Wm Gaither

(Address) Chase St

FILED 1/2/32 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1931, to Dec 31, 1931

I last saw her alive on Dec 30 1931 death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis 6 mos	

Other contributory causes of importance:

Myocarditis; Arteriosclerosis 6 mos ago

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R J Young M. D.

(Address) 1424 E Monument St

Spec.—1-10-21—MAT—1500 Blks.

75320

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75320

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 7 Franklin Square Hospital (51)

CITY OF BALTIMORE—NO. ST. 15-62 WARD

2-FULL NAME Harry T. Brown

(a) RESIDENCE NO. 3503 Calloway Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 3 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Married

6a If married, widowed or divorced HUSBAND of (or) WIFE of Dora Oppenheim Brown

6 DATE OF BIRTH (month, day, and year) Sept 15, 1863

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
68	3	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Title Guarantee Trust & Co

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Chas Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Dora Brown

(Address) 3503 Calloway Ave

Filed 1932 . 19 C. HAMILTON JONES, Registrar

By Ray

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-1-1932

17 I HEREBY CERTIFY, That I attended deceased from 11-10 .1931. to 1-1 .1932

that I last saw him alive on 1-1 .1932

and that death occurred, on the date stated above, at 9 45 A m.

The CAUSE OF DEATH* was as follows: Carcinoma Prostate

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Prostate Clinic

Did an operation precede death? Yes Date of 12-31-31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) C. W. Peake, M. D.

(Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Jan 4 1932
20 UNDERTAKER Harry W. Ethlon	ADDRESS 1915 Pennsylvania Ave

...ec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

75321

CERTIFICATE OF DEATH.

93-8 D 75321

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (NO. 4915 Catalpha ST. 27-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Janise Robinson

(a) RESIDENCE NO. 4915 Catalpha Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Widow

If married, widowed, or divorced (or) WIFE of James Robinson

DATE OF BIRTH (month, day, and year) Sept 29-1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Birmingham England.

10 NAME OF FATHER Edward Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

Informant Evelyn O'Sullivan

(Address) 4915 Catalpha Rd

Filed 1932 C. HAMPSON JONES, M. D., Registrar

By 2074

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931, to Dec 30, 1931, that I last saw h[illegible] alive on Dec 30, 1931, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Dilatation of heart.

(duration) yrs. mos 7 da.

CONTRIBUTORY (Secondary) myocarditis

(duration) yrs. 6 mos. da.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Herman A. Voss M D, M. D.

, 19 (Address) 5106 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL Jan 2 1932

20 UNDERTAKER Leonard L. Rinde

ADDRESS 5305 Harford Rd

A&Co. 5-31 2M

75322 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 22 E 75322

1. PLACE OF DEATH

Registered No. 26614

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. 4-36 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Carroll

(a) Residence: No. Annapolis, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

6. If married, widowed, or divorced
HUSBAND of ~~late~~ Ella Carroll

DATE OF BIRTH (month, day, year) 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md
13. NAME of Henry Carroll
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Elizabeth Ann
16. BIRTHPLACE (city or town) (State or country) Md
17. INFORMANT Ella Carroll
(Address) Annapolis Md

BURIAL, CREMATION, OR REMOVAL
Place Cumberland Pa. Date 1-4 1932

UNDERTAKER The Nat. Steel Co.
(Address) Sparrows Point Md

Filed 1932 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1931, to Jan 1, 1932

I last saw him alive on Jan 1, 1932 death is said to have occurred on the date stated above, at 4 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Tetanus	12/31/31
Other contributory causes of importance: Arteriosclerosis gangrene Lft great toe	1/2/31

Name of operation — Date of —

What test confirmed diagnosis? Physical Findings Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Emil J. C. Hildebrand M. D.

(Address) University Hospital

A&Co. 5-31 2508

75323

HEALTH DEPARTMENT—CITY OF BALTIMORE

97 E 75323

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. Caton & Wilkens Ave St. 19-28 Ward) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mrs Mary Ellen Kelly

(a) Residence: No. 339 S Mount St St., Ward.
(usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 15th 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	58	2	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto

12. NAME Martin Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Mary A. Smith

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Miss C. Connor
(Address) 339 S. Mount St.

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan 4th 1932

UNDERTAKER Frederick A Pole
(Address) 1200 W. Lombard St.

FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-29, 1931, to 12-31, 1931

I last saw her alive on 12-31, 1931, death is said to have occurred on the date stated above, at 5.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Uremia	
Other contributory causes of importance: Arterio sclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Hallman S Anderson, M. D.

(Address) St Agnes Hospital

-20—M & T—100 B—501.

E 75324

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 75324

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 15-23 WARD)

2-FULL NAME Anna Bryson

(a) RESIDENCE NO 1346 Woodyear St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Jethro Bryson

7 DATE OF BIRTH (month, day, and year): Feb 17 1894

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
37	37	10	15	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

8 BIRTHPLACE (city or town) (State or country): Bacco Md

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Mary Townsend

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Joseph Marshall

(Address) 1346 Woodyear St

Filed [illegible], 1932 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 29 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1346 Woodyear St

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) E H Kemp M.D. M. D. Coroner

1/1/32 (Address) 305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Jan 2 1932

20 UNDERTAKER: Thomas E. Kelson

ADDRESS 1303 Pennsylvania Ave

AaCo. 5-41 250R

75325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 75325

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 Bonaparte Ave St., 9-46 Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Silas Richardson

(a) Residence: No. 1232 Bonaparte Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Richardson

7. DATE OF BIRTH (month, day, year) 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

13. NAME John Richardson

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Charlotte Mason

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs F. A. Brown

(Address) 1232 Bonaparte Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 1/2/ 19 32

19. UNDERTAKER Philip Young

(Address) 206 Edmondson Ave

20. FILED 1932 C. HARRISON JAMES, M. D.

Registrar

By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/30/31 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1924 to Dec 30 1931

I last saw him alive on 29 Dec 1931 death is said to have occurred on the date stated above, at 4:55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral thrombosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Louis Haines M. D.

(Address) 1232 Bonaparte Ave

AACo. 5-31 250B

75326 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 75326

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Pawlak

(a) Residence: No. 1622 S Bouldin Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Wid.

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mollie Pawlak

7. DATE OF BIRTH (month, day, year) 64

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Michal Pawlak

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Agnes

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT (Address) Hook Road

18. BURIAL, CREMATION, OR REMOVAL. Date Jan 4 1932

Place St Stanislaus

19. UNDERTAKER (Address) John Puda 1 W Baltimore St

20. FILED Jan 2 1932 C. HAWKSWORTH JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-17, 1931 to 12-31, 1931

I last saw h[illegible] alive on 4:30 P.M. 12-31 1931 death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1 yr.
Prostatectomy with Urinary Obstruction	
Cardiac Hypertrophy	
Other contributory causes of importance:	1 mo.
Uremia	

Name of operation Prostatectomy Date of operation 10-17-31

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, how?

(Signed) Luther O. Leake, M.

(Address)

AACo. 5-31 2500

5-5-81 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75327

CERTIFICATE OF DEATH

34 E 75327

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Usual Maxine Waters St. 19-27 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maxine Waters

(a) Residence: No. 422 N. Bond St., Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 1-1919

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	1	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

12. NAME Willie Waters

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Estelle Conner

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date Jan. 2, 1932

UNDERTAKER Mr. Taylor R. Williams

(Address) 1727 E. Hamilton Ave.

FILED Jan 2 1932 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1931, to Dec. 30, 1931

I last saw her alive on Dec. 30, 1931 death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

Rheumatic heart disease. — Date of onset 1924

Other contributory causes of importance:

Congenital syphilis
Mediastinal tuberculosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. S. Anderson, M. D.

(Address) Johns Hopkins Hospital

Spec.-7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75328

107-001 E 7.5328

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Fullard

(a) RESIDENCE NO. 745 Franklin Street St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma Brown

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min..
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer) Contractor

(r) Name of employer Unknown

9 BIRTHPLACE (city or town) Unknown

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mary E. Williams

(Address) 214 Valley St. Steelton, Pa.

15 Filed DEC 2 - 1932, 19 C. RAMSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 31

12 - 28

17 I HEREBY CERTIFY, That I attended deceased from 12-19, 19 31, to 12-25, 19 31,

that I last saw h.IM alive on 12-22, 19 31,

and that death occurred, on the date stated above, at 11 25 A. M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 12 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) George McDonald M. D.

12-28 19 31 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt. Auburn Cemetery	Jan 2, 1932

20 UNDERTAKER Mrs. Estes R. Williams ADDRESS 322 Schroeder St

AACo. 5-31 1500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75329

CERTIFICATE OF DEATH

108 E 75329

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 Bennett Pl St. 18-26 Ward)

Length of residence in city or town where death occurred 30 yrs mos ds How long in U. S. If of foreign birth? yrs mos ds

2. FULL NAME John H. Gibson

(a) Residence: No. 922 Bennett Pl St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ruby Gibson

DATE OF BIRTH (month, day, year) Feb 22, 1890

AGE Years	Months	Days	If LESS than 1 day hrs or min.
41	10	8 9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0+0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Elkton Md

12. NAME John E. Gibson

13. BIRTHPLACE (city or town) (State or country) Elkton Md

14. MAIDEN NAME Lizzie Jenkins

15. BIRTHPLACE (city or town) (State or country) Elkton Md

INFORMANT Ruby Gibson
(Address) 922 Bennett Place

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date Jan. 3, 1932

UNDERTAKER Mrs Ruth R Williams
(Address) 1 Seymour St.

FILED 2-1932 19 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1931, to Dec 31, 1931

I last saw him alive on Dec 27, 1931, death is said to have occurred on the date stated above, at 6:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lobar Pneumonia	12/23

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) W. C. Casey, M. D.

(Address) 75 E. Lexington

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75330

CERTIFICATE OF DEATH

93-001

E 75330

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 40 S. Fulton Ave. St., 19 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Jennie Silk.

(a) Residence: No. 40 S. Fulton Ave. St., 19 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John J. Silk.

7. DATE OF BIRTH (month, day, and year): Sept. 12 1870

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	61	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore Maryland.

13. NAME: William F. Cooke

14. BIRTHPLACE (city or town) (State or country): Ireland.

15. MAIDEN NAME: Ellen Dillon

16. BIRTHPLACE (city or town) (State or country): Ireland.

INFORMANT: Mrs. J. Silk.

(Address): 40 S. Fulton Ave.

BURIAL, CREMATION, OR REMOVAL: New Cathedral Cem. Date Jan. 19 32

UNDERTAKER: Fred A. Krauss

(Address): 1002 Lexington St.

FILED 2-1932 19

C. HAMILTON JONES, M. D.

as Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec. 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1931 to Jany 1 1932

I last saw her alive on Jany 1 1932 death is said to have occurred on the date stated above, at 3.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis X	12/18/31
Other contributory causes of importance:	
Arterio Sclerosis	7/1/31

Name of operation: None Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed: M. A. O'Neill, M. D.

(Address) 108 N Fulton Ave

AaCo. 5-31 2500

E 7533 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75331

CERTIFICATE OF DEATH

Registered No. 154

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 N. Kenwood Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Horner

(a) Residence: No. 1112 N. Kenwood ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan 1, 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	—	1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Charles J. Horner

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Estella L. Button

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Mr. Charles L. Horner

(Address) 1112 N. Kenwood ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 5, 1932

UNDERTAKER John J. Horan

(Address) 3000 E. Balto St.

FILED Jan 12 1932 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1932 to Jan 1st, 1932 last saw h[er] alive on Jan 1st, 1932 death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows:

Prematurity (6 mos. gestation) 3 hrs.

Date of onset

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If ~~married~~

(Signed) L. L. Daugherty M. D.

(Address) 1117 St. Paul St.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75332

CERTIFICATE OF DEATH

57-E 75332

Registered No. 004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 13-52 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Pappas

(a) Residence: No. 3636 Parma St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12 25 31

AGE	Years	Months	Days	If LESS than 1 day, 5 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Balto, Md

13. NAME Louis Pappas

14. BIRTHPLACE (city or town) (State or country) Greece

15. MAIDEN NAME Lourdatopy Bond

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mother

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Univ. of Maryland 19

UNDERTAKER

(Address)

FILED 1932 Jan 10 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25. 1931

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on 19 death is said to have occurred on the date stated above, at 1.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Monstrosity - ectopia	
Prematurity (6 mos gestation)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Alexander Lovely M. D.

(Address) 1516 Madison Ave

Spec—9 20—A. & Co.—250 Fms

75333

HEALTH DEPARTMENT—CITY OF BALTIMORE

160-00E 75333

CERTIFICATE OF DEATH

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
CITY OF BALTIMORE: (No.) Johns Hopkins Hospital (St.) 16-9 (WARD)

2 FULL NAME Baby Hartelove

(a) RESIDENCE No. 136 N. Carlton St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year)

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				4 hrs.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

10 BIRTHPLACE (city or town) (State or country) Baltimore Md.

11 NAME OF FATHER James Hartelove

12 BIRTHPLACE OF FATHER (city or town) (State or country) Md

13 MAIDEN NAME OF MOTHER Mable Shores

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

15 Informant Mable Hartelove
(Address) 136 N. Carlton Baltimore

Filed 1932 G. HAMPSON JONES, M. D. Registrar
No. —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/30/31

17 I HEREBY CERTIFY, That I attended deceased from 12/30/31, 19 31, to 12/31, 19 31

That I last saw h[illegible] alive on 12/31, 19 31

and that death occurred, on the date stated above, at 3:45 P. M.

The CAUSE OF DEATH* was as follows:

Retracranial Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prematurity Labor

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Autopsy Date of 1/21/31.

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. P. Snyder M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem.	Jan. 2 1932

20 UNDERTAKER Wm. E. Wallace & Son ADDRESS 2304 Jefferson St.

ec.—2-29-28—I. F. S.—600 Blks.

75334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E 75334

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2647 Ridgley St. Ward 25)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lillie V. Scott

(a) RESIDENCE NO. 2647 Ridgley St. Ward 25

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Ernest Scott

6 DATE OF BIRTH (month, day, and year): 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant: Ernest Scott (Address) 2647 Ridgley St

Filed 1932, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/30/31

17 I HEREBY CERTIFY, That I attended deceased from 11/15/31, 19 31, to 12/30/31, 19 31

that I last saw her alive on 12/30/31, 19 31

and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephroconditis

1 yrs. mos. ds. (duration)

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Howard Kemp, M. D.

12/31, 19 31 (Address) 912 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Auburn	Jan 4, 1932

20 UNDERTAKER: Joseph A. Sirch ADDRESS: 409 N. Mount St

A4Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75335 — 15-58 — 13 E 75335

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2512 Keyworth Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis M. Hamburger

(a) Residence: No. 2512 Keyworth Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Mch. 1855.

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	76	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Manes Hamburger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Herman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mr. N. Hamburger (Brother) 1316 Eutaw Place.

18. BURIAL, CREMATION, OR REMOVAL Place Heb. Friendship Date Jan. 3 1932

19. UNDERTAKER (Address) 1902 Eutaw Place.

20. FILED Jan 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/31/31

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1931, to Dec 31, 1931

I last saw h/ alive on 12/31/31 to have occurred on the date stated above, at 10 A.M. death is said

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1920
Chronic Diffuse Nephritis	1928
Uremia	Dec 1931
Other contributory causes of importance Benign Hypertrophied Prostate	1925

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph J. Blum, M. D.

(Address) 1332 E. Monument

AaCo. 5-11 250B

75336 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47 E 75336

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1603 Park Ave St. 14-W Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr Edward H. Mathers

(a) Residence: No. 1603 Park Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Virginia L. Mathers

DATE OF BIRTH (month, day, year) April 18-1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	63	8	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R & D. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Wheeling W Va

12. NAME of father Samuel L. Mathers

14. BIRTHPLACE (city or town) (State or country) Wheeling W Va

15. MAIDEN NAME of mother Josephine A Carr

16. BIRTHPLACE (city or town) (State or country) Wheeling W Va

INFORMANT Edward H. Mathers

(Address) 1603 Park Ave

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 1-4-1932

UNDERTAKER Wright Brooks & Son

(Address) Calhoun & Mulberry St

FILED 1932 Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1-1932

22. I HEREBY CERTIFY, That I attended deceased from July 1931 to Jan 1 1932

I last saw him alive on Dec 31 1931 death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma larynx
Squamous cell.

Date of onset

Other contributory causes of importance:

Name of operation Laryngectomy Date of Dec 1930

What test confirmed diagnosis? Section Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Grant E. Ward. M. D.

(Address) Medical Attendant

C-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75337 | 59 E 75337

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter D.Bradshaw. (C)

(a) RESIDENCE NO. 1408 1/2 Madison Ave, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. --- mos. --- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a If married HUSBAND of Alma Bradshaw.(C)

7 DATE OF BIRTH (month, day, and year) July 27, 1901

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	5	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Porter.
(b) General nature of industry, business, or establishment in which employed (or employer): U.Ry & E.Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Durham N.C.

10 NAME OF FATHER: Luther Bradshaw.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country): Durham, N.C.

12 MAIDEN NAME OF MOTHER: Victoria Poole.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Durham, N.C.

Informant: Alma Bradshaw.(C) wife.
(Address) 1408 1/2 Madison Ave.

Filed 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 1, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Diabetes Mellitus.
Uraemic Coma.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) 1408 1/2 Madison Ave. yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1408 1/2 Madison Ave.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) Otto M. Reinhardt, Coroner, M. D.

1/2/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mebena N. C.

DATE OF BURIAL: 1/2/1932

20 UNDERTAKER: Mrs. Lee E. Holland

ADDRESS: 863 Druid Hill

E-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75338

CERTIFICATE OF DEATH

16-001
E 75338

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Gen Hosp ST. 11-24 WARD)

2-FULL NAME Frank Quigley

(a) RESIDENCE NO. 209 Linden ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 18 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	5	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Constructn Eng.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Y.

10 NAME OF FATHER Michael W. Quigley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary A Heany

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Edw. J. Vandenhale

(Address) N. Y.

Filed JAN 3 1932 HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month) January 2 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Fall or Jumping Fractured Skull

(duration) 14 hours

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 20 E Bolton St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Chas. E. Smith, M. D.
Coroner

(Address) 2042 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New York New York City | DATE OF BURIAL: Jan 2 1932

20 UNDERTAKER: John C Miller 2455 E Monument | ADDRESS

ec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

75339

CERTIFICATE OF DEATH

107 E 75339

1—PLACE OF DEATH 1709 Lakeland Ave. REGISTERED NO.

ITY OF BALTIMORE: (No. 1709 Lakeland ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha A Jones.

(a) RESIDENCE NO. 1709 Lakeland ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
emale	White	Widowed.

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Asariah Jones.

7 DATE OF BIRTH (month, day, and year) Nov 30, 1849

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	1	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Home Wife.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Hanford, Co. Md.

10 NAME OF FATHER John Price

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Pitcock

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mrs Laird Wright

(Address) 1709 Lakeland Ave.

Filed Jan 3 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2, 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec-11, 1931, to Jan-2, 1932

that I last saw h alive on Jan-1 5- 1932

and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation
Pneumony apthixia
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia
(duration) yrs. mos. 23 ds.

18 Where was disease contrarted if not at place of death? Harford Co

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Usual

(Signed) Wm Jones M. D.

Jan 2, 1932 (Address) 2602 Roslyn Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Friendship M.E. Cem	Jan 4, 1932
20 UNDERTAKER	ADDRESS
Hamburger & Sons	Benson, Md.

AaCo. 6-01 1908

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 75340 B 75340

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-9 St., Ward)

Length of residence in city or town where death occurred yrs mos 3 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Clarence Howard

(a) Residence: No. Cockeysville Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) [illegible]

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	66	-	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Joshua Howard

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL.
Place Cedar Date Jan 4 1932

19. UNDERTAKER Wm. C. Brooks & Son
(Address) Sparks, Md

FILED JAN 3 - 1932 HARRISON JONES, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-2-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-27, 1931, to 1-2, 1932

I last saw h[illegible] alive on 1-2 1932 death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	1928
Arteriosclerosis	7

Other contributory causes of importance:

Cerebral Hemorrhage	6 days
Bronchopneumonia	

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Johns Howard M. D.

(Address) Johns Hopkins Hospital

AACo. 5-31 250M

75341 HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

126 E 75341

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union memorial Hosp. St. 12-West Ward)

Length of residence in city or town where death occurred yrs mos 6 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mrs Emma Schwartz

(a) Residence: No. Owings Mills, md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) Jan 15, 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	11	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia
13. NAME Mrs John Smith
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Rowe
16. BIRTHPLACE (city or town) (State or country) Virginia
17. INFORMANT Mrs Alice Norfolk
(Address) Owings Mills
18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Jan 5 1932
19. UNDERTAKER J. H. Gable & Son
(Address) Reisterstown Md

FILED JAN 3 1932 JAMES H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1931 to Jan. 2, 1932

I last saw h alive on Jan 2, 1932 death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction due to large gall stone	12 26 31
Other contributory causes of importance: Suppurative Parotitis Rt	12 30 31
Bronchopneumonia Bilateral	12 30 31

Name of operation Hysterectomy Appendectomy of 12 26 31

What test confirmed diagnosis? Clinic Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel McLanahan, M. D.
(Address) Union Memorial Hosp.

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 75342 CERTIFICATE OF DEATH 11 F 75342

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 5-6 Ward)

Length of residence in city or town where death occurred yrs. 8 mos. 27 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Morris Stein

(a) Residence: No. 2124 Presbury St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 4/3/31

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Jacob Stein
14. BIRTHPLACE (city or town) (State or country) Balto. Md.
15. MAIDEN NAME Minnie Rosen
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Mrs. Jacob Stein
(Address) 2124 Presbury St.

BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rockdale Date 1-3 19 32

UNDERTAKER Jack Levin
(Address) 1439 E. Pratt St.

FILED JAN 3 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/1/32 19

22. I HEREBY CERTIFY, That I attended deceased from 12/31/31, 19, to 1/1/32, 19
I last saw him alive on 1/1/32, 19 death is said to have occurred on the date stated above, at 2:05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal Meningitis	12/29/31

Other contributory causes of importance:

Name of operation Lumbar puncture Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. V. Jackson, M. D.
(Address) Sydenham Hospital.

1-30—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75343

CERTIFICATE OF DEATH

210-C E 75343

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. ST. 3-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aaron Goldsmith.

(a) RESIDENCE NO 413 S.Caroline St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs ------ ds. How long in U. S., if of foreign birth? 36 yrs ------ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Goldsmith.

7 DATE OF BIRTH (month, day, and year) Do not know.

8 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	58	-------		

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Second hand clothing.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia.

10 NAME OF FATHER Joseph A.Goldsmith.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia.

12 MAIDEN NAME OF MOTHER Minda Etta ------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia.

Informant Jos. Goldsmith.(son)

(Address) 2111 Fairmount Ave.

Filed 1932, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 1, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull

Struck and knocked down by an automobile while crossing the street Accidental Death (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) mos.

18 Where was disease contracted if not at place of death? Broadway & Fairmount Ave.

Did an operation precede death? No. Date of Jany. 1, 1932

Was there an autopsy? No.

What test confirmed diagnosis? Inquest

(Signed) Otto M. Kenkardy Coroner, M. D.

1/2/32 (Address) 917 E.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rt Carmel

DATE OF BURIAL 1-3 1932

20 UNDERTAKER Just Funeral

ADDRESS 1439 E. Balt St

Spec.—1-10-21—M&T—1500 Blks.

E 75344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 75344

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1017 Burnside Ave ST. WARD 24-33

2-FULL NAME Laura V. Vane

(a) RESIDENCE NO. 1017 Burnside Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female.	White.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Vane.

6 DATE OF BIRTH (month, day, and year) Oct 16 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER William Lane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Frances Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Thomas E Vayne

(Address) 1017 Burnside Ave

15 Filed JAN 3 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2nd 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept. 19. 1931. to Jan 2 1932.

that I last saw her alive on Jan 2 1932.

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Adeno Carcinoma

Antum Cervix Glands.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) E E Burton M. D.

1/2/ 1932 (Address) 301 E Cmnsh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Centreville Md.

DATE OF BURIAL 1-4 1932

20 UNDERTAKER E & B Hark

ADDRESS 115 E West St

A&Co. 5-11 2508

75345

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 75345

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 12-50 ..... Ward)

Length of residence in city or town where death occurred ? yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John S. Legg

(a) Residence: No. 2432 N. Charles St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 6-1-67

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	64	8	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cont. Off.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME E. C. Legg

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME M. Louise Bennett

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Springfield Cem. Date 1-4-1932

19. UNDERTAKER Bernard L. Harle
(Address) 1000 S. Paca St.

20. FILED ..... 1, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-2, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-7, 1931, to 1-2, 1932

I last saw h[illegible] alive on 1-2, 1932 death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Past year

Other contributory causes of importance:
Intra-abdominal Metastases

Name of operation Exploratory Laparotomy Date of Oct 8, 1931

What test confirmed diagnosis? Opert Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Ralph J. Wells, M. D.

(Address) Johns Hopkins Hosp.

Spec.—12-9-25—A Co.—200 Bks.

Mc Cord

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 75346

75346

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 729 McKewin Ave (Ward) 24)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah McCord

(a) RESIDENCE NO. 729 McKewin Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Widowed

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Sept 7 1857

AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
63 ~~64~~	3	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Medicine Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Ireland

10 NAME OF FATHER Thomas Connors

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Degnan

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant Nellie Connor
(Address) 729 McKewin Ave

Filed 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH (month, day, and year) January 1 1932

15

I HEREBY CERTIFY, That I attended deceased from Dec. 0 1931, to January 1, 1932,
that I last saw h Ev alive on January 1, 1932
and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Acute (duration) yrs. 27 mos. 2 ds.
CONTRIBUTORY Cardiosclerosis
(Secondary)
(duration) 2 yrs. mos. ds.

16 Where was disease contracted
If not at place of death
Did an operation precede death? No Date of
Was there an autopsy? No Symptoms
What test confirmed diagnosis?
(Signed) [illegible] M. D.
, 19 (Address) 53[illegible] 22nd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Non-Cathedral Date of Burial Jan 4 1932

20 UNDERTAKER Funk Frank A ADDRESS 915 N. Gay St

...—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

E 75347

E 75347

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1824 S. Charles St. WARD) 23-32

2—FULL NAME Virginia Lee Palmer.

(a) RESIDENCE NO. 1824 Charles St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 10 1931

7 AGE: Years — Months: 6. — Days: 21 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Milton E. Palmer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Ada. Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Mrs Palmer.

(Address): 1524 Charles.

Filed ... 19... at ...

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 1, 1932.

17: I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1931, to Jan. 1, 1932

that I last saw her alive on Jan 1, 1932

and that death occurred, on the date stated above, at 3:30 A.M.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia (duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirms diagnosis? Clinically

(Signed) R. B. Campbell M. D.

1/2, 1932 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem.

DATE OF BURIAL: 1/4 1932

20 UNDERTAKER: E. F. McCalby

ADDRESS: 130 E. Fort

1-30—M. & T.—100 B—50L.

E 75348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

207 E 75348

REGISTERED NO.

1-PLACE OF DEATH Enroute St. Joseph Hospital 9-18

CITY OF BALTIMORE: (No. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wesley Benson

(a) RESIDENCE NO 522 E. North Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Goldie Marie(nee Brown)

6 DATE OF BIRTH (month, day, and year) Sep 12/1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	3	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Car Inspector
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Penna R.R.

9 BIRTHPLACE (city or town) (State or country) Reistertown, Md.

10 NAME OF FATHER Stephen Benson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co.,Md.

12 MAIDEN NAME OF MOTHER Mary Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co.,Md.

14 Informant Goldie Maria Benson

(Address) 522 E. North Ave

Filed JAN 3 1932 C. HAMPSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Shock- both legs and feet crushed by engine tender in Bayview yards of Penna R.R. Accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

Jan. 2/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery DATE OF BURIAL 1/4/1932

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

AAEo. 5-31 2M8

HEALTH DEPARTMENT CITY OF BALTIMORE

10 E 75349

75349

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland General Hospital
CITY OF BALTIMORE: (No. ..... St., 1-16 (Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Margaret A Cook

(a) Residence: No. 514 N Kenwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 20 1854

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	77	4	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME OF FATHER Joseph Sullivan
14. BIRTHPLACE (city or town) (State or country) Calvert County
15. MAIDEN NAME OF MOTHER Sara Starling
16. BIRTHPLACE (city or town) (State or country) Annarundel
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 1-6 1932
19. UNDERTAKER Wm Cook & Son
(Address) 1214 E Fort Ave

FILED JAN 6 1932 19... C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-2-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-25, 1931 to 1-2-1932
I last saw her alive on 1-2-1932 death is said to have occurred on the date stated above, at 6:20 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia Right side	9 days

Other contributory causes of importance:

Cardiac Dilation	5 hrs.

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Talbot R. Wilkerson, M. D.
(Address) Md. Gen. Hosp.

AACo. 5-11 2108

HEALTH DEPARTMENT CITY OF BALTIMORE

75350

CERTIFICATE OF DEATH

75350

131

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 618 Washington Blvd

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Alt

(a) Residence: No. 618 Washington Blvd Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

BATE OF BIRTH (month, day, year) Feb 23rd 1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto
(State or country) Md

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

INFORMANT Joseph Bowdon

(Address) 618 Washington Blvd

BURIAL, CREMATION, OR REMOVAL

Place Balto Cemetery Date 1/4/1932

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1st, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 8th, 1931, to Jan 1st 1932

I last saw h alive on Dec 31st 1931 death is said to have occurred on the date stated above, at 3.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis & myocarditis	12/31
Other contributory causes of importance: Heart failure	1/1/32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J E Moulton, M. D.

(Address) 3409 Gamon Blvd

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

75351

CERTIFICATE OF DEATH.

46 E 75351

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 1306 Cold Spring Lane ST., 7-56 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George N. Craven

(a) RESIDENCE NO. 1306 Cold Spring Lane ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Helen Alice Craven

6 DATE OF BIRTH (month, day, and year) Apl 1 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dyer & Cleaner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Scotland.

PARENTS

10 NAME OF FATHER Jothan Craven

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Platt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Mrs. Alice Craven (Address) 1306 Cold Spring Lane

15 Filed JAN 3 1932 H. Feiss Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-2 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1931, to Jan 1, 1932, that I last saw him alive on Jan 1, 1932, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis? Physically Examined

(Signed) Arthur J Davis M. D.

1-2, 1932 (Address) 500 W 38th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Philadelphia Pa DATE OF BURIAL Jan 3 1932

20 UNDERTAKER A. S. Marshall ADDRESS 3539 Fall Road

A&Co. 5-11 2500

Samuel Sugar

HEALTH DEPARTMENT CITY OF BALTIMORE

75352

CERTIFICATE OF DEATH

9½ E 75352

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 17th Ward)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Sugar

(a) Residence: No. Brunswick Steam Bake Co. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year) 1889

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
43	42	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Arkie Sugar

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Fagie Unterman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Sugar
(Address) 1212 Bolton St

18. BURIAL, CREMATION, OR REMOVAL Hebrew Cemetery Date Jan 3 1932

19. UNDERTAKER Joh. Levinson & Bro
(Address) 1121 E Balto St.

20. FILED JAN 3 - 1932 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1931, to Jan 1, 1932

I last saw him alive on Jan 1, 1932 death is said to have occurred on the date stated above, at 9:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic carditis	?
Pneumococcus disease	
Other contributory causes of importance:	
Bacterial endocarditis	4 mos

Name of operation none Date of .....

What test confirmed diagnosis Clinical Was an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. W. Thornbaker, M. D.

(Address) University Hosp.

1-30—M. & T.—100 B—50L.

E 75353

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75353

82-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 N. Bond ST. 6-9 WARD)

2-FULL NAME Rosa Lee Jackson

(a) RESIDENCE NO 20 N. Bond St ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Jackson

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE 43 Years	Months	Days	If LESS than 1 day, hrs. or min.
about 42			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Henry Towles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Rosa Anna Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Annie M. Grecham

(Address) 20 N. Bond St

Filed JAN 3 1932 192 HAMPSON JAMES, M. D. Registrar

By _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) J. H. Gaw, Coroner, M. D.

Jan 2/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge cemetery

DATE OF BURIAL Jan 3 1932

20 UNDERTAKER Edward Bryan

ADDRESS 631 Orleans St

AaCo. 5-31 250B

75354

HEALTH DEPARTMENT—CITY OF BALTIMORE

75354

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 745 N. Gay St. S. 10-14 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas F. Ketler

(a) Residence: No. 745 N. Gay St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Ketler

7. DATE OF BIRTH (month, day, year) ? ? 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Catherine Ketler
(Address) 745 N. Gay St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date 1/4 1932

19. UNDERTAKER William Cook
(Address) 1217 St. Paul St.

20. FILED 3-1932 C. RAMSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1931, to Jan 1st 1932

I last saw h alive on Jan 1st 1932 death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Lobar Pneumonia

Other contributory causes of importance:

Ch. Valv. Insufficiency

Date of onset

Name of operation None Date of

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) Jefferis Brooks M. D.

(Address) 5 Club Rd

Rec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75355

CERTIFICATE OF DEATH

13 E 75355

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. Hospital ST. 845 WARD

2—FULL NAME Annie E Sleight

(a) RESIDENCE NO. 2100 Lake Ave. East. WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

[illegible], widowed, [illegible]

(or) WIFE of Widow

DATE OF BIRTH (month, day, and year) 20th Dec 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78 Years	—	12	11

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~None~~ Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) John Giltgan

(c) Name of employer

BIRTHPLACE (city or town) (State or country) America

10 NAME OF FATHER Dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont know

12 MAIDEN NAME OF MOTHER Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont know

Informant John Giltgan

(Address) 2100 Lake Ave

Filed JAN 3 - 1932

C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 1st 1932

17

I HEREBY CERTIFY, That I attended deceased from Dec. 30 . 1931 . to Jan. 1st . 1932.

that I last saw her alive on Jan. 1st . 1932

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerotic Cardio-Vascular renal disease

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia

Toxemia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Dr B'Hendrey M.D.

What test confirmed diagnosis? at Hughes Hospital

(Signed) H. D.

. 19 (Address) Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jerusalem Belair Road

DATE OF BURIAL Jan 4th 1932

20 UNDERTAKER Geo Schillings Sons

ADDRESS 1126 E Monument

Spec.—9-30—A. & Co.—250 Blks

75356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

75356

82-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1228 E. Chase St. 10-44 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Annie A. Silberzahn

(a) RESIDENCE NO 1228 E. Chase St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 9 mos. 26 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of George Silberzahn

6 DATE OF BIRTH (month, day, and year) Mar. 5, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER John T. Leach

11 BIRTHPLACE OF FATHER (city or town) ------

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Jane Waddell

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

Informant (Address) George Silberzahn 1228 E. Chase Street

Filed C. HARRISON JONES, M. D. Registrar

1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12th 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 8th, 1931 to Jan. 12th, 1932

that I last saw h 27 alive on Jan 12th, 1932

and that death occurred, on the date stated above, at 6.50 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage. (Hemiplegia)

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arter. Sclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jan 22nd, 1932 Thos. H. Magness M. D.

(Address) 14 East Read St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 1/5 1932

20 UNDERTAKER Henry A. Myers & Son

ADDRESS 305 W. Saratoga

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75357

CERTIFICATE OF DEATH.

23 E 75357

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1510 Harlem (St.) 16-27 (WARD)

2-FULL NAME Myrtle Singleton

(a) RESIDENCE NO. 1510 Harlem Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Paul Singleton

DATE OF BIRTH (month, day, and year): June 21-1904

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	11	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer): Pub Sch

(c) Name of employer

BIRTHPLACE (City or town) (State or country): Balto

10 NAME OF FATHER: Wm Roberts

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Elsie A. Fowler

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto.

Informant: Elsie A Roberts

(Address): 1510 Harlem ave

Filed 1932, 19 HAMPSON MARKS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1931, to Dec. 30, 1931,

that I last saw her alive on Dec. 30, 1931,

and that death occurred, on the date stated above, at 11:00 A. m.

The CAUSE OF DEATH* was as follows:

Chr. Ort. T. C.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X ray

(Signed) W. S. Singleton, M. D.

, 19 (Address) 1522 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvery — DATE OF BURIAL: Jan 3 1932

20 UNDERTAKER: John H. Toadvine & Sons — ADDRESS 1027

AACo. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75358

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Maryland Club St. No 9 (Ward) 12

Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Mercedes Wilcox Landsville

(a) Residence: No. ..... St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

DATE OF BIRTH (month, day, year) Jan. 30 1881

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	50	11	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Racing Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Racing
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland
13. NAME John Wilcox
14. BIRTHPLACE (city or town) (State or country) S. C.
15. MAIDEN NAME Emma Brown
16. BIRTHPLACE (city or town) (State or country) Maryland
17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL
18. BURIAL, CREMATION, OR REMOVAL Place Gillmore Date Jan 4 1932
19. UNDERTAKER H. Hanken & Co.
(Address) Eutaw & Mt. Royal
20. FILED JAN 3 - 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1931 to Jan 2, 1932
I last saw h alive on Jan 2 1932 death is said to have occurred on the date stated above, at 12 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of the liver +	
Chronic Nephritis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Ralph G. Wells, M. D.
(Address) Johns Hopkins Hosp

1-20—M. & T.—100 B—50L

E 75359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

E 75359

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 Brentwood ST. 10-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine T. McIntyre

(a) RESIDENCE NO 1015 Brentwood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene B. McIntyre

6 DATE OF BIRTH (month, day, and year) Dec 25/1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	0	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Patrick Mooney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary A. XXXXXX

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Eugene B. McIntyre

(Address) 1015 Brentwood Ave

15 Filed 1932 HAMILTON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said her (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cardiac Valvular Insufficiency

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

Jan 2/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Jan 4 1932

20 UNDERTAKER Rita Winkfield

ADDRESS 114 Grmont Ave

Spec.—9-30—A & Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75360

CERTIFICATE OF DEATH

B 75360

131

27-43

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 5703 Harford Road ST. WARD)

2 FULL NAME William J. O'Keefe

(a) RESIDENCE NO. 5703 Harford Road ST. WARD

(Usual place of abode) Lifetime

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret C. O'Keefe

6 DATE OF BIRTH (month, day, and year) July 4-1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Door Man

(b) General nature of industry, business, or establishment in which employed (or employer): Theatre

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William O'Keefe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Amy Pillowath

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mrs Irene M. Brown 5703 Harford Road

15 Filed ..... 19 ..... Registrar.

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1, 1932.

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1931, to Jan 1, 1932

that I last saw h alive on 1/1, 1932

and that death occurred, on the date stated above, at 4. A. M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Arteriosclerosis.
Appendicitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hyland Selby M. D.

19 (Address) 5703 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery.	Jan. 4 1932

20 UNDERTAKER

ADDRESS

Geo. B. Evans Son 111 W. Mt. Royal Ave

Spec. — I 80 — M. A T. — 250 Blks

75361

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ 01 E 75361

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2555 WILKENS AVE ST. 20-69 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME AMBROSE SHERIDAN KEATTS

(a) RESIDENCE NO. 2555 WILKENS AVE ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Student Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of SINGLE

7 DATE OF BIRTH (month, day, and year) NOV 14-1914

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Wm R. Keatts

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Blanche M. Sheridan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Wm R. Keatts (Address) 2539 E. Preston St

15 Filed 3-1932 C. HAMPSON JONES, Jr. Registrar

Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1931, to Dec 31, 1931, that I last saw h(i)m alive on Dec 31, 1931, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Leukemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) 4 hours yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Hyperplastic bloodgram

(Signed) F. V. Kelly, M. D.

Dec 31 1931 (Address) 1007 Linwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Jan 4 1932
20 UNDERTAKER	ADDRESS
Chas. F. Kraus & Son	1810 Mt Royal Ave

Spec. 2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

75362

CERTIFICATE OF DEATH

82-901 ✓ E 75362

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hosp. ST. 15-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Mary E. Cooper

(a) RESIDENCE NO. 2700 Pinkney ST. Balt. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Victor C. Hooper

DATE OF BIRTH (month, day, and year) Jan 17, 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	2473	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Montgomery Co Md

10 NAME OF FATHER Thomas Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary E. McCarty

11 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mrs. Agnes Bowers

(Address) 1006 Frankstown Ave

Filed JAN 3 - 1932 19 H. HAMPTON JAMES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 - 31

17 I HEREBY CERTIFY, That I attended deceased from Dec 26 . 1931 . to Dec 31 . 1931 .

that I last saw her alive on Dec 31 . 1931

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Apoplexy)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Fred Thompkins Jones, M. D.

. 19 (Address) St Joseph Hosp Balt.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary

DATE OF BURIAL 1/4/32

20 UNDERTAKER P. Gunning & Ruth & Son

ADDRESS 1130 Harlem

AdCo. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

F 75363

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 403-Whitridge Ave. St. 12-50 Ward)

Length of residence in city or town where death occurred life mos ds How long in U S. If of foreign birth? yrs mos ds

2. FULL NAME Thomas Paul Kimmitt

(a) Residence: No. 403-Whitridge Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie (Jones)

6. DATE OF BIRTH (month, day, year) 6/5/1892

7. AGE	Years	Months	Days	If LESS than 1 day
	39	6	25	xxxxxx or min

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeurs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Kimmitt

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Anna Donohue

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Elsie Jones Kimmitt

(Address) 403-Whitridge Ave.

18. BURIAL, CREMATION, OR REMOVAL.

Place Woodlawn Cem. Date 1/4/1932 19

19. UNDERTAKER (Address)

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH 31

21. DATE OF DEATH (month, day, year) Dec. 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from April, 1931 to Dec. 31, 1931 I last saw h in alive on Dec. 31, 1931 death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Date of onset about 1 year ago

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased no If so, specify

(Signed) E. J. Dunn, M. D.

(Address) 516 Cathedral St

Spec.—9-39—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE 75364

75364

CERTIFICATE OF DEATH.

93-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 2123 W Baltimore St. 1-3 Ward)

2. FULL NAME Frederick Penhart

(a) RESIDENCE NO. 2123 W Baltimore St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word)
M	W	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Penhart

6. DATE OF BIRTH (month, day, and year) Oct 4 1840

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	2	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Germany

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14. Informant Rosa Penhart (Address) 2123 W Baltimore

Died 1932 Jan 1 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Jany 1, 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 1 1931 to Jany 1 1932 that I last saw him alive on Dec 31 1931 and that death occurred, on the date stated above, at 6 A M.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis 5 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis (duration) Unknown yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) M. O'Neill M. D.

1/3 1932 (Address) 108 N Sutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem — DATE OF BURIAL: 1/4 1932

20. UNDERTAKER: Enoch & Farley — ADDRESS: Sutton & Fayette

1-20—M. & T.—100 M—501.

75365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1932 64-001 E 75365

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital WARD 27)

2-FULL NAME Seme Ostomuk

(a) RESIDENCE NO 1717 Cairo ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Melina Ostomuk

6 DATE OF BIRTH (month, day, and year) ? ? 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Alex Ostomuk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Melina Ostomuk

(Address) 1717 Cairo St.

Filed . 193 . . Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry), thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide by Illuminating Gas

(duration) immediately yrs. mos.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy H. Cromwell, M. D. Coroner

1/3. 1932 (Address) 203 Patapsco Ave. Bivd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Russian Ind. Cemetery	Jan 4 1932
20 UNDERTAKER John Drebliauckas	ADDRESS 423 S. Paca St.

E. HAMILTON JAMES, M. D. Registrar

AACo. 4-11-1930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 75366
Registered No.

75366

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2502 St Paul St. 12-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick P. McGinn Jr

(a) Residence: No. 2502 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel Bergmann McGinn

6. DATE OF BIRTH (month, day, year) April 26 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	8	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Purity Paper Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Frederick P. McGinn

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Bessie Taylor

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Bessie Taylor McGinn
(Address) 2502 St Paul St

18. BURIAL, CREMATION, OR REMOVAL Place Fairmount Date Jan 4 1932

19. UNDERTAKER Chas. E. Blank
(Address) 742 W. North ave

20. FILED 1932 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1929 to Jan. 1, 1932
I last saw him alive on Jan. 1, 1932 death is said to have occurred on the date stated above, at 1-IVA m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	7/15/29

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Harry B. Athey, M. D.
(Address) 2504 St. Paul St.

Spec.—9-30—A. & Co.—250 Blks.

E 75367

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75367

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1310 N Caroline St. 9-17 WARD) 131

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Carrie Mae Albert

(a) RESIDENCE No. 1310 N Caroline St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 4 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 19-1873.

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hsw.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: William Albert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto., Md.

12 MAIDEN NAME OF MOTHER: Sarah A. McPhail

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs. Jamie Hess (Sister)

(Address) 1310 N Caroline St

15 Filed ... 19... C. HAMILTON JAMES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-2-32.

17 I HEREBY CERTIFY, That I attended deceased from 9-8, 1931, to 1-2, 1932

that I last saw h[illegible] alive on 1-2, 1932

and that death occurred, on the date stated above, at 7.45 p.m.

The CAUSE OF DEATH* was as follows:

Arthritis multiple

Secondary anemia

Chronic Syphilitis.

(Duration) yrs. 3 mos. 25 ds.

CONTRIBUTORY (Secondary) Cardiac dilatation.

Oedema of lungs (Duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray Blood counts Urinalysis.

(Signed) Geo. A. Bandyn M. D.

1/2 1932 (Address) 1517 E North ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cem

DATE OF BURIAL: Jany 5 1932

20 UNDERTAKER: Harry W. Ehlen

ADDRESS: 1814 Division

AdCo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

75368

CERTIFICATE OF DEATH

13 E 75368

1. PLACE OF DEATH Maryland General Hospital — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St. 20-69 Ward)

Length of residence in city or town where death occurred 42 yrs. 6 mos. 12 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME James Thos Jones

(a) Residence: No. 2506 Fredericks Ave Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of ~~wife~~ Lenah M Jones

7. DATE OF BIRTH (month, day, year) June 20 1889

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
42	42	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 63

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Chas H Jones

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME OF MOTHER Mary Walker

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place Loudon Park Date Jan 4 1932

19. UNDERTAKER F B Wisner & Sons 834 W Balto St
(Address)

FILED Jan 4 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-15, 1931 to 1-1, 1932

I last saw him alive on 1-1-32 and death is said to have occurred on the date stated above, at 3:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	6 Mos ?
uremia	24 hrs ?

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Robert F. Chenoweth M. D.

(Address) Md General Hospital

AACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

5369

CERTIFICATE OF DEATH

54 E 75369

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Md. Gen. Hosp. St. 30-64 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Anna Myers

(a) Residence: No. 2604 W. Fairmount Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
(or) WIFE of Henry Meyer

6. DATE OF BIRTH (month, day, year) April 5, 1890

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	41	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME George Kestler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Engel

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Hospital Records.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 1/5/1932

19. UNDERTAKER F. B. WIPPERT
(Address) 1510 W. Baltimore St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1931, to Jan 1, 1932
I last saw her alive on Jan 1, 1932 death is said to have occurred on the date stated above, at 7:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibromata Uteri	12/30

Other contributory causes of importance:

Cardiac Failure	12/31/31

Name of operation Hysterectomy Date of 12/31/31
What test confirmed diagnosis? Surgical W[illegible] there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Gilbert R. Wilkerson M. D.
(Address) Md. Gen. Hosp.

Dec.—2-21-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75370

E 7537D

REGISTERED NO. 13

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 Brentwood Ave 10-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward Coulter Hewitt

(a) RESIDENCE NO. 1106 Brentwood Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 8 mos. 7 ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Virginia Hewitt

DATE OF BIRTH (month, day, and year) Oct 17, 1844

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	2	15-14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): Railroad

(c) Name of employer: West. Md R.R.

BIRTHPLACE (city or town) (State or country): Carroll Co., Md.

10 NAME OF FATHER Eli Hewitt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER Ann Baker Coulter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant Kevin H. Hewitt (son)

(Address) 1106 Brentwood ave

Filed ... 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1, 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1931, to Jan 1, 1932.

that I last saw ... alive on Dec. 31, 1931

and that death occurred, on the date stated above, at 2:23 P.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) Unknown yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Chr. Myo & Endo-carditis Chr. Nephritis (duration) About 6 or 7 years

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis: Physical evidence.

(Signed) Jno. B. Dybert. M. D.

19 (Address) 2802 Harford ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Martinsburg W Va

DATE OF BURIAL: Jan 4 1932

20 UNDERTAKER: John C Mitchell & Sons

ADDRESS: 1900 Eutaw Place

AaCo. 5-37 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

75371 + 107 E 75371

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Mercy Hospital
CITY OF BALTIMORE: (No. North Calvert St. 4-7 Ward)
Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Figgs
(a) Residence: No. Owings Mills, Md St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 27- 1905

7. AGE	Years	Months	Days 4.	If LESS than 1 day hrs. or min.
	26	0	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland
13. NAME William Figgs
14. BIRTHPLACE (city or town) (State or country) Balto. Md.
15. MAIDEN NAME Lottie Larkin
16. BIRTHPLACE (city or town) (State or country) Maryland
17. INFORMANT Mother
(Address)
18. BURIAL, CREMATION, OR REMOVAL Date Jan 5 1932
19. UNDERTAKER Samuel H. Hawley
(Address) 528 N. Paddock
FILED JAN 4 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 1 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec. 22 1931, to JAN. 1 1932
I last saw him alive on JAN. 1 1932 death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobular Pneumonia	2-3 wks.?
Streptococcus Septicemia	2-3 wks.?

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. W. Burns M. D.
(Address) Mercy Hosp.

Spec.—1-10-21—M&T—1500 Blks.

75372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1002

94 E 75372

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2414 Callow Ave ST.) 13-59 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sara Weinkrantz Cohen

(a) RESIDENCE No. 145 Monroe St., Petersburg, Va. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs 2½ mos ds. How long in U. S., if of foreign birth? 42 yrs mos ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Cohen

6 DATE OF BIRTH (month, day, and year): Jan. 28, 1882

7 AGE: Years 49 Months 11 Days 5 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Poland.

PARENTS

10 NAME OF FATHER: Bernard Weinkrantz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland.

12 MAIDEN NAME OF MOTHER: Sheba Rosenfeld

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Son, Bernard Cohen

(Address) 2019 N. Charles St.

15 Filed 1-4-1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 3, 1932

17

I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1931, to Jan. 3, 1932.

that I last saw her alive on Jan. 3, 1932,

and that death occurred, on the date stated above, at 8:52 A. m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

Hypertension.

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary): Coronary thrombosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No especial test

(Signed) I. S. Stevenson, M. D.

1-3-, 1932 (Address) 1107 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship

DATE OF BURIAL: 1/4, 1932

20 UNDERTAKER: Sol Levinson & Bro

ADDRESS 1126 W. North ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75373

CERTIFICATE OF DEATH.

131 E 75373

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Leadenhall ST., 23 WARD)

2-FULL NAME Ellenzena Pinkney

(a) RESIDENCE NO. 907 Leadenhall ST., 23 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced
~~HUSBAND of~~
or) WIFE of Alexander Pinkney

6 DATE OF BIRTH (month, day, and year) March 1862

7 AGE: Years 76 | Months 9mo | Days 29 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) House wife
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maine

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Alexander Pinkney
(Address) 907 Leadenhall St

15 Filed 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/2/ 1932

17 I HEREBY CERTIFY, That I attended deceased from 12/11/ 1931, to 1/2/ 1932.

that I last saw her alive on 1/1/ 1932.

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation Pulmonary Hypostasis;

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Nephritis (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical History

(Signed) Owen Beales, M. D.

, 19 (Address) 709 Hanford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Ct | DATE OF BURIAL: 1/4/32

20 UNDERTAKER: David E Brown & Son | ADDRESS: 105 Montgomery

A&Co. 5-31 250M

75374 HEALTH DEPARTMENT—CITY OF BALTIMORE 124-082 E 75374

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 21-31 Ward)
Length of residence in city or town where death occurred 38 yrs. 4 mos. 20 ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME John Groot

(a) Residence: No. 624 W. Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Divorced

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 8-12-1893

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	34	4	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME John G
14. BIRTHPLACE (city or town) (State or country) Norway
15. MAIDEN NAME Christine —
16. BIRTHPLACE (city or town) (State or country) Norway
17. INFORMANT Records Baltimore City Hospitals
(Address)
18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 1-4-32
19. UNDERTAKER Gilbert & Cook
(Address) 1219 E. Fayette St.
20. FILED 1-4-1932 H. M. JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-14, 1931, to 1-1, 1932
I last saw him alive on 1-1, 1932 death is said to have occurred on the date stated above, at 11:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver	5 mos. ago
	2 yrs
Other contributory causes of importance: Laryngitis, acute	5 days

Name of operation — Date of —
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify —

1-3-32 (Signed) Chas. Richter, M. D.
(Address) Balt. City Hosp.

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75376 E 75375

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 113 Carswell St., 9-46 (Ward)

Length of residence in city or town where death occurred 68 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME William J. Cashman

(a) Residence: No. 113 Carswell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jennie E. Warren Cashman

7. DATE OF BIRTH (month, day, year) May 25, 1873

8. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	58	7	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maryland Trust.
10. Date deceased last worked at this occupation (month and year) April 1931
11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME Michael Cashman
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Mary Sheeran
16. BIRTHPLACE (city or town) (State or country) Ireland
17. INFORMANT Jennie E. Cashman (Address) 113 Carswell St.
18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Jan. 6, 1932
19. UNDERTAKER C. W. Sanders (Address) 2[illegible] Fremont Ave.
20. FILED JAN 4 - 1932, 19 C. HAMILTON JAMES Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3 1932

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1931, to Jan. 3, 1932
I last saw him alive on Jan 2 1932 death is said to have occurred on the date stated above, at 5:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Apl. 1931

(Other contributory causes of importance)
Exhaustion

Name of operation ..... Date of .....
What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Benj. D. Hayden, M. D.
(Address) 1210 N. Eutaw St

A4Co. 5-11 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

75376

CERTIFICATE OF DEATH

12 E 75376

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2612 Hampden Ave St. 12-51 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Doris E. Parsons

(a) Residence: No. 2612 Hampden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 20 1908

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
23.	3.	12.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salisbury
(State or country) Md.

13. NAME Daniel F. Evans

14. BIRTHPLACE (city or town) Delaware
(State or country)

15. MAIDEN NAME Clara Lecates

16. BIRTHPLACE (city or town) Delaware
(State or country)

17. INFORMANT Mr. Clair Evans
(Address) 26 12 Hampden Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Jan. 5, 1932

19. UNDERTAKER J. Fallon Sons
(Address) 1 E. Lanvale St.

20. FILED JAN 4 1932 HARRY S. GRIMES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930 to Jan 2, 1932.

I last saw h alive on Dec 15, 1931 death is said to have occurred on the date stated above, at 2:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of coronary	

Other contributory causes of importance:

Pulmonary tuberculosis 1 year

Name of operation Date of

What test was made? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M.D.

(Address)

AACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

75377

CERTIFICATE OF DEATH

27-5-94-001

Registered No. E 75377

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3501 Clarks Lane. St. 27 Ward)

Length of residence in city or town where death occurred Lifetime How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene I. Rosenfeld, Sr.

(a) Residence: No. 3501 Clarks Lane. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addye G. Rosenfeld

6. DATE OF BIRTH (month, day, year) Feb. 28, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	10	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prop. Gene's Auto Place.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Gabriel Rosenfeld

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Gette Eising

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. E. I. Rosenfeld, Jr.
(Address) Temple Garden Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Har Sinai Date 1/4/ 1932

19. UNDERTAKER Ward & Sondheim & Son
(Address) 1902 Eutaw Place.

20. FILED — 1932 — [illegible] JONES, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from April, 1931, to Jan. 1, 1932

I last saw him alive on June 1, 1931 death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Artery Thrombosis.	7/29/31
	April 1930

Other contributory causes of importance:
Arteriosclerosis
Angina Pectoris

Name of operation None Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph W. Kelly M. D.

(Address) 1207 Eutaw Place

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 V E 75378

E 75378

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Hosp. Hop. ST. 1-1 WARD)

2—FULL NAME Joseph Schuler

(a) RESIDENCE NO. 1101 S. Potomac ST. Balto WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Schuler

7 DATE OF BIRTH (month, day, and year) Oct. 9 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67		2	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Geo. A. Schuler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Barbara Murphy. Daughter

(Address) 8212 W. Eldorado Blvd

Filed 1932 C. HAMPTON SAYER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4/1932

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1931, to Jan 2, 1932

that I last saw him alive on Jan 2, 1932

and that death occurred, on the date stated above, at 2-40 P. m.

The CAUSE OF DEATH* was as follows:

Hypertensive - Cardio - Vascular Renal disease

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

Toxemia. (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Klingenstein M. D.

, 19 (Address) Hosp. Hosp. Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cemetery	Jan 6 1932
20 UNDERTAKER Lilly & Guilden	ADDRESS 403 S. Wolfe St

AACo. 5-31 2108

75379 HEALTH DEPARTMENT—CITY OF BALTIMORE

VE 75379

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 S Ellwood Ave St. 1-7 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. if of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Mary E Reed

(a) Residence: No. 712 S. Ellwood Ave St. 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 9 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Geo W. Reed
14. BIRTHPLACE (city or town) (State or country) Balto. Md.
15. MAIDEN NAME Mary E. Kolb.
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Geo W. Reed
(Address) 712 S. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Sacred Heart Date Jan 4 1932

19. UNDERTAKER Lilly & Zuber Eng
(Address) 403 N Howard St.

20. FILED Jan 4 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2nd 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29 1931 to Jan 2 1932

I last saw her alive on Jan 1 1932 death is said to have occurred on the date stated above, at 7.10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph Toohey M. D.
(Address) 700 S. Ellwood Ave

1-30—M & T—100 B—501.

E 75380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1086

E 75380

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 7-12 WARD)

2-FULL NAME William E Dieterly

(a) RESIDENCE NO 710 N. Lakewood Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Irene Dieterly

6 DATE OF BIRTH (month, day, and year) 1-21-1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40 41	40	11	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Driver
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Balto City

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER August Dieterly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Irene Dieterly

(Address) 710 N Lakewood ave

Filed ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 710 N Lakewood

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) B F Herzog M.D. (Coroner)

1/2, 1932 (Address) 1205 N Patterson Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cem	Jan 4 1932
20 UNDERTAKER John Iacenia	ADDRESS 2005 Eastern

1-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75381 ✓

E 75381

1-PLACE OF DEATH

CERTIFICATE OF DEATH

194-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 3911 Mt Pleasant Ave ST., 36-37 WARD)

2-FULL NAME Elsie Kreuzig

(a) RESIDENCE NO 3911 Mt Pleasant Ave ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar 2 1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	10	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER William Kreuzig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Paprotski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant William Kreuzig
(Address) 3911 Mt Pleasant Ave

15 Filed Jan 4 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest & Autopsy (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Haemorrhage of Vagina, due to Laceration.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) B F Koenig M D Coroner M. D.

Jan 5, 1932 (Address) 1305 E Patterson Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Jan 5 1932

20 UNDERTAKER John Merrick

ADDRESS 2008 Orleans

AdCo. 5-31 250M

E 75382 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75382

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 1761 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4-16 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Evans

(a) Residence: No. 1562 Abbottston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 16, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	74	10	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Somerset County Maryland

13. NAME Edgar Garrett Evans.

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth Webster

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bethlehem Cem Date Jan 6, 1932

19. UNDERTAKER John McDevitt
(Address) 2008 Eden St

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1931, to Jan 2, 1932
I last saw him alive on Jan 2, 1932 death is said to have occurred on the date stated above, at 2:15 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Sanguineous Cyst Bladder — Cholelithiasis	12/17/31
Other contributory causes of importance: Pulmonary Embolism	1/1/32

Name of operation Cholecystectomy Date of 12/30/31
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) ..... M. D.
(Address) Md General Hospital

A&Co. 5-31 250B

75383 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E-75383

CERTIFICATE OF DEATH

93-003

Registered No. 1-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2014 Orleans St St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Louise Thompson

(a) Residence: No. 2014 Orleans St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Thompson

6. DATE OF BIRTH (month, day, year) Feby 28 th 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Mason

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME dont know

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs Estella Conway

(Address) 2014 Orleans St

18. BURIAL, CREMATION, OR REMOVAL. Place Baltimore Cem Date Jan 6th 1932

19. UNDERTAKER John Albert Bechtlian

(Address)

20. FILED Jan 6 - 1932 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 nd 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1924 to Jan. 2 1932

I last saw her alive on Jan. 1 1932 Death is said to have occurred on the date stated above, at 6.45 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIO-SCLEROSIS	
CHRONIC MYOCARDITIS	2 yrs.
Other contributory causes of importance:	
TOXAEMIA and SCLEROTIC GANGRENE	1 mo.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward Lowe M. D.

(Address) 413 N Spring Grove

AaCo. 5-31 2M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75384

E 75384

CERTIFICATE OF DEATH

Registered No. 107

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 704 N. Eutaw St. 16 Ward

Length of residence in city or town where death occurred yrs. [illegible] ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Naomi Elizabeth Peters

(a) Residence: No. 704 N. Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word):

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 9 31

7. AGE: Years | Months: 5 | Days: 14 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Gustaw Peters

14. BIRTHPLACE (city or town) (State or country) Latvia

15. MAIDEN NAME Elizabeth Peters

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Gustaw Peters
(Address) 704 N. Eutaw

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Zion Date January 1932

19. UNDERTAKER Joseph A. Fogle
(Address) 469 W. Mount St.

20. FILED 1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/3 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/29 1931 to 1/3 1932

I last saw her alive on 1/3 1932 death is said to have occurred on the date stated above, at 3:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	12/29/31

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 713 N. Eutaw St.

Spec.—9-30—A. & Co.—200 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75385

CERTIFICATE OF DEATH

11 E 75385

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3600 Garrison Blvd ST. 15-63 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ludwig Schmidt

(a) RESIDENCE NO. 3600 Garrison Blvd ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Charlotte L. Schmidt

6 DATE OF BIRTH (month, day, and year) March 6, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
85		9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Diedenkopf Germany

PARENTS

10 NAME OF FATHER Henry Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Diedenkopf, Germany

12 MAIDEN NAME OF MOTHER Dorothea Wehn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Diedenkopf, Germany

14 Informant Mrs. Chas. F. Fuehn jr
(Address) 3600 Garrison Blvd

15 Filed 1/6 19 32 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/3/32

17

I HEREBY CERTIFY, That I attended deceased from Dec 27, 1931, to Jan 2, 1932

that I last saw h alive on Jan 2, 1932

and that death occurred, on the date stated above, at 6 A m

The CAUSE OF DEATH* was as follows:

Pneumonia
Influenzal Terminal

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Valvular Disease

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Joseph Gerstley M. D.

(Address) 3361 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	1/6 1932
20 UNDERTAKER	ADDRESS
Walter S. Poulson	2238 W. North Ave.

A&Co. 1-10-250M

HEALTH DEPARTMENT CITY OF BALTIMORE

75386 E 75386

CERTIFICATE OF DEATH

82-001

75386

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3004 Clearview Ave. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registered No.

Length of residence in city or town where death occurred 67 yrs. 2 mos. 19 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Reno McGrath

(a) Residence: No. 3004 Clearview Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. McGrath

6. DATE OF BIRTH (month, day, year) Oct 17, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	2	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Larkin Hamilton

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Margaret Robertson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr. Frank McGrath
(Address) Fairmont W. Va

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cem Date Jan 4 1932

19. UNDERTAKER Wm Tickner & Sons
(Address) North & Fremont Ave

20. FILED Jan 4 1932 E. C. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1931 to January 2 1932

I last saw alive on 12/31/31 19 death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	12/28/31
Coma	12/28/31

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Alfred Gogel, M. D.

(Address) 704 N Broadway

AaCo. 5-31 2500

75387 HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 V.

Registered No. E 75337

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3204 Westwood St. 15-67 (Ward)

Length of residence in city or town where death occurred 97 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Wesley Mitchell

(a) Residence: No. 3204 Westwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Isabel Mitchell

6. DATE OF BIRTH (month, day, year): Aug 27 1889

7. AGE — Years: 97 | Months: 4 | Days: 5 | If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Sea Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Dorchester Co Md

13. NAME: John Mitchell

14. BIRTHPLACE (city or town) (State or country): Dorchester Co Md

15. MAIDEN NAME: Jane Applegarth

16. BIRTHPLACE (city or town) (State or country): Dorchester Co Md

17. INFORMANT (Address): Mrs Louisa Murphy 3204 Westwood Ave

18. BURIAL, CREMATION, OR REMOVAL — Place: London Park Date: Jan 4 1932

19. UNDERTAKER (Address): H. Hepburn Sons

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29 1931, to Jan 1 1932

I last saw he alive on Jan 1 1931 death is said to have occurred on the date stated above, at 1:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Extreme old Age	about 2 years prior to death
Chronic Parenchymatous Nephritis	
Acute Attack of Indigestion	12/27/31

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irvin Traget M. D.

(Address) 3217 Westwood Ave

AaCo. 5-11 250M

E 75388

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75388

CERTIFICATE OF DEATH

87-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1821 W. Saratoga St. 20-27 (Ward)

Length of residence in city or town where death occurred 77 yrs. 3 mos. 4 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew M. Gilmour

(a) Residence: No. 1821 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ellen Gilmour

6. DATE OF BIRTH (month, day, year) Sept. 27, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Information Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER Andrew Gilmour

14. BIRTHPLACE (city or town) (State or country) at Sea

15. MAIDEN NAME OF MOTHER Clarissa Albro

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Mary Elizabeth Brackett

(Address) 1821 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date Jan 7 1932

19. UNDERTAKER Wm. Fichtner & Sons

(Address) North & Penna Aves.

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1931, to Dec 31, 1931

I last saw h[illegible]live on Dec 31, 1931, death is said to have occurred on the date stated above, at 8 40 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other contributory causes of importance:

Cerebral Hemorrhage

Name of operation — Date of —

What test confirmed diagnosis? Clinical Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Cumpston, M. D.

(Address) 2407 Callaway Ave

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE E 75389

CERTIFICATE OF DEATH

210-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

75389

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Noran's Hospital. ST. 14-30 WARD)

2-FULL NAME Josephine Julia Seibert.

(a) RESIDENCE NO 1538 John St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ---------- mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a If ~~married, widowed, or divorced~~

(or) WIFE of Newton Winter Seibert.

6 DATE OF BIRTH (month, day, and year) July 15,1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer None.

9 BIRTHPLACE (city or town) (State or country) Savanah, Ga.

PARENTS

10 NAME OF FATHER ------- Dunn.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER ----- Cook.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant E. Mordant.(son)

(Address) 305 W.45 th St. New York City

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 2, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (inquest, autopsy or inquiry.) inquest find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the Humerus. (right)
Fracture of the Pelvis. Struck and knocked down by automobile while crossing street (duration) Occicental yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Fluid Hill Ave & Dolphin St. Dec. 21, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquest

(Signed) Ethell Hemkandy Coroner, M. D.

2/4/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem DATE OF BURIAL Jan 4 1932

20 UNDERTAKER Wm Fickenscher & Son ADDRESS Norwood Pa

AACo. 3-31 1500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-603 E 75390

E 75390 DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 333 E. 22d. St. St., 9-46 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine E. Baumeister

(a) Residence: No. 333 E. 22d St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. Baumeister

6. DATE OF BIRTH (month, day, year) Sept. 5 1855.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Freeport, Ill.

MOTHER FATHER

13. NAME George Kraus

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Miller

16. BIRTHPLACE (city or town) (State or country) dont know

17. INFORMANT Wm. Baumeister

(Address) 333 E. 22d St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Jan 6 1932

19. UNDERTAKER George W. Fiddes

(Address) 1737 E. Lan... St

20. FILED JAN 7 1932 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/3/ 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/1/ 1932 to 1/3/ 1932

I last saw h[illegible] alive on 1/3/ 1932 death is said to have occurred on the date stated above, at 4.40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	1/1/32
Other contributory causes of importance: Myocarditis	?
Bilateral Pneumonia	?

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.

(Address) 333 E 22nd

HEALTH DEPARTMENT—CITY OF BALTIMORE B 75391

75391

CERTIFICATE OF DEATH.

154 ✓ REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Presbyterian Hospital St. 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Johnson

(Residence in Baltimore: No. 17 N. Belnord Ave St.; ....yrs.. ...mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Married

6-DATE OF BIRTH. February (Month) 27 (Day), 1886 (Year)

7-AGE. 45 yrs. 10 mos. 6 da. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer): Garage

9-BIRTHPLACE. (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Andrew Johnson

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER. Mary C. Stanley

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Sarah Johnson wife

(Address) 17 N. Belnord Ave

15-

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 2 (Day), 1932 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1931, to January 2, 1932, that I saw h[illegible] alive on January 2 1932, and that death occurred, on the date stated above, at 9.10 P.m.

The CAUSE OF DEATH* was as follows:

Bilateral Chronic Frontal Sinusitis

(Duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 10 da.

(Signed) Nicholas Lazzaro M. D.

Jan. 2, 1932 (Address) 2[illegible] Aisquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Schwartz's cemetery

DATE OF BURIAL. Jan. 5, 1932

20-UNDERTAKER George W Zinkler

ADDRESS 1737 E. Eager st.

Spec. 9-30-A & Co.—200 Blks.

ROBINSON

E 75392 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75392

CERTIFICATE OF DEATH

1 PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No Perkman ST 76-1 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Irene Robinson

(a) RESIDENCE NO. 823 South Bouldin ST. Severna Park Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if not foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 1 1931

7 AGE: Years —; Months 6; Days 2; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co Md,

PARENTS

10 NAME OF FATHER William Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Catherine Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant William Robinson
(Address) 823 S. Bouldin St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 1932

17
I HEREBY CERTIFY, That I attended deceased from Dec 21 . 1931 . to Jan 3 . 1932
that I last saw he alive on Jan 3. . 1932
and that death occurred, on the date stated above, at 6-58 P.M.

The CAUSE OF DEATH* was as follows:
Measles Bronchus

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. B. Kirsh M. D.

. 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery — DATE OF BURIAL Jan 6 1932

20 UNDERTAKER George W. Zirkin — ADDRESS 1757 E. Eager St

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75393 E 75393

CERTIFICATE OF DEATH

1315

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3122 Harvem St. 2d Ward)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U.S. If of foreign birth 72 yrs. ... mos. ... ds.

2. FULL NAME Louisa C Greines

(a) Residence: No. 3122 Harvem St., 2d Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Frank H Greines
6. DATE OF BIRTH (month, day, year): 1860
7. AGE: Years 72; Months —; Days —; If LESS than 1 day, hrs. or min. —
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Germany
13. NAME OF FATHER: Henry Greines
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME OF MOTHER: Unknown
16. BIRTHPLACE (city or town) (State or country): Germany
17. INFORMANT (Address): Mrs F. Haber 3122 Harvem Ave
18. BURIAL, CREMATION, OR REMOVAL: Place Mt Olivet Cem. Date Jan 4 1932
19. UNDERTAKER (Address): Mary M Winkelfeld 5622 Belair Rd
JAN 4 - 1932
20. FILED 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 1st 1932
22. I HEREBY CERTIFY, That I attended deceased from — 1920 to Jan 1st 1932
I last saw her alive on Jan 1st 1932 death is said to have occurred on the date stated above, at 3.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	
Chr. Nephritis and	
Arterio Sclerosis	1920
Other contributory causes of importance: Pulmonary Edema	2 days

Name of operation: None Date of: No
What test confirmed diagnosis: Hospital findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. B. Faber House, M. D.
Address: 1901 Belair Ave

75394 100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75394

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced dead at the Baltimore City Hospitals ST. 26-37 WARD)

2-FULL NAME Charles J.Myers.

(a) RESIDENCE NO Eastern & Oriole Aves Balto. Co. Md. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of Carrie Myers.

6 DATE OF BIRTH (month, day, and year) July 11, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	5	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

PARENTS

10 NAME OF FATHER August Myers.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co. Md.

12 MAIDEN NAME OF MOTHER Mary Leightner.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Carrie Myers. (wife)

(Address) Eastern & Oriole Aves. Balto. Co. Md.

15 Filed Jan 4 1932 Chas. J. Myers, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 1, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of the skull, Struck by an automobile, the driver of which is unknown up to present time

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Eastern Ave Rd. Jany, 1, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquest

(Signed) Otto M. Reinhardt, M. D.
Coroner

1/4/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pat Cemetery — DATE OF BURIAL Jan 6 32

20 UNDERTAKER Geo M. Zink & Son — ADDRESS 811 W. Lexington

Spec.—B.B.—1. & Co.—250 Blks

E 75395

75395 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No) 3100 Foster Ave. (St) (1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME MICHAEL ANTON MANNING

(a) RESIDENCE NO. 3100 Foster Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Barbara Manning

6 DATE OF BIRTH (month, day, and year) Dec.17.1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	0	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fruit Packer

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Andrew Manning

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant (Address) Mrs. Margaret Manning (Wife) 3100 Foster Ave.

15 Filed C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan.2.1932

17

I HEREBY CERTIFY, That I attended deceased from 12/26, 19 31, to 1/2, 19 32

that I last saw h— alive on 1/1/32, 19

and that death occurred, on the date stated above, at 5.30a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 4 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cardiac dilitation

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Wolfe Burrell M. D.

1/4 19 32 (Address) 633-S-Carlton

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Jan.5.19 32
20 UNDERTAKER Henry Sander & Sons, Inc.	ADDRESS BALTIMORE & BROADWAY

AACo. 5-31 2508

75396 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75396

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 S. Kresson St. Ward) 7-37

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. Dill

(a) Residence: No. 1 S. Kresson Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E. Dill

6. DATE OF BIRTH (month, day, year) Jan 3 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ked. Md.

FATHER

13. NAME John Dill

14. BIRTHPLACE (city or town) (State or country) Ked. Md.

MOTHER

15. MAIDEN NAME Sara Clay

16. BIRTHPLACE (city or town) (State or country) Ked. Md.

17. INFORMANT Annie E. Dill
(Address) 1 S. Kresson St

18. BURIAL, CREMATION, OR REMOVAL
Place National Date Jan 6 1932

19. UNDERTAKER M. W. E. Dippel Inc
(Address) 37 S. Amity St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to Jan 3, 1932

I last saw him alive on Jan 3, 1932 death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	12/31

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. Schlieder M. D.

(Address) 330 E. Baltimore St.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 75397

E 75397

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1741 Clifton Ave ST., 8-45 (WARD)

2-FULL NAME Stanfield Scott Button

(a) RESIDENCE NO. 1741 Clifton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Etta V. Button

6 DATE OF BIRTH (month, day, and year): Jany 3/1852

7 AGE — Years: 80 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: McShane Bell Foundry

9 BIRTHPLACE (city or town) (State or country): Balto Co Md.

PARENTS

10 NAME OF FATHER: William Button

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co Md.

12 MAIDEN NAME OF MOTHER: Emmagene Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co Md.

14 Informant: Etta V. Button

(Address): 1741 Clifton Ave.

15 Filed: 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/3/32

17 I HEREBY CERTIFY, That I attended deceased from May, 1893, to 1/3/32, 19..., that I last saw him alive on 1/3/32, 19..., and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Heart disease

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary): Exhaustion senile

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ally A Gahl, M. D.

11/3/32 (Address) 709 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: Jany 6 1932

20 UNDERTAKER: Harry R Armacost & Son — ADDRESS: Ridgewood Ave

AACo. S-H 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75398

CERTIFICATE OF DEATH

159 E 75398

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U. Hospital St., [illegible] Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Baby Boy Fox. Twin # 2

(a) Residence: No. 1022 Wilkens St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/29/31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	0	0	0	2 hrs

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) U. Hosp. Balto, Md.

FATHER

13. NAME Lee Williams
14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Louise Fox
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

20. FILED [illegible] 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/29 . 19 31

22. I HEREBY CERTIFY, That I attended deceased from 12/29/31 . 19 . to 12/29/31 . 19
I last saw him alive on 12/29/31 19 death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (Premature Pregnancy)	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [illegible] M. D.
(Address) [illegible]

UNIVERSITY OF MARYLAND JAN 2 1932

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75399

CERTIFICATE OF DEATH

82-001

E 75399
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 228 Rock ST. 18-76 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Boswell

(a) RESIDENCE NO. 1038 W. Fairmount Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Boswell

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs Edna Weaver

(Address) 73 W. 133 d St. N. Y. City

15

Filed .192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 31 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edgar Fetter, M. D.
Coroner

12-2, 19 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Jan 4 1932
20 UNDERTAKER	ADDRESS 3221 Edmondson Ave
Mrs Katie R. Williams	

AACo. 5-31-2M8

75400

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75400

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun St. 3-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jos Saml Poland

(a) Residence: No. 1406 E Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Estelle Poland

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Engr
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manufg
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 4?

12. BIRTHPLACE (city or town) (State or country) Phil. Pa.

FATHER

13. NAME Samuel B Poland

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. [illegible] (Address) 1431 E. Baltimore

18. BURIAL, CREMATION, OR REMOVAL Place Mount Lebanon Cem. Date 1-5- 1932

19. UNDERTAKER Hoff Sons, Inc (Address) 1431 E. Baltimore St.

20. FILED ... 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1931 to Jan 3, 1932

I last saw him alive on Jan 3, 1932 Death is said to have occurred on the date stated above, at 8 55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vasc Vascular disease Arteriosclerosis Hypertension	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo A Gorsch, M. D.

(Address) Bon Secours Hospital

Cor.—12-9-25—A Co.—200 Blks.

E 75401

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75401

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

1-PLACE OF DEATH
City of BALTIMORE, (a) Ward 25 Union Memorial Hospital
2-FULL NAME William A. Donaldson
(a) RESIDENCE NO. 5900 Washington Av. St. Mt Washington Ward
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 2yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Helen M. Donaldson

6 DATE OF BIRTH (month, day, and year) May 1864

7 AGE	Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
	67	8	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Black Smith
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9 BIRTHPLACE (city or town) Balto City
(State or country)

PARENTS

10 NAME OF FATHER Frank Donaldson
11 BIRTHPLACE OF FATHER (city or town) Balto City
(State or country)
12 MAIDEN NAME OF MOTHER Mary Craig
13 BIRTHPLACE OF MOTHER (city or town) Balto City
(State or country)

14 Interment (Address) Mrs. Helen M. Donaldson 5900 Washington Av Mt Washington

15 Embalmed by ___ Undertaker ___ Registrar

4 1932 G. H. [illegible] Jones & D[illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/2 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest or Inquiry) thereon and from the evidence obtained by said Jury (Coroner, author Inquest or Inquiry) and that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows: Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) (duration) yrs. mos. ds.

(Signed) Geo. F. Rossmaessler M. D.
(Coroner)
1/3 1931 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden Date of Burial Jan 5 1932

20 UNDERTAKER H. E. Marshall ADDRESS 3539 Fall Road

Very Important. See INSTRUCTIONS on back of CERTIFICATE.

AACo. 9-31 1000

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75402

CERTIFICATE OF DEATH

E 75402

93-003 E 75402

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 78-69 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. — mos. — da. How long in U.S. if of foreign birth? — yrs. — mos. — da.

2. FULL NAME Christina Munck

(a) Residence: No. 2500 Emerson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W.

6. DATE OF BIRTH (month, day, year) Jan. 1, 1855

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	77	—	— 1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Philip Eckhardt
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of Balto. City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Western Date Jan 5 1932

19. UNDERTAKER Edmondson
(Address) 3618-7 Edmondson Ave.

20. FILED Jan 4 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1931, to 1-1, 1932

I last saw h[illegible] alive on 1-1, 1932 death is said to have occurred on the date stated above, at 6 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	Unknown
Other contributory causes of importance:	
Arteriosclerosis	
Hypertension	Unknown

Name of operation — Date of —

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

1-3-32 (Signed) Arne T. Hirschfeld M. D.
(Address) Balto. City Hospitals

AaCo. 5-31-1928

E 75403 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

45 E 75403

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5016 Palmer Ave St., 27-56 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jamie Dennison.

(a) Residence: No. 5016 Palmer Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	marrid.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adelaide Dennison

6. DATE OF BIRTH (month, day, year) May 13 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bo

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME James Dennison

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Adelaide Dennison
(Address) 5016 Palmer Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Date Jan 6, 1932

19. UNDERTAKER Thanhauser Bros
(Address) 1317 Eutaw Pl.

20. FILED Jan 7 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931, to Jan 3, 1932

I last saw h[illegible] alive on Jan 3, 1932 death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma of Mouth	Jan 1931

Other contributory causes of importance:

Name of operation Resection of Lower Jaw Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. —

(Signed) Chas E Frelle M. D.

(Address) 5276 Park Heights Ave Balto Md

4aCo. 5-11 2508

75404 HEALTH DEPARTMENT—CITY OF BALTIMORE

2558 64

CERTIFICATE OF DEATH

59 E 75404

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 24-35 Street Ward 5)

Length of residence in city or town where death occurred yrs 7 mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Charles Burl

(a) Residence: No. 1447 Towson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 17-1903

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	28		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmworker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ag
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Md
13. NAME Charles Burl
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME almenia ?
16. BIRTHPLACE (city or town) (State or country) Ger

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Jan. 4 1932.

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED Jan 4 1932 [illegible] Registrar
No. 1032

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec - 31 , 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 , 1931, to 12-31-31 , 1931
I last saw him alive on 12-31-31 , 19 death is said to have occurred on the date stated above, at 7.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia Typ II	12-20-31
Empyema	12-28-31
Staph. aureus	12-30-31

Other contributory causes of importance:
Diabetes mellitus.
Obesity

Name of operation None Date of
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Francis D Lowe M.D.
(Address) Johns Hopkins Hospital

1-30—M. & T.—100 B—50L

E 75405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75405

REGISTERED NO. 1 8 1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital ST. Lat-28 WARD 1

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude A. DuVall

(a) RESIDENCE NO 2012 Boyd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 29 1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	11	7	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School girl
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

PARENTS

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER Charles DuVall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Charles DuVall

(Address) 2012 Boyd St

15 Filed 1932 . 193 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to the death on the day stated above.

The CAUSE OF DEATH* was as follows: Burns of Body & Face — Accidental

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) Guy H. Cromwell M. D. Coroner

1/4. 1932 (Address) 263 Palaprscolvr. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 1/5 32

20 UNDERTAKER George & Philip Fuller — ADDRESS Fayette

Size 2-29-28—L. P. B.—500 Blks.

E 75406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

E 75406

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital ST. 16-W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eleanor Rosendale

(a) RESIDENCE NO. 306 S. Highland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

7 DATE OF BIRTH (month, day, and year) Feb. 25 1916

8 AGE: Years 15 | Months 10 | Days 7 | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): City

10 NAME OF FATHER: Henry Rosendale

11 BIRTHPLACE OF FATHER (city or town) (State or country): City

12 MAIDEN NAME OF MOTHER: Margaret O'Brien

13 BIRTHPLACE OF MOTHER (city or town) (State or country): City

I Informant: Henry Rosendale

(Address) 306 S Highland ave

Filed 1932 G. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/2/32

17 I HEREBY CERTIFY, That I attended deceased from 12/28, 1931, to 1/2, 1932, that I last saw her alive on 1/2, 1932, and that death occurred, on the date stated above, at 2.20 p.m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(duration) yrs. mos. 5/7 ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? 306 S. Highland Ave.

Did an operation precede death? Yes Date of 12/28/31

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Course

(Signed) M. Kleinberg, M. D.

19 (Address) St. Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cem. | DATE OF BURIAL: 1/5/1932

20 UNDERTAKER: J. J. Moran | ADDRESS 300 E. Baltimore St.

Spec.—1-12-29—M&T—500 Blks.

E 75407 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75407

CERTIFICATE OF DEATH.

82-6

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2218 Forest Park Ave ST. 78-65 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John L Burke

(a) RESIDENCE NO. 2218 Forest Park Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susan V. Burke

6 DATE OF BIRTH (month, day, and year) July 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Frank Burke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs. Susan L. Burke (Address) 2218 Forest Park Ave

15 Filed JAN 4 1932 .19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 1932.

17

I HEREBY CERTIFY, That I attended deceased from Dec 29 .1931. to Jan 3 .1932

that I last saw him alive on Jan 2 .1932

and that death occurred, on the date stated above, at 4. 10 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorage

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Arteri Sclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) A. C. Lamond, M. D.

Jan 3 1932 (Address) 4509 Liberty Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodland Cemetery	Jan 6 1932
20 UNDERTAKER	ADDRESS
John J. Dever	

AACo. 5-31 2508

75408 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75408

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital Ward) 27-54 Registered No.

non-resident

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Raymond Slade

(a) Residence: No. Mt. Washington, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/16/18

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	6	18/17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME C. A. Slade

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Ella M. Counton

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Mr. C. A. Slade

(Address) Mt. Washington, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 5 1932

19. UNDERTAKER John A. Henry

(Address) 415 Light St.

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/3/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/28/31, 19, to 1/3/32, 19

I last saw him alive on 1/3/32, 19 death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	11/28/31

Other contributory causes of importance:

Acute Nephritis	12/14/31

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. V. Jackson, M. D.

(Address) Sydenham Hospital C.

AACo. 5-H 2508

75409 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107 E 75409

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 2 5 Lemmon St.) (Ward) 57-53

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paul Edward Reynolds

(a) Residence: No. 225 Lemmon St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma J. Reynolds

6. DATE OF BIRTH (month, day, year) Nov 27 1871

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	60	1	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Preacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M E
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME William Reynolds
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Jane Summerville
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Emma J. Reynolds
(Address) 225 Lemmon St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Jan 6 1932

19. UNDERTAKER Wm F Ebert
(Address) 115 N Gay St

20. FILED Jan 6 1932 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30 1931, to Jan. 3 1932
I last saw him alive on Jan. 3 1932 death is said to have occurred on the date stated above, at 3:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec. 30 1931
Other contributory causes of importance: Bronchitis	Dec. 10 1931

Name of operation None Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edwin B. Fenby, M. D.
(Address) 1223 N. Caroline St.

AaCo. 5-31 250B

75410

HEALTH DEPARTMENT—CITY OF BALTIMORE

75410

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 N. Gilmor St., 3-4 (Ward)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Hughes

(a) Residence: No. 229 Birkett Court St.

(Usual place of abode) Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
65	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (Odd) unskilled

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country)

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT His Visiting Friends

(Address)

18. BURIAL, CREMATION, OR REMOVAL JAN 4 - 1932

19. UNDERTAKER City Health Department

(Address)

20. FILED 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/30 - 31

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 31, to Dec 30, 1931

I last saw him alive on 12-30- 1931 death is said to have occurred on the date stated above, at 12:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myo Cardial Degeneration	1930

Other contributory causes of importance:

Nephritis, Acute

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. K. Boy Kin M. D.

(Address) 1512 Gilmor

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75411 × 93E 75411

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No.) Provident Hospital St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Johnson

(a) RESIDENCE NO. Reisterstown, Md St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (Write the word)

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE Years 50 about Months Days

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) unknown
(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (City or town)
(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) unknown

14 Informant
(Address)

19 1932 . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19
12 - 25 - 1931

17 I HEREBY CERTIFY, That I attended deceased from 12-3 19 31 to 12-25 19 31,

that I last saw h 11 alive on 12-25 19 31,

and that death occurred, on the date stated above, at 1 30 P m.

The CAUSE OF DEATH* was as follows:

Essential Hypertension Cardiac Arhythmia. Chronic myocarditis. Hypertrophy & Dilatation of Heart.

Contributory (Secondary) General Arteriosclerosis Cardiac Decompensation & general Anasarca.

(duration) yrs. 5 mos. 25 ds.

18 Where was disease contracted if not at place of death? Reisterstown, Md

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) George McDonald Jr. M. D.

12-26 19 31 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial 19

20 UNDERTAKER Commissioner Health

ADDRESS

Very important. See instructions on back of certificates.

UNIVERSITY OF MARYLAND
JAN 4 - 1932

1-30—M & T—100 B—50L

E. 75412

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 75412

CERTIFICATE OF DEATH

210-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Josephs Hospital. (St.) (Ward) 9-17

2-FULL NAME Harry N. McGowan.

(a) RESIDENCE NO Kenwood Ave. Balto. Co. Md (St.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. N.E.D.

(Address)

15 Filed ... 19... Registrar

4-1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 15, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull, struck by an automobile while walking on the road. Probably Accidental.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Belair Rd, Overlea. Dec. 13, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquest

(Signed) Otto M. Reinhardt, M. D. Coroner

1/2/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND
Commissioner Health
JAN 4 1932

1-30—M & T—100 B—50L

E 75413

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75413

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3222 Weedon Ave. ST. 25-76 WARD 15

2-FULL NAME Serj Wasson.(C)

(a) RESIDENCE NO 3222 Weedon Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) November 30, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	1	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Sloan Wasson.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Annie Johnson.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina.

14 Informant Annie Wasson.(C) mother.

(Address) 3222 Weedon Ave.

15 Filed 1932, 19.. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 31, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
Congenital.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Reinhardt, M. D. Coroner

1/2/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

AaCo. 5-II 2508

75414 HEALTH DEPARTMENT—CITY OF BALTIMORE

256200

CERTIFICATE OF DEATH

59 E 75414

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-13 ..... Ward)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Marshall

(a) Residence: No. 1538 E Madison St., ... Ward. 4 & 7
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Cal. Cemetery Date 1-7th 1932

19. UNDERTAKER Jas. H. Skinner
(Address) Hazel & Broadway

Filed 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1931 to Jan 2 1932

I last saw h[illegible] alive on Jan 2 1932 death is said to have occurred on the date stated above, at 11.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	?
Diabetic coma & acidosis	1/1/32
Uremia	1/2

Other contributory causes of importance:
None

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carl W. Rebell, M. D.
(Address) Johns Hopkins Hospital

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

75415

CERTIFICATE OF DEATH

107-001 E 75415

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 4 St. 2 Ward)

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Louis Cromer.

(a) Residence: No. 666 Vine St St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 7-1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	27/26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER
13. NAME George Cromer
14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER
15. MAIDEN NAME Myrtle Stewart
16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs M Cromer
(Address) 672 W Lexington

18. BURIAL, CREMATION, OR REMOVAL
Place Bet Carmel Date Jan 5 1932

19. UNDERTAKER J Ahrens Co
(Address) 1931 Reisterstown Rd

Jan 4 1932 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to Jan 4 1932

I last saw him alive on Jan 4 1932 death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	11/21
Marasmus	12/31
Rickets	11/21
Bi-lateral otitis-media	11/30.

Other contributory causes of importance:

Broncho-Pneumonia.	1/2/32

Name of operation ___ Date of ___

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ___ 19 ___
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Alb Davis M. D.
(Address) University Hospital

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75416

E 75416

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 148 McPhail ST. 20-69 (WARD)

2-FULL NAME William H. Ulrich

(a) RESIDENCE NO 148 McPhail ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of B. Matilda Ulrich

6 DATE OF BIRTH (month, day, and year) March 3, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	42	9	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry C. Ulrich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Rettberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Maryland

14 Informant Mrs. B. Matilda Ulrich

(Address) 148 McPhail St.

15 Filed 1932 C. HAMPSON JONES, M. D. Registrar

By A. F.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Valvular Heart Disease

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Cromwell (Coroner) M. D.

1/2 1932 Address 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Jan. 5 1932

20 UNDERTAKER: Mrs. Albert E. Fuller — ADDRESS: 4806 Harford ave

1-30—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

75417

CERTIFICATE OF DEATH

173 E 75417

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: INS. Md Gen Hosp ST. 15-67 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm H. Bell

(a) RESIDENCE No. 2949 Clifton Pl ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A Bell

6 DATE OF BIRTH (month, day, and year) Mar 8 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	52	9	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Police Officer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Geo L Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Emma Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Mary A Bell

(Address) 2949 Clifton Pl

15 Filed 1932 G. FRANK SOPER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 2nd 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, Autopsy (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Homicide
Hemorrhage due to
pistol wound of Lung.
(duration) yrs. mos.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1909 Madison Pl

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. Schmidt Coroner, M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	6-6-32
20 UNDERTAKER	ADDRESS
Wm Cook	1217 E Fayette St

1-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75418

E 75418

CERTIFICATE OF DEATH

REGISTERED NO. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore St. 15-67 WARD

2-FULL NAME John E Walshe

(a) RESIDENCE NO. 2915 Walbrook Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary B. Walshe

6 DATE OF BIRTH (month, day, and year) 10-13-1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	1	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Conductor
(b) General nature of industry, business, or establishment in which employed (or employer) C. R. R. Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Chas E Walshe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Jane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Chas E. Walshe

(Address) 2915 Walbrook Rd

Filed 4 1932 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and hour) Jan 4 1932

I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (Death) on the day stated above.

The CAUSE OF DEATH was as follows:

Suicide Hemorrhage due to gunshot wound of brain (duration) 1/2 hour

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. McQuirk M. D. Coroner

19 (Address)

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery DATE OF BURIAL 1-7 1932

20 UNDERTAKER Wm Cook ADDRESS 127 St Paul St

JAMESON JONES, M. D.

AsCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75419

CERTIFICATE OF DEATH

1 E 75419

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. [illegible])

Length of residence in city or town where death occurred yrs 4 mos 21 ds How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Robert Schisler

(a) Residence: No. 1541 Carswell Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/13/31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	21 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Albert Schisler

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Marie Roberts

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Albert Schisler
(Address) 1541 Carswell Ave.

18. BURIAL, CREMATION, OR REMOVAL Ashbury Chapel Cemetery Restortown 1-6 1932

19. UNDERTAKER [illegible]
(Address) 1217 St Paul St

20. FILED [illegible] 1932 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/3/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/3/32, 19, to 1/3/32, 19

I last saw him alive on 1/3/32, 19 death is said to have occurred on the date stated above, at 10:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	12/28/31
Other contributory causes of importance: Influenzal Meningitis	1/1/32

Name of operation None Date of

What test confirmed diagnosis? Spinal puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. V. Jackson M. D.

(Address) Sydenham Hospital.

AaCo. 1-31 2M8

75420

HEALTH DEPARTMENT—CITY OF BALTIMORE

75420

CERTIFICATE OF DEATH

Registered No. 124-0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 N. Clinton St. (or Ward) 26-11

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Mayer

(a) Residence: No. 17 N. Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 15th 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Am Bldg
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME James Mayer
14. BIRTHPLACE (city or town) (State or country) France
15. MAIDEN NAME Catherine Kelly
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Sarah Hinman
(Address) 17 N. Clinton St

18. BURIAL, CREMATION, OR REMOVAL
Name Cathedral Cem Date Jan 5th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 1-7-1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from May 20 1931 to Jan 1 1932
I last saw him alive on Jan 1 1932 death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	1926
Other contributory causes of importance: Cirrhosis of Liver Alcoholic	1929

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John J. Kelly M. D.
(Address) 936 E. Monument St

AdCo. 1-H 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75421 E 75421

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St. Ward

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs mos da How long in U.S. if of foreign birth? yrs mos da

2. FULL NAME Carey H. Bundy.

(a) Residence: No. 1431 Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Bundy.

6. DATE OF BIRTH (month, day, year) March 21 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	27	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME Carey Bundy
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Addie Bundy
(Address) 1431 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Kilmarnock Va Date 1/5/ 1932

19. UNDERTAKER Mrs Sarah E. Ballard
(Address) 1631 Linden Ave

20. FILED JAN 30 1932 J. B. Hill M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-2-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-30-31, 19, to 1-2-32, 19

I last saw him alive on 1-2-32, 19 death is said to have occurred on the date stated above, at 1.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Caseous Pneumonia	unknown

Other contributory causes of importance: —

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Lawrence A. Tessa. M. D.

(Address) Balto. City Hospitals.

1-30—M & T—100 0—8-31.

75422

HEALTH DEPARTMENT—CITY OF BALTIMORE

75422

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 W. Fayette ST. 17-55 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME James W. Grace

(a) RESIDENCE No. 5700 Pimlico Rd ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Grace

6 DATE OF BIRTH (month, day, and year) Jan 17 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	11	20	10

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Manuf. of
(b) General nature of industry, business, or establishment in which employed (or employer): own alley
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER James W. Grace

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant Mrs K. Grace

(Address) 5700 Pimlico Rd

15 Filed ..... 193 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Poisoned by illuminating gas. Accidental death

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Eugene Zellers, M. D. Coroner

1/7. 1932 (Address) 239 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Cathedral — DATE OF BURIAL: Jan 5, 1932

20 UNDERTAKER John F. Moran — ADDRESS 3000 E Balto St.

AaCo. 5-31 P'08

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75423

CERTIFICATE OF DEATH

1/5-32 13 V

E 75423 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3602 Liberty Heights Ave. 6 Ward)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Olivia J. Edmondson,

(a) Residence: No. 3602 Liberty Heights Aves., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced WIFE of Thomas W. Edmondson,

6. DATE OF BIRTH (month, day, year) April 7, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	73	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Havre de Grace Md.

FATHER

13. NAME John Mahan,

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Sarah Cantler.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Thomas W. Edmondson
(Address) 3602 Liberty Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Ridge Date JAN 7 1932

19. UNDERTAKER J. D. N. Little
(Address) 2100 Edmondson Ave

FILED JAN 5 1932 WILLIAM JAMES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1932, to Jan 4 1932

I last saw h 1 alive on Jan 3 1932 death is said to have occurred on the date stated above, at 10.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	12.27.32
Other contributory causes of importance Chr. Endocarditis + Chr Nephritis	?

Name of operation None Date of

What test confirmed diagnosis? Physical diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Fulton Rouse M. D.

(Address) 1901 Eutaw Place, City

A&Co. 5-11 1508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75424

CERTIFICATE OF DEATH

48 E 75424

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2620 Francis St. 13-54 Ward)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth C.Nickels,

(a) Residence: No. 2620 Francis St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Richard H.Nickels,

6. DATE OF BIRTH (month, day, year) December 25.1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	28	--	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Ernest E.Agnew,
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Florence Hodges
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Richard H.Nickels,
(Address) 2620 Francis St.

18. BURIAL, CREMATION, OR REMOVAL. Place New Cathedral Date JAN 7 1932

19. UNDERTAKER Robert S Sittle
(Address) 2700 Edmondson Ave.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 4 - 1932

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19[illegible] to [illegible] 1932

I last saw h[illegible] alive on [illegible] 1932 death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Beginning Senile Mental Disease from 1927.-	

Other contributory causes of importance:
Only Slight Nephritis & Chronic Disease

Name of operation None (Medical) Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) [illegible] M. D.

(Address) [illegible]

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 75425

JOHNS HOPKINS HOSPITAL

CERTIFICATE OF DEATH

B 75425

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 St. ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Booker

(a) Residence: No. 2522 Penna ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 23 1931

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	1	6 weeks	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER

13. NAME Robert Booker

FATHER

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Ellen Gannon

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 1-5 1932

19. UNDERTAKER Allen Bros & S. Frank
(Address) E. [illegible]

FILED JAN 5 - 1932 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 - 1932 to Jan 4 1932
last saw him alive on Jan 4 1932 death is said to have occurred on the date stated above, at 8:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis Media	Jan 1
Septicemia	" 1

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John B. Washington, M. D.
(Address) Johns Hopkins Hospital

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75426

E 75426

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Sinai Hospital ST 27-5-1 WARD 107)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Freda LEVIN

(a) RESIDENCE NO 5 Bonsdale (Usual place of abode) ST Pennsylvania Ave WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	29			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None — Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Jack Louis Lee 1439 E. Baltimore St

15 [illegible] (Registrar)

NOV - 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4, 1932

17

I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1932, to Jan. 4, 1932

that I last saw her alive on Jan 4, 1932

and that death occurred, on the date stated above, at 1045 A m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(type not determined)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Schizophrenic epilepsy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) M Bernstein M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Free Burial	1-5 1932
20 UNDERTAKER Jack Louis Lee	ADDRESS 1439 E. Baltimore St

AdCo. 5-11 2508

E 75427 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75427

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2124 Brookfield ave St.) (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs mos ds How long in U.S. if of foreign birth? 26 yrs mos ds

2. FULL NAME Sarah Kutt

(a) Residence: No. 2124 Brookfield ave St. Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Wh	Wid

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Kutt

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
~~Sex~~	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isadore

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Benjamin Kutt
(Address) 1821 N. Bonner st

18. BURIAL, CREMATION, OR REMOVAL Date 1-5 1932
Pikesville Rosedale

19. UNDERTAKER Lord Lunn Funeral Home
(Address) 1932 E. Baltimore St

20. FILED Jan 5 1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1931 to Jan 4 1932

I last saw h-- alive on Jan 3 1932 death is said to have occurred on the date stated above, at 330 p.m.

The principal cause of death and related causes of importance were as follows:

Mitral stenosis and Myocarditis

Date of onset ?

Other contributory causes of importance:

Acute cardiac dilatation

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) B. Kadyn M. D.

(Address) 2306 Eutaw Pl

Addo. 5-11 2408

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75428

CERTIFICATE OF DEATH

34 E 75428

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 34 Ward)

Length of residence in city or town where death occurred 43 yrs. — mos. — ds. How long in U.S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Joseph Scott

(a) Residence: No. 105 E Dallas St., Ward. Baltimore Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Marcella Mason

6. DATE OF BIRTH (month, day, year) 9-9-82

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
✓	49	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME James
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Georgeanna Brown
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records of Balto. City Hosp. (Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Johnsons cem Date Jan 5th 1932

19. UNDERTAKER Barton Heights (Address) 1218 Mc Elderry St

20. FILED 1 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 1 , 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-20- , 1931, to 1 - 1 , 1932

I last saw him alive on 1 - 1 , 1932 death is said to have occurred on the date stated above, at 3'15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	One year
Arteriosclerosis and hypertension	" "
Other contributory causes of importance:	
Bronchopneumonia	2 days

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19—
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

1-1-32 (Signed) Oliver Leighton M.D.
(Address) Baltimore City Hospitals

AACo. 5-H 250B

75429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 75429

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 Myrtle Av St. 17-24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clifton Smith

(a) Residence: No. 1029 Myrtle Av St., ... Ward.
(usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 4, 1932

7. AGE	Years	Months	Days	If LESS than 1 day 3 hrs or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Frank C. Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Laura Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Frank C Smith
(Address) 1029 Myrtle Av

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Jan 7 19 32

19. UNDERTAKER Samuel Stevenson
(Address) 578 N Eutaw St

20. FILED Jan 6 1932 Hanson Jarrett M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1932 to Jan 4 1932

I last saw him alive on Jan 4 1932 death is said to have occurred on the date stated above, at 1130 a m

The principal cause of death and related causes of importance were as follows:

Date of onset

Atelectasis Jan 7 1932
(Premature birth 6 month)

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. H. Foster M. D.

(Address) 1029 Myrtle Av

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75430

CERTIFICATE OF DEATH

92-001

E 75430

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1112 Druid Hill ave ST. 7-24 WARD)

2—FULL NAME Annie M. Turner

(a) RESIDENCE NO. 1112 Druid Hill ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Centreville Md.

PARENTS

10 NAME OF FATHER Kit Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Centrilly Md

12 MAIDEN NAME OF MOTHER Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Centrilly Md.

14 Informant Walter M. Evans

(Address) 1309 W. Lanvale St.

15 Filed JAN 5 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2-32

17

I HEREBY CERTIFY, That I attended deceased from Dec 31 - 1931, to Jan 2 - 1932

that I last saw h alive on Jan 2 - 1932

and that death occurred, on the date stated above, at 1.05 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral embolism

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Valvular heart disease

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Chas. J. Keller, M. D.

1/4 1932 (Address) 222 W. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	1/5 1932
20 UNDERTAKER	ADDRESS
Samuel T. Hensley	578 N. Biddle St

Cor.—28-10-29—A Co.—100 Bks.

Battery

HEALTH DEPARTMENT—CITY OF BALTIMORE

75431

CERTIFICATE OF DEATH

190 E 75431

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at

City of Baltimore: (No. Mercy Hospital St. 5-8 Ward)

2-FULL NAME Benjamin Ballar

(a) RESIDENCE NO. 1241 N Exeter St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	white	unknown

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	about 65			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer Yd
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) ?
(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant
(Address)

15 Filed , 19 Registrar

JAN 5 - 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 192 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Exhaustion & Exposure to Cold

(duration) Hours yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin' Est

(Signed) James M Fenton, M. D.

12.27.1931 (Address) 1000 Chas

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19..

20 UNDERTAKER Commissioner Health.

ADDRESS JAN 4 - 1932

Important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-001

E 75432

E 75432

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 3118 Sequoia Rd ST. 15-62 WARD

2-FULL NAME Leland W. Wood

(a) RESIDENCE No. 3122 Sequoia ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian

6 DATE OF BIRTH (month, day, and year) Sept 14 1897

7 AGE Years 34 Months 3 Days 19 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Wood

11 BIRTHPLACE OF FATHER (City) Marleton (State or country) Burl. Co. N.J.

12 MAIDEN NAME OF MOTHER Edna Chilcoat

13 BIRTHPLACE OF MOTHER (City or town) Baltimore (State or country) Md

14 Informant Lillian Wood

(Address) 3122 Sequoia

15 Filed JAN 1932 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2nd 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Acute Myocardiac Failure Sudden

(duration)

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 3118 Sequoia

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hampson Jones, M. D.

(Coroner)

Jan 7 1932 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel, Balto. County DATE OF BURIAL Jan. 6, 1932

20 UNDERTAKER E. Leroy Stiffler, Inc. ADDRESS 125 E. North ave.

TION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

75433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75433

210-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary. ST. 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Miller.

(a) RESIDENCE NO 117 N. Rose St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 5 mos 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, ~~or divorced~~ HUSBAND of ~~WIFE~~ of Sarah Miller.

6 DATE OF BIRTH (month, day, and year) July 4, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	79	5	30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Retired Stevedore.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Lawrence Miller.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Catherine ------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Elizabeth Heath.(sister)
(Address) 117 N. Rose St.

15 Filed JAN 5 - 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 3, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of ribs(right side)
Terminal Pneumonia. Struck and
knocked down by an Automobile
while crossing the street (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental Death (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Patterson Pk. Ave & Lombard

Did an operation precede death? January 1, 1932

Was there an autopsy? No. Date of

What test confirmed diagnosis? Yes. at Hospital Inquest & autopsy.

(Signed) Otto M. Heinhardt Coroner, M. D.

1/4/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz's Cem DATE OF BURIAL 1/6 1932

20 UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St

TION is very important See instructions on back of certificates.

AaCo. 5-31 2502

E 75434 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75434

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 S. Highland Ave St. 26-2 Ward)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christina Vogel

(a) Residence: No. 508 S. Highland Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of David Vogel

6. DATE OF BIRTH (month, day, year) Sept 11 1850

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	81	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year) January 32
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Busch
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Elizabeth Bruce
(Address) 508 S. Highland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Ger. Zion Date 1/5/32, 19

19. UNDERTAKER Philip Arnold
(Address) 1000 Eastern Ave

20. FILED JAN 5 - 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 19 32

22. I HEREBY CERTIFY, That I attended deceased from Dec 28-, 19..., to Jan 2-, 19 32

I last saw h 22 alive on Jan 2, 19... death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Extensive Cancer	1929
Myocarditis	1929
Chronic Nephritis	Dec 28,
Obstructive Endarteritis	
Left leg	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emily F. Hartman, M. D.
(Address) 307 Fairfax

L 30 M & T 100 8-31.

E 75435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1744

E 75135

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 14-20 WARD)

2-FULL NAME Lawrence Brooks

(a) RESIDENCE NO 1414 Penna Ave ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred fifty yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Brooks

6 DATE OF BIRTH (month, day, and year) Aug 4/1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	6 4	29 26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Alexander Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Annie Lacey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lynchburg, Va.

14 Informant Alexander Brooks

(Address) 921 N. Carey St

15 Filed _____, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Purulent Meningitis- Struck on head with ax, Nov 26/31. Homicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Purulent Pneumonia, Terminal

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? Yes Date of Dec 25/31

Was there an autopsy? Yes

What test confirmed diagnosis? _____

(Signed) _____, M. D. Coroner

Jan 5/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet	Jan 5, 19 32
20 UNDERTAKER	ADDRESS
Wm. R. C. Elliott	1325 Eastland

TION is very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75436

CERTIFICATE OF DEATH

1 E 75436

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 4204 Mary Ave. St. 26-42 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A Fox.

(a) RESIDENCE NO. 4204 Mary Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edw. F. Fox.

6 DATE OF BIRTH (month, day, and year): Apr 22 /58

7 AGE: Years 73 Months 8 Days 13

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER: A. Bauer.

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: B. Ulhorn

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Edw. F. Fox.

(Address) 4204 Mary Ave.

15 Filed JAN 3 1932 [illegible]

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 4th 1932.

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 1932 to Jan 4th 1932

that I last saw h alive on Jan 4th 1932

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Bronchs. Pneumonia

(duration) yrs. mos. 2 da.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 5 da.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No. Clinical

What test confirmed diagnosis?

(Signed) E. A. Gordy M. D.

1-4 1932 (Address) Harford & Cleveland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral

Date of Burial 1/8 1932

UNDERTAKER: Fred. Lassahn Sr

ADDRESS 740 1 Belair Rd

very important. See instructions on back of certificates.

A&Co. 5-31 3500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75437

CERTIFICATE OF DEATH

59 E 75437

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 26-39 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. If of foreign birth? 46 yrs. mos. ds.

2. FULL NAME Harry Leidman

(a) Residence: No. 17 E Pleasant Road St., Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, year) Sept 30 1874

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	57	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant 665

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

MOTHER FATHER

13. NAME Solomon

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Betty ?

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Cemetery Date 1-5- 1932

19. UNDERTAKER [illegible]

(Address) [illegible]

JAN 5 1932 by [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/4, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/30, 1931, to 1/4, 1932

I last saw him alive on 1/4, 1932 death is said to have occurred on the date stated above, at 3.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into Cerebrum	about Aug 1929

Other contributory causes of importance:

Diabetes Mellitus
Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Not as specify

(Signed) Jno E Edmonds Jr, M. D.

(Address) City Hosp

Spec.—9-30—A. & Co.—250 Blks

E 75438 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 75438

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 705 N. Milton Ave ST. (OR WARD)

2 FULL NAME Bernard J. Kelly

(a) RESIDENCE NO 705 N. Milton Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma R. Kelly

6 DATE OF BIRTH (month, day, and year): April 8 1855

7 AGE: Years 76 | Months 8 | Days 25 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retire
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Charles P. Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Sarah Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Interment (Address): Charles P. Kelly [illegible] Ave

15 Filed 4 Nov 1932 C. HAMPSON [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 3 1932

17
I HEREBY CERTIFY, That I attended deceased from Dec 24, 1931, to Jan 3, 1932

that I last saw him alive on Jan 3, 1932

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:
Acute Dilated Dilatation
Cardiac Arteriosclerosis.

(Duration) 7 yrs. mos. ds.

(CONTRIBUTORY) Acute Bronchitis
(Secondary) (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) [illegible] M. D.

, 19 (Address) 801 N. Milton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Green Jan 6 1932

DATE OF BURIAL

20 UNDERTAKER: William J. Schaefer 816 Monument

ADDRESS

1-20—M & T—100 M—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75439

CERTIFICATE OF DEATH

210-002

E 75439

REGISTERED NO.

1-PLACE OF DEATH Pronounced dead at the St. Agnes Hospital. ST. 20-20 WARD

CITY OF BALTIMORE (No.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Guy V. Addison.

(a) RESIDENCE No. 257 McCurley St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 9 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of WIFE of Jennie Addison.

6 DATE OF BIRTH (month, day, and year) March 9, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	9	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Balto. City Water Dpt.
(c) Name of employer: Baltimore, Md.

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Frank D. Addison.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Isabelle Cunningham.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant: Frank D. Addison. (father)

(Address) 1228 E. North Ave.

15 Filed 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 1, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Struck and knocked down by an Automobile while crossing the Road (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental Death (duration) yrs. mos. ds.

Frederick Rd. Balto. Co. Md

18 Where was disease contracted if not at place of death? Jany. 1, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquest

(Signed) Otto A. Reinhardt Coroner, M. D.

1/2/32 (Address) 617 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County — DATE OF BURIAL: 1/6/32

20 UNDERTAKER: George J. Kuhn Sons & Co. — ADDRESS: 1730 Harford

1-20—M & T—100 M—501.

See instructions on back of certificates. THIS is very important.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75440 E 75440

CERTIFICATE OF DEATH

Registered No. 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 S. Potomac St. 12 Ward)

Length of residence in city or town where death occurred 59 yrs. mos. da. How long in U.S. If of foreign birth? yrs. mos. da.

2. FULL NAME Catarina Mirci

(a) Residence: No. 16 S. Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Pasquale Mirci

6. DATE OF BIRTH (month, day, year) June 29, 1863

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	68	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Salvatore Galiano

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maria Aurotora

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Carmella Pagliarese

(Address) 16 S. Potomac

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 6, 1932

19. UNDERTAKER Frank D. Pikulone

(Address) 2414 E. Baltimore

20. FILED Jan 5 1932 H. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/3 an, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 th, 1931 to 1/3 an, 1932

I last saw h-- alive on 1/3 an 1932 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	uncertain
General anasarca	

Other contributory causes of importance: Dilatation of heart [illegible]

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harry J. Tzanker, M. D.

(Address) 119 N. Bultimore

Spec.—9-30—A. & Co.—250 Blks

75441 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 75441

CERTIFICATE OF DEATH

REGISTERED NO. 106

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 306 Woodlawn Rd ST. 27-53 WARD

2 FULL NAME George Sadtler Dickey

(a) RESIDENCE NO. 306 Woodlawn Rd ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs 8 mos 7 ds How long in U. S., if of foreign birth? 67 yrs 8 mos 7 ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyn M. Dickey

6 DATE OF BIRTH (month, day, and year) May 18 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Charles C. Dickey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Elizabeth Sadtler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Evelyn M. Dickey (wife)

(Address) 306 Woodlawn Rd

15 Filed Jan 5 1932, 19 C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4/32

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Jan 4, 1932

that I last saw h~~e~~ alive on Jan 4- , 1932

and that death occurred, on the date stated above, at 9-30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) H. G. Prentiss M. D.

. 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Jan-6 1932

20 UNDERTAKER Stewart & Co

ADDRESS Balto.

Spec.—3-30—A. A. Co.—250 Blks.

75142

HEALTH DEPARTMENT—CITY OF BALTIMORE E 75442

CERTIFICATE OF DEATH

124-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 5717 Roland Avenue ST. 27-53 WARD)

2 FULL NAME Williams Florence Cochrane

(a) RESIDENCE NO. 5717 Roland Avenue ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Gretchen C. Cochrane

6 DATE OF BIRTH (month, day, and year) May 5-1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	45	8	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Consulting Engineer

(b) General nature of Industry, business, or establishment in which employed (or employer) Self 30

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Steele North Dakota

PARENTS

10 NAME OF FATHER William C. Cochrane

11 BIRTHPLACE OF FATHER (city or town) ? ? (State or country) Ohio

12 MAIDEN NAME OF MOTHER Anna Priddy

13 BIRTHPLACE OF MOTHER (city or town) ? ? (State or country) Ohio

14 Informant Mrs Gretchen C. Cochrane (wife)
(Address) 5717 Roland Avenue

15 Filed 5-1932 C.D. HARRISON, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5-1932

17

I HEREBY CERTIFY, That I attended deceased from March, 1930, to Jan 5, 1932

that I last saw h im alive on Jan 4, 1932

and that death occurred, on the date stated above, at 9.15 A m.

The CAUSE OF DEATH* was as follows:

Cardeo Renal Vascular Disease
Associate with Cerebral Hemorrhage
Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerrhosis of Liver
(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) Jas Ross Lear M. D.

1/5, 1932 (Address) 705 Med Arts

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Troy New York	Jany 7/32

20 UNDERTAKER: Howard & Mercer Co. 108 N. North Ave. ADDRESS

AACo. 5-H 2508

75443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-E 75443

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — St. 16-23 (Ward) — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Baby boy Sachs

(a) Residence: No. 927 W. Calhoun St., Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, year) Dec 15-1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	✓		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Geo. Sachs

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Gertrude Hall

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS HOSPITAL Date ____ 19____

19. UNDERTAKER ____
(Address) ____

No. FILED 5 1932 C. HAMPSON JONES, M. D. 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1932 to Jan 5, 1932

I last saw him alive on Jan 5, 1932 death is said to have occurred on the date stated above, at 1:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	birth

Other contributory causes of importance:

Birth injury?

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Ann G. Kollner M. D.

(Address) Johns Hopkins Hosp.

Spec.—9-30—A. & Co.—200 Blks

75444 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75444

CERTIFICATE OF DEATH. 159

1 PLACE OF DEATH

CITY OF BALTIMORE (No Johns Hopkins Hospital. St 19-27 WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Tarter

(a) RESIDENCE NO 615 Edmondson Av. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	B.	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 12/21/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Roland Tarter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Clarice Morsell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Johns Hopkins Hospital.

15 Filed 5-3 1932, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/22/31

17

I HEREBY CERTIFY, That I attended deceased from 12/21, 1931, to 12/22, 1931

that I last saw her alive on 12/22, 1931

and that death occurred, on the date stated above, at 12.45 A.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Snyder M. D.

19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

C. HAMPSON JONES, M. D. Commissioner Health

AdCo. 5-31 2500

75445 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

92-E 75445

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2211 Arlington Ave St. 7-4-1 Ward 1

Length of residence in city or town where death occurred 92 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E. Fisher

(a) Residence: No. 2211 Arlington Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Wesley Fisher

6. DATE OF BIRTH (month, day, year) June 10 1849

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	82	6	2524	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Maryland
13. NAME Nicholas Benson
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Rebecah Murph
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Edith Fisher
(Address) 2211 Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL Mt. Montrose Cem. Jany 6 1932

19. UNDERTAKER J. S. Marshall
(Address) 5504 Falls Road

Jan 5 1932 H. C. HAWKINS JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 20th 1931 to Jan 4th 1932

I last saw her alive on Jan 3 1931 death is said to have occurred on the date stated above, at 3 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Heart Failure	1 yr
Acute Bronchitis	Dec 20 1931

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Theo. A. Shook M. D.
(Address) 3618 Norfolk Rd

AaCo 5-31 250B

E 75446

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75446

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. 18-29

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hannah Risby

(a) Residence: No. 104 S. Schroeder St. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1847

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME Francis Jackson

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Fannie Smith

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records of
(Address) Baltimore City Hospitals

18. BURIAL, CREMATION OR REMOVAL
Date ... 19 ...

19. UNDERTAKER ...
(Address) ...

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8/24, 1928 to 12/29, 1931

I last saw her alive on 12/29, 1931 death is said to have occurred on the date stated above, at 8:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	2 day
Carcinoma	

Other contributory causes of importance:

Arteriosclerosis	
Enlargement of heart	
Cirrhosis of liver	

Name of operation None Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Elmer Richards, M. D.

(Address) Baltimore City Hospitals

JOHNS HOPKINS HOSPITAL
CLASSIFICATION
5-1932
A.P.H.

AaCo. 5 11 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75447

75447

CERTIFICATE OF DEATH

Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 7-13 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S. If of foreign birth? yrs. mos. da.

2. FULL NAME George Heller

(a) Residence: No. 1703 E Chase St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of not known

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
not known			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. not known

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) not known

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records Baltimore City Hospitals (Address)

18. BURIAL, CREMATION OR REMOVAL

Place Date 19

19. UNDERTAKER (Address)

5 Jan 1932 C. HANSON JONES M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29-1931

22. I HEREBY CERTIFY, That I attended deceased from 12-27-1931 to 12-29-1931

I last saw h alive on 12-29 1931 death is said to have occurred on the date stated above, at 2.30 PM

The principal cause of death and related causes of importance were as follows:

Hemorrhage into Cerebrum — Date of onset Unknown

Other contributory causes of importance: Hypertension — Unknown

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

12-29-31 (Signed) Chas. Hartigan (M.D.)

(Address) Baltimore City Hospitals

JOHNS HOPKINS HOSPITAL JAN

AACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

75448 E 75448

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Loud Park Sanitarium St. 24-33 Ward)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George E. Clark Jr.

(a) Residence: No. Govan, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 16, 1924

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	7	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER
13. NAME George Clark Sr.
14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER
15. MAIDEN NAME [illegible]
16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT [illegible]
(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Jan 5, 1932

19. UNDERTAKER [illegible]
(Address) [illegible]

5-1932 FILED ..... 19..... C. BLANCHARD JONES M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1931 to Jan 5, 1932
I last saw him alive on Jan 5, 1932 death is said to have occurred on the date stated above, at 6.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Bilateral Lobar pneumonia	12/24/31
II. Acute Cardiac dilatation	

Other contributory causes of importance:

Toxemia of Pregnancy

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.
(Address) Govanstown, Md.

1-30—M & T.—100 B—50L

E 75449

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004 E 75449

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 N. Patterson Park Ave ST. 6-10 WARD)

2-FULL NAME Sarah E. Osten

(a) RESIDENCE NO 126 N. Patterson Park Ave ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of late Bernard Osten

6 DATE OF BIRTH (month, day, and year) Aug 31/1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	4	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John James

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Katherine Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Katherine Adler
(Address) 126 N. patterson Park Ave

15 Filed ..... 192 ..... Registrar

5-1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Genl Senile Arterioscler-osis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. H. Mace Coroner, M. D.

Jan 5/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL 1/6/1932

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

THIS is very important. See instructions on back of certificate.

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75450 ~~75623~~ 107-001 E 75450

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 1-3 (Ward)

Length of residence in city or town where death occurred 5 yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stephen Tomasiewski

(a) Residence: No. 615 S Dalewood St. Ward. Cas
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 2 1909

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	22	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) U-4-

MOTHER FATHER

13. NAME Stanley Tomasiewski
14. BIRTHPLACE (city or town) (State or country) Poland
15. MAIDEN NAME Mamie Petyot
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Friends—
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 1/8 1932

19. UNDERTAKER Wm. Coyle & Son
(Address) 1219 E. Fayette St.

20. FILED JAN 8 1932 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Jan 4, 1932
I last saw him alive on Jan 4, 1932 death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute streptococcus laryngitis	Dec 26
Streptococcus septicemia	Jan 3
Bronchopneumonia	"

Other contributory causes of importance:
Pneumothorax, left | "

Name of operation Tracheotomy Date of Jan 1
What test confirmed diagnosis? Blood culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) H. Rawls M. D.
(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

E 75451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-801

E 75451

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 N. Dallas ST. 7-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 16.)

2-FULL NAME Bernice McCoy

(a) RESIDENCE NO. 810 N. Dallas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 11/31

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	24 23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Nonticue Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Katie McCoy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Fayettesville, N.C.

14 Informant Katie McCoy

(Address) 810 N. Dallas St

15 Filed 5-1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature], Coroner, M. D.

Jan 5/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	1-6-32
20 UNDERTAKER	ADDRESS
Robt. F. Williams	1515 Eutaw St

TION is very important. See instructions on back of certificate.

Spec.—12-5-31—A Co.—200 Pds.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75452

CERTIFICATE OF DEATH.

161-001 ✓ E 75452

1-PLACE OF DEATH

City of BALTIMORE: (No. 283 East St. 5-8 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME (MALE) BABY CARTER

(a) RESIDENCE NO. 283 EAST St._____ Ward_____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Jan 4th 1932

7 AGE: Years — Months — Days: 1 — IF LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baby

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Edward Charles CARTER

11 BIRTHPLACE OF FATHER (city or town): Pineville

(State or country): Kentucky

12 MAIDEN NAME OF MOTHER: Gretchen Horschau

13 BIRTHPLACE OF MOTHER (city or town): —

(State or country): Germany

14 Informant (Address): Father

15 Filed 1932 C. HAMPSON JONES, M. D., Registrar

aFN

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/5/1932

17 I HEREBY CERTIFY, That I attended deceased from 1/4/1932, to 1/5/1932, that I last saw him alive on 1/4/1932, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) ___ yrs. ___ mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted: —

If not at place of death!

Did an operation precede death! No Date of

Was there an autopsy! No

What test confirmed diagnosis! Clinical Findings

(Signed) ALEX A Wellenstein M. D.

1/5/1932 (Address) 713 Augusta St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem A A. Date of Burial: 1/6/32 19

20 UNDERTAKER: John H Kemp Sons Inc ADDRESS: 1800 Frederick Ave

1-30—M & T—100 B—50L

E 75453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5-8 93-304 ✓

E 75453

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Levering House. ST. 5-8 WARD)

2-FULL NAME Harry C. Fiddis.

(a) RESIDENCE NO Levering House. ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ---mos.--- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If ~~married, widowed, or divorced~~ HUSBAND of ~~Wife of~~ Bettie Fiddis.

6 DATE OF BIRTH (month, day, and year) March 25, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	9	10 7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Westminster, Md.

PARENTS

10 NAME OF FATHER Benjamin Fiddis.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Susan Whittaker.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Bertha Wites. (daughter.

(Address) 414 E. Biddle St.

15 Filed JAN 5 1932, 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 4, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardiol Insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M Reinhardt M. D. Coroner

1/5/32 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery

DATE OF BURIAL 1/7/1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

TION is very important See instructions on back of certificates.

AACo. 5-31-1500

E 75454

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75454

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 768 Grantley St. St., 16-67 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs 28 mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mollie E. Parrott

(a) Residence: No. 768 Grantley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of George W. Parrott

6. DATE OF BIRTH (month, day, year) Oct 17, 1863

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	68	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Frank Bauwick

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Robinson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Jessie Parrott
(Address) 768 Grantley St.

18. BURIAL, CREMATION, OR REMOVAL
St Michaels Md Date 1/7/1932

19. UNDERTAKER Wm Cook
(Address) 617 St Paul St

FILED 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1932 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1931, to Jan 5, 1932

I last saw h[illegible] alive on Jan 5 1932 death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Secondary & Carcinoma of Breast	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. A. Lally M.D. M. D.

(Address) 3517 Eastern Ave

AaCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75455

E 75455

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH 3400 Walbrook Ave (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fetterhoff Hospital Ward) 28-6-4

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stella G. Gaddess

(a) Residence: No. 5615 Pimlpark Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~
~~HUSBAND~~ (or) WIFE of Harry W. Gaddess

6. DATE OF BIRTH (month, day, year) Dec 20th 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James B. Street

14. BIRTHPLACE (city or town) (State or country) Del

MOTHER

15. MAIDEN NAME Mary J. Johnson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Albert S. Butler
(Address) 5615 Pimlpark Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cemetery Date 1/7/1932

19. UNDERTAKER Jos Cook
(Address) 1217 E. Baltimore St

FILED JAN 5 - 1932 C. HAMPSON Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 18 1929 to Jan 4 1932

I last saw her alive on Jan 4 1932 death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	3 Years

Other contributory causes of importance:
Anginia Pectoris - Few Minutes

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr L Fetterhoff M. D.

(Address) 3400 Walbrook Ave

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75456

CERTIFICATE OF DEATH

82 E 75456

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5222 Florence Ave St.) Purnell Ward 25

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna E. White

(a) Residence: No. 5222 Florence Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If ~~married~~ widowed, ~~or divorced~~
~~Husband of~~ (or) WIFE of John White

6. DATE OF BIRTH (month, day, year) Mar 16th 1856

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	75	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Thomas Surrey
14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Eliza Cocran
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT E. Leonard Parkins
(Address) 5222 Florence Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 1/6/1932

19. UNDERTAKER Wm Cook
(Address) 1217 E. Baltimore St

20. FILED JAN 5 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/4/1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 4. 1931 to Jan 4. 1932
I last saw h~~e~~r alive on Jan 2. 1932 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Softening of Brain	7/10/31

Other contributory causes of importance:
High Blood Pressure
Hardening of Arteries

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A. C. Beall M. D.
(Address) 3907 Garrison Blvd

OCCUPATION IS VERY important. SEE INSTRUCTIONS ON BACK

AdCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75457

CERTIFICATE OF DEATH

E 75457

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2813 Pelham Ave 26-45-82 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME William Ricker

(a) Residence: No. 2823 Pelham Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elizabeth Ricker

6. DATE OF BIRTH (month, day, year) Oct. 18, 1864

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
67	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Metal Ceiling
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor
10. Date deceased last worked at this occupation (month and year) 1929
11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Louis W. Ricker. 7 Glenwood Ave - Catonsville Md.

18. BURIAL, CREMATION, OR REMOVAL Woodland Memorial Park Date Jan. 7 1932

19. UNDERTAKER (Address) Easton Sons Lincoln Ave

20. FILED Jan 6 1932 Thos. H. Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1932 to Jan 4 1932

I last saw him alive on Jan 2 1931 death is said to have occurred on the date stated above, at 5.15 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Arteriosclerosis Indefinite

Other contributory causes of importance:

Cerebral Hemorrhage

Name of operation None Date of

What test confirmed diagnosis? Generally Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Compton M. D.
1932 (Address) 1647 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

Rev.—2-20-29—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75458

CERTIFICATE OF DEATH

E 75458

1—PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. 4425 St., Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Julia Martin

(a) RESIDENCE NO. 4425 St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year) Unknown 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
39	39	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ellicott City Maryland.

PARENTS

10 NAME OF FATHER St. James L. Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Virginia Goodrich

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Mr. Clem Goodrich

(Address) Warrington Ave.

JAN 6 - 1932 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-5-32

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1931 to Jan 5, 1932

that I last saw her alive on January 5, 1932

and that death occurred, on the date stated above, at 11 30 A.m.

The CAUSE OF DEATH* was as follows: Toxaemia [illegible] Cancer Left Breast.

(duration) yrs. 1 mos. da.

CONTRIBUTORY (Secondary) Carcinoma of breast

(duration) 3 yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3/9/30

Was there an autopsy?

What test confirmed diagnosis? Clinical.

(Signed) [illegible] M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Louis Cem.

DATE OF BURIAL Jan 6, 1932

20 UNDERTAKER Easton Sons

ADDRESS Ellicott City

Spec.—9-30—A. & Co.—250 Blks.

E 75459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 E 75459

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2503 Hermosa Ave ST. ... WARD 27-44

2 FULL NAME Joseph ~~M.~~ R. McFalls

(a) RESIDENCE No. 2503 Hermosa Ave ST. ... WARD ...
(Usual place of abode) Unknown (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret McFalls

6 DATE OF BIRTH (month, day, and year) March 14th 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	9	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired 10 yrs
(b) General nature of industry, business, or establishment in which employed (or employer) Merchant
(c) Name of employer Antigue

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS
10 NAME OF FATHER David McFalls
11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania
12 MAIDEN NAME OF MOTHER Esther Green
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Mrs August Temme
(Address) 2503 Hermosa ave.

15 Filed Jan 6 1932 by James H. Bell Registrar
NG - 1932
By ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 5. 1932

17
I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Jan 5, 1932
that I last saw h alive on Jan 5, 1932
and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... Arterio Sclerosis
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of ...
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Claud Bowick M. D.
1/5/32 (Address) 4716 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Columbia Pa. DATE OF BURIAL: Jan. 8 1932

20 UNDERTAKER: Frederick Lasalmt Sons ADDRESS: 2401 Ft. Ave.

Spec. 6-9-31 H. P. Co.—1000 Blks.

75460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59 E 75460

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1518 W. Franklin St. 14-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel Tibbs

(a) RESIDENCE. No. 1518 W. Franklin ST. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): married

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of: Isaac Tibbs

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 48 — Months: — — Days: — — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: James Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Emmaline Rose

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Hilda Kirby 1518 W. Franklin

JAN 8 - 1932 HAMPSON JANES, M. D. Registrar D

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 4 — 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec-31 — 1931 to Jan-3 — 1932

that I last saw h[illegible] alive on Jan 3 — 1932

and that death occurred, on the date stated above, at 11:59 A m.

THE CAUSE OF DEATH was as follows: 1 Diabetes Mellitus

(duration) Unknown

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) W. J. Coleman, M. D.

1932 (Address) 2039 McCulloh

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cook P. O. Gloucester Co. Va.

DATE OF BURIAL: Jan 6, 1932

20 UNDERTAKER: Mrs Katie R. Williams

ADDRESS 3227 Edmondson Ave.

TION is very important. See instructions on back of certificates.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75461

E 75461

CERTIFICATE OF DEATH

Registered No. 93803

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals St. 15-B Ward)

CITY OF BALTIMORE: (No. 30 yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds.

Length of residence in city or town where death occurred

2. FULL NAME Thomas Brown

(a) Residence: No. 1416 Presstman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Hannah
6. DATE OF BIRTH (month, day, year): Mar. ?
7. AGE: Years: Rent 0-50; Months; Days; If LESS than 1 day hrs or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?
10. Date deceased last worked at this occupation (month and year): ?
11. Total time (years) spent in this occupation: ?
12. BIRTHPLACE (city or town) (State or country): Anne Arundle Co. Md.
13. NAME: Ty Brown
14. BIRTHPLACE (city or town) (State or country): / ? Md.
15. MAIDEN NAME: Sophis Alton
16. BIRTHPLACE (city or town) (State or country): ? Md.
17. INFORMANT (Address): Records of Balto. City Hosp.
18. BURIAL, CREMATION, OR REMOVAL: Place Pikesville Date Jan 1 1932
19. UNDERTAKER (Address): Virginia G. Brooke 14. E. St. Paul St

OCCUPATION

MOTHER FATHER

See instructions on back of certificate. OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1931 to Jan. 3, 1932

I last saw him alive on Jan. 3, 1932 to have occurred on the date stated above, at 6:15 P.M. death is said

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr	Dec 1930

Other contributory causes of importance:

Arteriosclerosis
Hypertension

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. Hartigan M. D.

(Address) Balto. City Hosp.

JAN 6 1932

C. HARTLEY JONES M. D.
Registrar

1-50—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75462

CERTIFICATE OF DEATH

16 E 75462

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3925 Cloverhill ST. 72-49 WARD

2-FULL NAME John Armstrong Cygon

(a) RESIDENCE NO. 3925 Cloverhill ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 26 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	6	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Calvert Fire Co. Boston Mass.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Joseph R. Cygon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass.

12 MAIDEN NAME OF MOTHER Grace Armstrong

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mayor Joseph R. Cygon

(Address) 3925 Cloverhill Rd

15 Filed Jan 6 1932 Jos. H. [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Ethyl Chloride Poison Probably - Suicide

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D. Coroner

(Address) 3672 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arlington Mem. Park DATE OF BURIAL: Jan 6 1932

20 UNDERTAKER: Wm. H. Watson & Son ADDRESS: North Ave

9 NHG

AACo. 5-11 2500

75463

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75463

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1703 Rovedale St. 15-67 (Ward) 10

Length of residence in city or town where death occurred 58 yrs. 0 mos. 29 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lyda Jane Small

(a) Residence: No. 1703 Rovedale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm W. Small

6. DATE OF BIRTH (month, day, year) Dec. 5, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME Charles Brown

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Charlotte Ellen

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Wm W. Small

(Address) 1703 Rovedale St.

18. BURIAL, CREMATION, OR REMOVAL Place Londonderry Date Jan 5 1932

19. UNDERTAKER C. M. Wightman Sons & Conkling

(Address) [illegible]

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1931, to Jan 3, 1932

I last saw h-r alive on Jan 3, 1932 death is said to have occurred on the date stated above, at 10 35A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Dec 27/31

Other contributory causes of importance: myocarditis about 1 yr duration

Name of operation none opposed Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. Home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter Dublet, M.D.

(Address) 2220 Garrison Blvd

1-30—M & T—100 M—561.

E 75464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E-75464

186-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital. (St.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret A.Curley.

(a) RESIDENCE NO 1537 Light St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. 1 mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed or divorced (or) WIFE of John Curley.

6 DATE OF BIRTH (month, day, and year) November 4,1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	52	1	30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Bayne.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Marie B.Zett.(daughter)

(Address) 3 W.Clement St.

Filed JAN 8 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) January 3,1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Occidental, fall down stairs.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1537 Light St.

January 8. 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

1/5/32 (Address) 917 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross A.A.Co.	Jan. 6- 1932
UNDERTAKER	ADDRESS
Margaret E. Flynn	1537 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPA-TION is very important. See instructions on back of certificate.

1-30—M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75465

CERTIFICATE OF DEATH

23 E 75465

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital ST. 22-30 WARD

2-FULL NAME Maggie L. Jones

(a) RESIDENCE NO 104 N York St ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua Jones

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs or ___ min.
39 40	39			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 027
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Md

PARENTS

10 NAME OF FATHER Edward Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Joshua Jones

(Address) 104 N York St

Filed 1932 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? 104 N York St

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) D. F. Neptune M.D., M. D. Coroner

1/5, 1932 (Address) 1305 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary Cem	Jan 7 1932
20 UNDERTAKER James A Hayes	ADDRESS 142 W. Hill St

CAUTION is very important. See instructions on back of certificates.

1-20—M. & T.—100 B—501.

E 75466

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75466 ✓

93-004

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 N. Hare ST. 6-11 WARD)

2-FULL NAME Ernst A. Janzen

(a) RESIDENCE NO. 18 N. Hare ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie C. Janzen

6 DATE OF BIRTH (month, day, and year) Jan 10/1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto , Md.

PARENTS

10 NAME OF FATHER Rudolph Janzen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lizzetta Weigel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Minnie C. Janzen (Address) 18 N. Hare St

15 Filed JAN 6 1932, 19[illegible] [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Myocardial Insufficiency

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] M. D. Coroner

Jan 6/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Matthews Cemetary

DATE OF BURIAL Jan 7 1932

20 UNDERTAKER John Merrick

ADDRESS 508 E North Ave

TION is very important. See instructions on back of certificate.

E 75467

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75467

CERTIFICATE OF DEATH

43-003

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Washington Apt St. Charles & Monument Sts. Ward)

(If death occurred in hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sophia Augusta Denison

(a) RESIDENCE NO. Washington Apts (Usual place of abode) ST. WARD

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John M Denison

6 DATE OF BIRTH (month, day, and year) Nov 30-1841

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	90	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: My Ladys Manor Balto Co Md

9 BIRTHPLACE (city or town) (State or country): John Bacon Pearce My Ladys Manor Balto Co Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: Sophia Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Interment (Address): John M Denison Lorraine Pa. (Son)

JAN 6 - 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5/32

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 1931 to Jan 5 1932.

That I last saw her alive on Jan 4 1932

and that death occurred, on the date stated above, at 9 AM.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 4 yrs. 1 mos. 0 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. 2 mos. 0 ds.

Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

Signed: Gudeis Fridmood M. D.

Jan 5 1932 (Address) 1013 St Charles

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount — DATE OF BURIAL: Jan 6 1932

20 UNDERTAKER: Henry W Jenkins Sons — ADDRESS: W Eutaw & Orchard Sts

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75468

CERTIFICATE OF DEATH

131 V E 75468

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 509 Norris St. 19-27 WARD 1

2 FULL NAME Mallon Cooper

(a) RESIDENCE NO. 509 Norris ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Cooper

6 DATE OF BIRTH (month, day, and year): Jan 30 1872

7 AGE: Years 59 | Months 8 | Days 5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): O'Donnell

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Ralph Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Rachel McDaniel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Annie Cooper

(Address): 509 Norris St

15 Filed: NOV - 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 3 1932

17

I HEREBY CERTIFY, That I attended deceased from Nov 21, 1931, to Jan 3, 1932

that I last saw him alive on Dec 30, 1931

and that death occurred, on the date stated above, at 11 20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. William Frey M. D.

1-7-1932 (Address) 1924 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Jan 6 1932

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Pennsylvania Ave

TION is very important. See instructions on back of certificates.

AACo. 3-11-2028

E 75469 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 75469

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 21-29 ..... Ward)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U.S. If of foreign birth 8 yrs. ... mos. ... ds.

2. FULL NAME John Budacovich or Budrevicus

(a) Residence: No. 1326 Ridgely St. St., ... Ward. .....
(Usual place of abode) 40 (If non-resident give city or town and State) 40

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	?

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	67?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Lithuania

FATHER

13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jany. 7. 1932

19. UNDERTAKER John Grepliauckas J. G.
(Address) 423 S. Pace Street

Jan 6 - 1932 19.. [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1931 to Jan. 4, 1932

I last saw him alive on Jan. 4, 1932 death is said to have occurred on the date stated above, at 3:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypocystitis, chr	unknown

Other contributory causes of importance:

Malnutrition	
Arteriosclerosis	Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas. Thurston Jr. M. D.

(Address) Balto. City Hosp.

Form—3-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75470

CERTIFICATE OF DEATH

46 E 75470

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2037 E. Balto ST. 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Garnain S. Greenstein

(a) RESIDENCE NO. 2037 E. Balto. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Mas	Wh	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Goldie Greenstein

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Sam Greenstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Diana

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Levin Jr

(Address) 1439 E. Balto St.

15 Filed JAN 6 - 1932 JAMES H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 5 / 32

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1931 to Jan 5 1932, that I last saw h[im] alive on Jan. 5 1932 and that death occurred, on the date stated above, at 6.20 p m.

The CAUSE OF DEATH* was as follows:

Malignant Growth of the abdomen with Metastasis in the liver

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam & autopsy

(Signed) A. F. Reis, M. D.

Jan 5, 1932 (Address) 24 S. Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Herring Run	1-6 1932
20 UNDERTAKER Jack Levin Jr	ADDRESS 1439 E Balto St

important. See instructions on back of certificate.

1-30—M. & T.—100 M—801.

E 75471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75471

REGISTERED NO. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto General St. 13-59 WARD)

2-FULL NAME Isaac Harris

(a) RESIDENCE NO. Edmondson apt (Brookfield + Whitelock) ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mr.	Wh.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Harris

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Jacob Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ida

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Isaac Cohen

(Address) 2974 Eutaw Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 5th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Suicide Hemorrhage due to gunshot wound of chest

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Brookfield + Whitelock St.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bigelow

(Signed) H. E. Smith, M. D. Coroner

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Hevrag Ass	1-6 1932
20 UNDERTAKER Jack Levin Inc	ADDRESS 1439 E Balt St

TION is very important. See instructions on back of certificate.

AaCo. 5-31 2508

Freedom

E 75472 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75472

CERTIFICATE OF DEATH

131V

Registered No. 16-68

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Ashburton St. St. (Ward) 25

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Reba Cohen

(a) Residence: No. 1612 Ashburton St. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jeye Cohen

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Kaplan

(Address) 612 Ashburton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Date 1-6- 1932

19. UNDERTAKER Jacob Levin, Inc

(Address) 1431 E Balt St

20. FILED JAN 6 - 1932 HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6-32. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1931 to Jan 5. 1932

I last saw her alive on Jan 5. 1932 death is said to have occurred on the date stated above, at 4:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cardio Renal Vascular	

Other contributory causes of importance:

Old age

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. G. Friedman M. D.

(Address) 1418 E. Fayette

OCCUPATION is very important. See instructions on back of certificate.

AACo 5-11-2005

E 75473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83 E 75473

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 S. Monley St. 20-26 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Caughy

(a) Residence: No. 104 S Monley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 7-1900

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min
	31	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Baltimore maryland

13. NAME John H Caughy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Eliz Mc Mahon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Ralph Caughy
(Address) 104 S. Monley St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cem Date Jan 7th 1932

19. UNDERTAKER A. Jones
(Address) 111 S Gilmor st

20. [illegible] JAN 6 - 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4-32

22. I HEREBY CERTIFY, That I attended deceased from June 20th 1931 to Jan 4 1932
I last saw h[illegible] alive on Jan 3 1932 death is said to have occurred on the date stated above, 7-30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mental Shock causing a brain condition Undiagnosed	2 yrs.

Other contributory causes of importance:
Malnutrition emaciation
Wt. at death 50 lbs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify.

(Signed) Benj O'Mc Cleary M. D.
(Address) 400 N Payson St.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

✓ E 75474

75474

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1351 N. Fremont Ave. (St.) (Ward) 17-23

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Gaines

(a) RESIDENCE NO. 1351 N. Fremont Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Joseph Gaines.

6 DATE OF BIRTH (month, day, and year) Dec 28, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	—	—	8

8 OCCUPATION OF DEGREASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Wilkins Downs
11 BIRTHPLACE OF FATHER (city or town) (State or country) md
12 MAIDEN NAME OF MOTHER Annie Osborne
13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Joseph Gaines
(Address) 1351 N. Fremont Ave.

15 Filed ... 19 ... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5th 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931, to Jan 5th, 32.
that I last saw her alive on Jan 3rd, 1932
and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Sub-Acute Endocarditis

(duration) — yrs. 4 mos — ds.

CONTRIBUTORY (Secondary) Rheumatic Heart not known
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown.
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical

(Signed) Harry F Bunson, M. D.
1/6, 1932 (Address) 1916 Penna ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL 1-7 1932

UNDERTAKER David Taylor — ADDRESS 916 Pa ave

1-30—M. & T.—100 B—50L.

E 75475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

REGISTERED NO. E 75475

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2502 Solem Ave ST.) (WARD) 43-59

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matter Latham

(a) RESIDENCE NO 2502 Solem Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	3		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City

PARENTS

10 NAME OF FATHER Richmond Latham

11 BIRTHPLACE OF FATHER (city or town) (State or country) R. Island

12 MAIDEN NAME OF MOTHER Louise Gaines

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Richmond Latham
(Address) 2502 Solem Ave

15 Filed ..... 19..... Registrar

16 - 1932. HARRY COLE, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/4 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Primary Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Harry Norman, M. D.
Coroner

1/5, 1932 (Address) 3622 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Jan 6 1932
20 UNDERTAKER Daniel Easton	ADDRESS 916 Pa Ave

TION is very important. See instructions on back of certificate.

AACo. 1-11-1928

E 75476 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75476

CERTIFICATE OF DEATH

#6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 S Patapsco St., 24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catharine Schuler

(a) Residence: No. 1101 S Patapsco St., 24 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed or divorced: HUSBAND of (or) WIFE of Joseph Schuler.

6. DATE OF BIRTH (month, day, year) May 15 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	21 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME Joseph Schuler.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Cora Murphy
(Address) 3212 McElderry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Park Date Jan 7, 1932

19. UNDERTAKER
(Address) 403 Gorsuch Ave

20. FILED JAN 6 1932 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1931 to Jan 5, 1932

I last saw h-r alive on Jan 4, 1932 death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Pancreas — Date of onset

Other contributory causes of importance:

Name of operation Laparotomy Date of Oct 26, 31

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J Joseph Fowler M. D.

(Address) 500 S. Ellwood Ave

AACo. S-B 2500

E 75477

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75477

CERTIFICATE OF DEATH

Registered No. 72-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4002 Gramercy Ave St. 15-63 Ward(s)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bailey Eleisman

(a) Residence: No. 4002 Gramercy Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Divorced

5a. If married, widowed, or divorced: WIFE of (or) HUSBAND of Bernard Eleisman

6. DATE OF BIRTH (month, day, year) Dec 11 - 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	60		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Isreal Friedlander

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Jack Levis Son

18. BURIAL, CREMATION, OR REMOVAL. Hebrew Memorial Park Date 1-6 1932

19. UNDERTAKER (Address) Jake Levis Son 1002 E. Baltimore St.

FILED JAN 6 - 1932 C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1928 to Jan 6 1932

I last saw her alive on Jan 6, 1932 death is said to have occurred on the date stated above, at 4.45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Splenomyelogenous Leukemia	1927

Other contributory causes of importance:

Right pleural Effusion & acute Myocardial Dilatation — 5 days

Name of operation — Date of

What test confirmed diagnosis? Blood & Physical exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm E Levin

(Address) 1800 N. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-11 2108

HEALTH DEPARTMENT CITY OF BALTIMORE

E 3-27 / E 75478

CERTIFICATE OF DEATH

X 13 / E 75478

JOHNS HOPKINS HOSPITAL

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marshall Miller

(a) Residence: No. Albemarle-Un. Pa. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	divorced

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month day year) Feb. 10-1871

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
60	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Un. Pa.

FATHER
13. NAME Solomon Miller
14. BIRTHPLACE (city or town) (State or country) Un. Pa.

MOTHER
15. MAIDEN NAME Hester Simon
16. BIRTHPLACE (city or town) (State or country) Un. Pa.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Terra Alta W Va Date Jan 11 1932

19. UNDERTAKER Joseph Abrams & Son
(Address) 1 E Pleasant

FILED JAN 6 1932 C. HAMPSON JONES, M.D. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) Jan 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1931 to Jan 6 1932
I last saw he alive on Jan 6 1932 death is said to have occurred on the date stated above, at 9:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1920
Chronic arteriosclerotic nephritis	1922
Benign prostatic hypertrophy	1930
Other contributory causes of importance:	
Pyelonephritis Dec. 7	1931
Uremia Dec. 7	1931

Name of operation None Date of
What test confirmed diagnosis Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irving D. and Thrasher M. D.
(Address) Johns Hopkins Hospital

AACo. 1-31 2500

E 75479 HEALTH DEPARTMENT CITY OF BALTIMORE

254376

CERTIFICATE OF DEATH

147 E 75479

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. S. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Booker

(a) Residence: No. 1218 E Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 4-1904

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	27	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Dulaney Cem. Date Jan 7th 1932

19. UNDERTAKER Bacon Knight
(Address) 12 E Preston St

19. FILED JAN 6 1932 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 , 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 , 1931 to Jan 2 , 1932

I last saw her alive on Jan 2 1932 death is said to have occurred on the date stated above, at 5.50A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	Dec 31, 1931
Hypertension	Aug 1931
Toxemia of Pregnancy	Aug 1931
Pulmonary edema	Dec 31, 1931

Other contributory causes of importance:

Chronic Nephritis	?
Arteriosclerosis	?
Myocardial Insufficiency	Dec 1931

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F E Snyder M. D.

(Address) Johns Hopkins Hospital

AaCo. 5-11 2500

E 75180 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 75180

CERTIFICATE OF DEATH

Registered No. 1592

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. V. Hospital St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Fox #1

(a) Residence: No. 022 Wilkstreet St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/29/31

7. AGE	Years	Months	Days	If LESS than 1 day, 2 hrs or min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) U. Hosp Baltimore Md

FATHER

13. NAME Lee Williams
14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Louise Fox
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Mother

18. BURIAL, CREMATION, OR REMOVAL Date JAN 6 - 1932 19
Place

19. UNDERTAKER (Address)

FILED JAN 6 1932, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/29/1931

22. I HEREBY CERTIFY, That I attended deceased from 12/29/31, 19__, to 12/29/31, 19__

I last saw him alive on 12/29/31, 19__, death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
(Mid Pregnancy)	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Louis D. Rodriguez M. D.

(Address) Louis D. Rodriguez

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75481

E 75481

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 N. Fuzeine ave 6-10 31 (Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. if of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Stephen B Driskell

(a) Residence: No. 6 N. Fuzeine ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of Sarah Driskell

6. DATE OF BIRTH (month, day, year) Jan 3 1866

7. AGE: Years 66 | Months | Days | If LESS than 1 day ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

OCCUPATION

12. BIRTHPLACE (city or town) (State or country) Balt

13. NAME Wm Driskell

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Sarah Driskell

16. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

17. INFORMANT Wm. Driskell 6 N. Fuzeine ave
(Address)

18. BURIAL, CREMATION OR REMOVAL. Place Lutherdale 1/7/ 1932

19. UNDERTAKER (Address) Jay E. Baltzell

Registrar

20. FILED 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/4/ 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 1931, to Jan 4 1932

I last saw him alive on Dec 30 1931 death is said to have occurred on the date stated above, at 5:30a m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nefritis Arteriosclerosis Myocarditis — Date of onset: uncertain — 3 yrs.

Other contributory causes of importance:

Edema of heart — 6 months

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased no If so, specify

(Signed) H. J. Lankin M. D.

(Address) 1192 N. Milton ave

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75482

CERTIFICATE OF DEATH

E 75482

Registered No. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 S. Eagle St. 26-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 7 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Bernadine Grassner

(a) Residence: No. 801 S. Eagle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

6a. If married, widowed, or divorced (or) WIFE of Francis Grassner

6. DATE OF BIRTH (month day year) Dec. 26 1866

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	65		9 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

MOTHER FATHER

13. NAME Dalton

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lorbach

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lena Grassner

(Address)

18. BURIAL, CREMATION OR REMOVAL Place Loudon Park Date 1/7 1932

19. UNDERTAKER J. Zadek Baltz

(Address)

20. FILED 6-1932 C. HAMPSON JONES, M. D. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) Jan 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1931 to Jan 4 1932

I last saw h alive on Jan 3 1932 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cancer of Liver. — Date of onset

Other contributory causes of importance: Diabetes. —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) W. E. McClanahan M. D.

(Address) 3508 Dunkirk Rd.

AACo. 5-H 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75483

CERTIFICATE OF DEATH

131 E 75483

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3127 Clarinda St. 07-43 Ward)

Length of residence in city or town where death occurred 53 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maria Remesch

(a) Residence: No. 3127 Clarinda ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Married

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Martin P. Remesch

6. DATE OF BIRTH (month, day, year): Jul 7 1878

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	53	4 3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Home 37
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hungary

FATHER
13. NAME: Karl Pfeffer
14. BIRTHPLACE (city or town) (State or country): Hungary

MOTHER
15. MAIDEN NAME: Susanna Martin
16. BIRTHPLACE (city or town) (State or country): Hungary

17. INFORMANT: Brother, Remesch
(Address): 3127 Clarinda ave

18. BURIAL, CREMATION, OR REMOVAL
Place: 1-7-32 Forest Lawn Cemy
19. UNDERTAKER: John A. Moran
(Address): 3007 Baltimore

20. FILED: 6-1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-4- 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1929 to Jan 4th 1932
I last saw her alive on Jan 4th 1932 and death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	1-4-32
Other contributory causes of importance: Arteriosclerosis and Chronic Interstitial Nephritis	about 1921

Name of operation: none Date of:
What test confirmed diagnosis: Physical findings Was autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. B. Cutler Lowe M. D.
(Address) 1901 Eutaw Place

See instructions on back of certificate. OCCUPATION is very important.

Spec.—1-30—M. & T.—250 Bks.

E 75484

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75484

CERTIFICATE OF DEATH.

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3802 Milford Ave ST. 28-63 WARD

2-FULL NAME John Frazier Clarke

(a) RESIDENCE NO. 3802 Milford Ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Fannie Linden Clarke

6 DATE OF BIRTH (month, day, and year) June 2 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Letter

(b) General nature of industry, business, or establishment in which employed (or employer) Carrier 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Evansville Ind

PARENTS

10 NAME OF FATHER John D Clarke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scot Known

12 MAIDEN NAME OF MOTHER Henrietta Frazier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D C

14 Informant Mrs Fannie L Clarke

(Address) 3802 Milford Ave

Filed JAN 6 - 1932 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN 6 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1932 to Jan 6, 1932

that I last saw him alive on Jan 6, 1932

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) _____ yrs. _____ mos _____ ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of _____

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Gilbert, M. D.

, 19 (Address) 1 West Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Rosedale Md

DATE OF BURIAL JAN 8 - 1932

UNDERTAKER Geo N Lotter

ADDRESS 1004 EDMONDSON AVE.

TION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

75185 HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 E 75485

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 8-12 Ward)

Length of residence in city or town where death occurred 1 yrs ... mos ... da. How long in U.S. If of foreign birth? ... yrs ... mos ... da

2. FULL NAME Norman Hecker

(a) Residence: No. 1123 N. Milton Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Sept 26 1930

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	1	3 15	9 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Isaac Hecker
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Warden
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records.
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Nov 5 1932

19. UNDERTAKER Wm. Cook & Son
(Address) 1711 E. Fayette St.

20. FILED ..... 19 ..... R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 3rd, 1932, to Jan 5th, 1932

I last saw him alive on Jan 5th 1932 death is said to have occurred on the date stated above, at 10 am

The principal cause of death and related causes of importance were as follows:

Pneumonia & Entire Consolidation — Date of onset 1-1-32

Other contributory causes of importance:

Cardiac — 1-4-32
Pneumonia, Secondary — 1-4-32

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Beckwith M. D.
(Address) Johns Hopkins Hosp.

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

Spec.—2-19-29—L. F. S.—500 Bks.

E 75486

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75486

CERTIFICATE OF DEATH

108

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2810 Christopher Ave. 27-42 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Walter R. Wright

(a) RESIDENCE NO. 2810 Christopher Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva C. Wright

6 DATE OF BIRTH (month, day, and year) Aug. 25, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	4	12	11

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Dept. Store

(c) Name of employer Stewart Co.

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Rupert W. Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Rockland, Del.

12 MAIDEN NAME OF MOTHER Catherine Wagner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Mrs. Catherine Wright (mother)

(Address) 879 N. Howard St.

15 Filed JAN 6 1932, 19 CHARLTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6, 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1931, to Jan 6, 1932

that I last saw him alive on Jan 6, 1932

and that death occurred, on the date stated above, at 1 10 A. m.

The CAUSE OF DEATH* was as follows)

Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical evidence

(Signed) Wm. B. Sybert, M. D.

19 (Address) 2807 Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood	1/8 1932
20 UNDERTAKER Wm Cook	ADDRESS 1217 E Pratt St

Important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 75487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

193 E 75487

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Clifton Park Mansion ST. 27-43 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry J. Fenwick

(a) RESIDENCE NO. 6103 Fair Oaks Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence E. Fenwick

6 DATE OF BIRTH (month, day, and year) May 5/1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	8	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Electrician
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer American St. Lighting Co

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John F. Fenwick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Florence E. Fenwick (Address) 6103 Fair Oaks Ave

15 Filed NOV 6 1932 16 C. HAMPSON JONES, M. D. Registrar By RFH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Electrocuted while working on transformer in Clifton Park Mansion House. Accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Co (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

Jan 5/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL 11/8 1932

20 UNDERTAKER [signature] — ADDRESS 1217 W. Coulter

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T.—100 B—50L

E 75488

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75488

CERTIFICATE OF DEATH

59

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp ST. 17-24 (WARD)

2-FULL NAME Ellie M. Willis.

(a) RESIDENCE NO. 582 St Mary's ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Col 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Willis

6 DATE OF BIRTH (month, day, and year) 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer N.C.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) 582 St Mary's

15 Filed JAN 7 1932 H. HANSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, au- topsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leslie Corner Coroner, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	1-7 1932
20 UNDERTAKER Grant Easton	ADDRESS E/L Paca

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A4Co. 5-31 1908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75489

23

Registered No. 4096

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1929 E. Lombard Street St. 2-4 Ward)

Length of residence in city or town where death occurred 55 yrs. 3 mos. 29 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Dietz

(a) Residence: No. 1929 E. Lombard Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) 9-7-1876

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	55	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 67

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saleslady

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Dietz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Dietz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Minnie Dietz
(Address) 1929 E. Lombard Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 1-9-1932 19

19. UNDERTAKER Geo. Peter Sons
(Address) 1735 Hanford Avenue

20. FILED N 1 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1932 to Jan 5 1932

I last saw h[illegible] alive on Jan 6 1932 death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1929

Other contributory causes of importance:
Acute Dilatation of Heart

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph Sindler M. D.
(Address) 2345 Eutaw Place

Directions on back of certificate. Each question is very important. See instructions on back of certificate.

AACo. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75490

E 75490 83

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 5-8 (Ward)

Length of residence in city or town where death occurred 1/6 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Sparks

(a) Residence: No. 1007 E. Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month day year) Dec 30, 1931

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
		1 day	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Bessie Sparks

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Records. JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place [illegible] Date Jan 7, 1932

19. UNDERTAKER Mc. Neil Elliott
(Address) [illegible]

FILED Jan 7 1932, 19... [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5th, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 24, 1931, to January 5th, 1932

I last saw h[illegible] alive on January 5th 1932 death is said to have occurred on the date stated above, at 8 40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Syphilis	Birth
	12-20-31

(Other contributory causes of importance:

Bronchitis	about 12-24-31

Name of operation ..... Date of .....

What test confirmed diagnosis? W.R. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John A. Washington M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

B 75191

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 75191

CERTIFICATE OF DEATH

V 72-001

1 PLACE OF DEATH Sinai Hosp

REGISTERED NO 19-28

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No ... St. ... WARD

2 FULL NAME Mrs. Rose Stein

(a) RESIDENCE NO 109 S. Gilmor St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred .5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Stein

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Philip Deckelbaum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Esther Maltin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Samuel Stein 109 S. Gilmor St

Filed JAN 7 - 1932 C. H. ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1932

17

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931 to Jan 6, 1932

that I last saw h[illegible] alive on Jan 6, 1932

and that death occurred, on the date stated above, at 7 9 m.

The CAUSE OF DEATH* was as follows:

Acute Myeloid Leukemia

(duration) yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Exam.

(Signed) Milton B. Cursh M. D.

, 19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Beth Jehudah Cemetary	1-7- 1932
20 UNDERTAKER	ADDRESS
Ner Israel, Inc.	1431 E. Dale St

CAUSE OF DEATH must be plainly written, and must not be abbreviated. Any certificate not filled out in accordance with these instructions may be returned for correction. IMPORTANT. See instructions on back of certificates.

AaCo. 5 11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 55392 — JOHNS HOPKINS HOSPITAL — 1315 E 75492

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St., 19-26 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8/12 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Greenwood

(a) Residence: No. 324 N Carey St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Black	(illegible)

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of (illegible)

6. DATE OF BIRTH (month, day, year) (illegible)

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H-W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME George Brown

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Eliza Parker

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Jan 5 1932

19. UNDERTAKER Joseph A. Sisly

(Address) 1611 Mount Street

20. FILED 1932 H. HANLEY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1931, to Jan 4, 1932

I last saw h[illegible] alive on Jan 4, 1932 death is said to have occurred on the date stated above, at 305 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis, hypertension	several yrs
arterio sclerosis, chr nephritis	prob 6 yrs
uremia	12/31
Cardiac failure	

(Other contributory causes of importance)

Name of operation Date of

What test confirmed diagnosis? NCA Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm Nicholson, M. D.

(Address) J. Hopkins Hosp

See back of certificate. OCCUPATION is very important. See instructions on

1-20—M & T.—100 M—50L

E 75493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

709 E 75493

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (St.) 12-51 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alford Jones

(a) RESIDENCE NO. 2409 Mate ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Jones

6 DATE OF BIRTH (month, day, and year) Aug. 11 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER William Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. H. Jones

(Address) 2409 Mate St

15 Filed JAN 4 1932 Clarence J. Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to true death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage into Cerebellum

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fractured Skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Fell on Pavement

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Eugene Talbot, M. D. Coroner

1/5, 1932 (Address) 2709 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Lebanon Cemetery	Jan 6 1932
20 UNDERTAKER Thomas S. Kelson	ADDRESS 1303 Pennsylvania Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N 1-1932

AACo. 5-31 2108

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75494 CERTIFICATE OF DEATH 159 E 75494

1. PLACE OF DEATH University Hospital Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4-38 St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Franks #1

(a) Residence: No. 3213 Mc Shannahay St., 1 Ward. Dundalk, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/28/31

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		4 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~None~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Peter Franks

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Amandelli

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/28/31, 1931 to 1/2/32, 1932
I last saw her alive on 1/2/32, 1932 death is said to have occurred on the date stated above, at 6:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	12/28/31

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. H. Davis M. D.
(Address) University Hospital

STATE CAUSE OF DEATH in plain terms. Do not use abbreviations or OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND JAN 5 1932

AaCo. S-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

L° 75495

CERTIFICATE OF DEATH

159 E 75495

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. W-30 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos ... ds. How long in U. S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Baby girl Franks #2

(a) Residence: No. 3213 McShane way St., ... Ward. Dundalk Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/28/31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. ... min.
			3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Peter Franks

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Dwandell

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19...

19. UNDERTAKER
(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/31, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12/28/31, 19..., to December 31, 1931

I last saw her alive on Dec. 31, 1931 death is said to have occurred on the date stated above, at 10 45 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	12/28/31

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Maurice Feinstein M. D.

(Address) University Hospital.

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

UNIVERSITY OF MARYLAND 1932

JAN 7 1932

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75496

92-001 E 75496

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Johns Hopkins Hospital St. 2 Ward 9)

2-FULL NAME [illegible]

(a) RESIDENCE NO. [illegible] St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	C	

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	37			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work [illegible]
(b) General nature of industry, business, or establishment in which employed (or employer) 04
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) [illegible]

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town)
(State or country) [illegible]

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant [illegible]
(Address)

15 Filed JAN 7 - 1932, 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said [illegible] (Inquest, autopsy or inquiry) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

[illegible]

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

JAN 7 - 1932 JOHNS HOPKINS HOSPITAL

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—60L

HEALTH DEPARTMENT—CITY OF BALTIMORE E 75497

CERTIFICATE OF DEATH

E 75497

93-003

1-PLACE OF DEATH

CITY of BALTIMORE: (a) No. 1714 Ething St 14-20 WARD

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Moses Watkins

(a) RESIDENCE No. 1714 Ething St., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Watkins

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): do
(c) Name of employer: Calvert Coe mud

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Wm Watkins

(Address) 1112 Woodyear

15 Filed JAN 7 1932, 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) ..... Coroner, M. D.

(Address) 649 [illegible] Corner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: JAN 7 - 1932, 19

20 UNDERTAKER

ADDRESS

JAN 7 1932

Health Commissioner

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A&Co. 5-H 2908

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75498

CERTIFICATE OF DEATH

3rd E 75498

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 21-34 Ward)

Length of residence in city or town where death occurred ? yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew Jones

(a) Residence: No. 1121 S. Brisco St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nettie

6. DATE OF BIRTH (month, day, year): June 1, ?

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	45	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: Eophram Jones

14. BIRTHPLACE (city or town) (State or country): ? Va.

MOTHER

15. MAIDEN NAME: Sally Jones

16. BIRTHPLACE (city or town) (State or country): ? Va.

17. INFORMANT (Address): Records of B.C.H.

18. BURIAL, CREMATION, OR REMOVAL: Place: Auburn Date: Jan 7 1932

19. UNDERTAKER (Address): Sam'l R. Chase Jan 638 N. Gilmor St

20. FILED ... 1932 ... Registrar

AN 7 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1931 to Jan. 4, 1932

I last saw him alive on Jan. 4, 1932 death is said to have occurred on the date stated above, at 12:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis ? Aorta with Aortic Insufficiency	9 months
(Other contributory causes of importance:)	
Myocardial insufficiency	1 month

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Finnell M. D.

(Address) Balto. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 75499

E 75499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3214 Whitelaw ave ST. 27-43 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chas. G. Hyle

(a) RESIDENCE NO. 3214 Whitelaw ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Chester G. Hyle

6 DATE OF BIRTH (month, day, and year) Oct 12 - 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Peter Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Harriet Shuff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Chester G. Hyle (Address) 3214 Whitelaw ave

15 Filed JAN 1 - 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1932

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to Jan 6, 1932 that I last saw h[e] alive on Jan 6, 1932 and that death occurred, on the date stated above, at 10.45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Embolism

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical

(Signed) Dwight L. Dye M. D.

Jan 6 1932 (Address) 5304 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilkinson Cemetery

DATE OF BURIAL 1-7 1932

20 UNDERTAKER Leonard Rund

ADDRESS 5303 Harford Rd

CAUSE OF DEATH to be filled in plain terms, so that it may be properly classified. See instructions on back of certificate. IMPORTANT. ATTENTION is very important.

A&Co. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75500

CERTIFICATE OF DEATH

82 E 75500

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Marlborough Apts. 10 E. 14-20 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa H. Leopold

(a) Residence: No. Marlborough Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Isaac Leopold

6. DATE OF BIRTH (month, day, year) Nov. 26, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	1	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER
13. NAME Samuel Heinemann
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Hennie Sonneborn
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. S. Brager
(Address) Pikesville, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Oheb Shalom Date 1/8/ 1932

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place.

20. FILED 1932 FRANCIS X. JAMES, M. D.
Registrar.
By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7, 1932

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from Jan. 5, 1931, to Jan. 7th, 1932
I last saw her alive on Jan 6, 1932 death is said to have occurred on the date stated above, at 7.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Agranulocytosis	
Other contributory causes of importance: Cerebral Hemorrhage	

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene F. Leopold, M. D.
(Address) 200 W Lafayette Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75501

CERTIFICATE OF DEATH

93-98 E 75501

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 Forrest St. ST. 5-8 WARD)

2-FULL NAME Lewis E.Gill.

(a) RESIDENCE NO 614 Forrest St. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) February 2,1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	11	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Labofer
(b) General nature of industry, business, or establishment in which employed (or employer): Con.Gas & E.Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Butler, Md.

PARENTS

10 NAME OF FATHER: Jacob R.Gill.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co.Md.

12 MAIDEN NAME OF MOTHER: Sarah M.Nay lor.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto.Co.Md.

14 Informant: George A.Gill.(brother)

(Address): Riderwood, Balto.Co.Md.

Filed JAN 7 1932 HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 7,1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evideoce obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hyocardial Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) Otto M. Reinhardt, M. D. Coroner

1/7/32 (Address) 1017 E.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Grove	Jan. 9 1932
20 UNDERTAKER John Burns Sons	ADDRESS Towson.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item on this certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

75502

CERTIFICATE OF DEATH.

107-201 E 75502

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 McCabe Avenue ST. 27-48 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Henry Christ, Jr.

(a) RESIDENCE NO. 709 McCabe Avenue ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 4 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 14, 1931.

7 AGE	Years	Months	Days	If LESS than 1 day, 12 hrs or 50 min.
	—	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Henry Christ

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hughesville, Md.

12 MAIDEN NAME OF MOTHER Gladys Burkhardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant George H. Christ (Address) 709 W. McCabe Avenue

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6 1932.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 4 .1932. to Jan. 6 .1932.

that I last saw him alive on Jan. 6 .1932.

and that death occurred, on the date stated above, at 12 50 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia.

(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. Cole, M. D.

Jan 6. 1932 (Address) 6014 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Jan 8 1932
20 UNDERTAKER	ADDRESS
J. Henry Lutz	1203 N. Broadway

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spen—12-9-25—A Co.—200 Blks.

E 75503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-09

E 75503

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2211 Rogers Ave St., 27-54 Ward)

2-FULL NAME Miss Hannah Cornelius

(a) RESIDENCE NO. Home for the Aged of the M. E. Church St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 25 - 1855

7 AGE: Years 76; Months 5; Days 11; IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): ~~Home~~

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John H. Cornelius

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Charlotte Evans.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harford Co. Md.

14 Informant (Address): Etta Cuddy 2211 Rogers Ave -

Filed ... 19 ... Registrar

C. HAMPTON JANES

JAN 7 - 1932

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) 19 Jany 6 - 1932

17 I HEREBY CERTIFY, That I attended deceased from Jany 2 1932, to Jany 6, 1932; that I last saw h e alive on Jany 6, 1932; and that death occurred, on the date stated above, at 3.45 p. m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of ... 19 ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical Methods

(Signed) George E Shannon, M. D.

1/6, 1932 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount. Date of Burial: Jan. 8, 1932

20 UNDERTAKER: John O. Mitchell & Sons ADDRESS: 1900 Eutaw Pl

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 75504

E 75504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-004

1 PLACE OF DEATH Homewood Apartments

CITY OF BALTIMORE (No. Charles & 31st St St) (12-50 WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Annie Wentz

(a) RESIDENCE No. Homewood Apartments St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 2, 1850

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	82	—	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (City or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Dr. John B. Mentz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Eliz. Mauch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs Francis M. Turner Hammond St

JAN 7 - 1932 HAMPSON JAMES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 6, 1932

17

I HEREBY CERTIFY, That I attended deceased from May, 1928, to January 6, 1932

that I last saw h[illegible] alive on January 6, 1932

and that death occurred, on the date stated above, at 12.05 p. m.

The CAUSE OF DEATH* was as follows:

arteriosclerosis. hypertension.
left hemiplegia (Jan) 1931.

(duration) Several. yrs. mos. ds.

CONTRIBUTORY (Secondary) bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical & laboratory tests

(Signed) Randall Smith, Jr. M. D.

19 (Address) 927 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Jany 8 1932

20 UNDERTAKER: John Otterdurf Inc — ADDRESS: Eutaw

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS

Cor.—10-10-29—A Co.—100 Bks.

E 75505

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75505

CERTIFICATE OF DEATH

99

1-PLACE OF DEATH

City of Baltimore: (No. 2514 E Madison St. 7th Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Albert Roper

(a) RESIDENCE NO. 2514 E Madison St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lunal. Roper

6 DATE OF BIRTH (month, day, and year) June 18 1876

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	56	6	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Repair Lineman
(b) General nature of industry, business, or establishment in which employed (or employer) B&O RR.
(c) Name of employer

9 BIRTHPLACE (city or town) Charlestown
(State or country) W Va

PARENTS

10 NAME OF FATHER Roper

11 BIRTHPLACE OF FATHER (city or town)
(State or country) W Va

12 MAIDEN NAME OF MOTHER Hedges

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) W Va

14 Informant Miss Lunal V. Roper
(Address) 2514 E. Madison

15 Filed JAN 7 - 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5/32 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cardiac Embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no (Dr. Lennan

What test confirmed diagnosis? Death reported by

(Signed) J. E. Lennan, M. D.

Jan 6/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Jan. 8 1932
20 UNDERTAKER	ADDRESS
Wm C. Mitchell & Son	1900 Eutaw St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 1-31-2000

E 75506 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

119 E 75506

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 E Lanvale St., 9-18 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs 9 mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Arrie M. Marson

(a) Residence: No. 1000 E Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 24 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER FATHER

13. NAME Arrie M Marson

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Emma M Bohrmuth

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Arrie M Marson
(Address) 1000 E Lanvale

18. BURIAL, CREMATION, OR REMOVAL
Place St Pts Cathedral Date Jan. 9 1932.

19. UNDERTAKER John Dillon
(Address) 2201 Pennsylvania Ave

JAN 7 1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) Jan 6th, 1932

22. I, HEREBY CERTIFY, That I attended deceased from 1/6/32, 19 ... to 1/6/32, 19 ...

I last saw him alive on 1/6/32 19 ... death is said to have occurred on the date stated above, at 1 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Colitis	About 1/1/32

Other contributory causes of importance: ...

Name of operation ... Date of ...

What test confirmed diagnosis None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Nate C Bacon, M. D.
(Address) 1002 20

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 1-31 2000

E 75507

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75507

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3570 Garrison Av. St. 15-63 (Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amanda C. Brown

(a) Residence: No. 3570 Garrison Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Ellicot City Maryland

13. NAME Edward Brown

14. BIRTHPLACE (city or town) (State or country) Ellicott City Maryland

15. MAIDEN NAME Elizabeth Nelson

16. BIRTHPLACE (city or town) (State or country) Ellicott City Maryland

17. INFORMANT Mrs Brown

(Address) 3570 Garrison Av

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery, Baltimore City Date Jan 1932

19. UNDERTAKER D. S. Marshall

(Address) 3539 Fallsway

JAN 7 1932 CLAMPETT JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 3rd, 1932 to Jan 5th, 1932

I last saw her alive on Jan 5th, 1932 death is said to have occurred on the date stated above, at 6.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Jan 3rd

Other contributory causes of importance:

Arterio-Sclerosis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following.
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. B. Burns M. D.

(Address) 4936 Park Hgts Ave Baltimore

INFORMATION—should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spar.—9-30—A. & Co.—250 Blks

V

75508 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75508

CERTIFICATE OF DEATH

92-001

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1610 Cherry St 25-77 Ward 17)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anna B. Dwyer

(a) RESIDENCE NO. 1610 Cherry St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
WIFE of Joseph P. Dwyer

6 DATE OF BIRTH (month, day, and year) Apr. 15, 1868

7 AGE — Years: 63 — Months: 9 — Days: 21
If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Switzerland

PARENTS
10 NAME OF FATHER: John Meier
11 BIRTHPLACE OF FATHER (City or town) (State or country): Switzerland
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (City or town) (State or country): Unknown

14 Informant: Mr. Jos. P. Dwyer
(Address) 1610 Cherry St.

15 [illegible] 19[illegible] C. HAMPSON JONES, M. D. Registrar

JAN 7 - 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 5, 1932

17
I HEREBY CERTIFY, That I attended deceased from May 2, 1931 to Jan. 5, 1932
that I last saw her alive on Jan. 5, 1932
and that death occurred, on the date stated above, at 2100P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Exhaustion (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. L. Campbell M. D.

1/7 1932 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem. & C. Co. — DATE OF BURIAL: Jan. 8 1932

20 UNDERTAKER: Margaret E. Flynn — ADDRESS: 1422 Light St.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should have CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2500

E 75509 2-3-28

HEALTH DEPARTMENT CITY OF BALTIMORE

25 E 75509

CERTIFICATE OF DEATH

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 5-8 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susie Hobbs

(a) Residence: No. 528 East St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F | 4. Color or Race: Black | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1902

7. AGE: Years: 29 | Months: | Days: | If LESS than 1 day ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: NH
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Qt
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va

MOTHER FATHER
13. NAME: Thos Hobbs
14. BIRTHPLACE (city or town) (State or country): Va
15. MAIDEN NAME: Julia Rose
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place: Antioch Cem Date: Jan 8 1932

19. UNDERTAKER: Pratt & Williams
(Address) 515 N. Gilmor St

20. FILED: JAN 7 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1931 to Jan 4, 1932

I last saw h[illegible] alive on Jan 4, 1932 death is said to have occurred on the date stated above, at 1.55 p.m.

The principal cause of death and related causes of importance were as follows:

Tuberculous Cavum + Cachexia — Date of onset: Oct 1931

Other contributory causes of importance:

Secondary anemia.

Name of operation: Sig-colostomy Date of ...

What test confirmed diagnosis: Am Jour Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eleanor Wilson Jones, M. D.
(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75510

CERTIFICATE OF DEATH

87 E 75510

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 N. Carolina St. 9-17 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine A. Satterfield

(a) Residence: No. 1610 N. Carolina St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edw. Lyman Satterfield

6. DATE OF BIRTH (month, day, year) Aug 8, 1863

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	68	4	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER
13. NAME Geo. White
14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER
15. MAIDEN NAME Catherine Callan
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT E. Lyman Satterfield
(Address) 1610 N. Carolina St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan 9. 1932

19. UNDERTAKER Rita Wendefeld
(Address) 4 E. Greenmount Ave

20. FILED JAN 7 - 1932 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/7 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/20 1931 to 1/7 1932
I last saw h 5 alive on 1/6 1932 death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	Two years
Essential Hypertension	Several years

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr Bernard Wess M. D.
(Address) 1216 E Calvert St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75511

CERTIFICATE OF DEATH

E 75511

71-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-51 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isabelle Buck

(a) Residence: No. 2900 Wyman Park Way St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 18, 1924

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	7	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Charles H. Buck
14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland
15. MAIDEN NAME Adele Strauss
16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Father
(Address) 2900 Wyman Park Way

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 1/8/ 1932

19. UNDERTAKER J. J. Doran
(Address) 3002 E. Baltimore St.

20. DATE RECEIVED JAN 7 1932 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1931, to Jan 5, 1932

I last saw h[illegible] alive on Jan 5 1932 death is said to have occurred on the date stated above, at 9:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Neutropenia	5 weeks
	do
Other contributory causes of importance:	
Lobular Pneumonia	12-18 hours

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) J. H. Burns, M. D.

(Address) Mercy Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 75512

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75512

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. ? Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos 2 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mrs Fannie Rubl

(a) Residence: No. 6502 Riviera Ave. Dundalk, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	57	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Domestic) (Housewife)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary Leonard

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hilda Winecke

(Address) 6502 Riviera Ave. Dundalk, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 8 1932

19. UNDERTAKER J. Moran

(Address) 3008 E. Baltok.

20. FILED 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 , 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1932 to Jan 5, 1932

I last saw h Sh alive on Jan 5, 1932 death is said to have occurred on the date stated above, at 6.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus approaching	10 years ?
Diabetic Coma	2 days
Lobular Pneumonia	2 days

Other contributory causes of importance:

Chronic Nephritis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. Burns M. D.

(Address)

JAN [illegible] 1932 CLARENCE JONES, M.D. Registrar

INSTRUCTIONS: Typewriting or printing in black ink is required. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 1-31 2500

E 75513 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12/ E 75513

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3456 Kenwick Road 13-52 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6yr. mos. da. How long in U.S. if of foreign birth? yrs. mos. da.

2. FULL NAME Ida I. Cox.

(a) Residence: No. 3456 Kenwick Road. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm. E. Cox.

6. DATE OF BIRTH (month, day, year) Sept 20 1877

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	54	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME James Grimes

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Annie Gray.

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Wm. E. Cox.
(Address) 3456 Kenwick Road.

18. BURIAL, CREMATION, OR REMOVAL
St Marys cemetery Date Jan 9, 19 32

19. UNDERTAKER Chunowith Son
(Address) 2652 Edmondson Ave.

20. FILED JAN 7 - 1932, 19 C. HAMILTON JONES, M. D. Registrar.
by E. P. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-25, 1931 to 1-6, 1932
I last saw her alive on 1-6, 1932 death is said to have occurred on the date stated above, at 10:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	1-6-32

Other contributory causes of importance:

Chronic nephritis.	11-25-31

Name of operation ..... Date of .....

What test confirmed diagnosis Phys + Chem Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. F. Campbell M. D.

(Address) 5701 Reland Ave

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75514

CERTIFICATE OF DEATH

E 75514

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) Provident Hosp. St. 18-N (Ward)

2-FULL NAME Jerome Cooper

(a) RESIDENCE No. 205 N. Poplar St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 7 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 30-1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	7	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Porter.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Batomd

PARENTS

10 NAME OF FATHER Chas Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Maria Chaplyn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Maria Cooper

(Address) 205 N. Poplar

15 Filed 1932 GEO. HAMPSON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy & Autopsy inquest, au-topsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos 5 ds.

Last

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of

Was there an autopsy? Autopsy

What test confirmed diagnosis? Autopsy

(Signed) Hedrick M. D.
Coroner

Jan 5 1932

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: 1-8 1932

20 UNDERTAKER: Charles S. Cooper ADDRESS: Eutaw & St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 2M8

E 75515

HEALTH DEPARTMENT—CITY OF BALTIMORE

48 E 75515

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1149 W. Lanvale St. 21-29 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie M. Ross

(a) Residence: No. 1149 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leroy C. Ross

6. DATE OF BIRTH (month, day, year) May 3-1877.

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
54	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D3
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Toledo Ohio

MOTHER FATHER

13. NAME John H. English
14. BIRTHPLACE (city or town) (State or country) Balto Md.
15. MAIDEN NAME Kate Lamb
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Leroy C. Ross 1149 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Pk Date Jan 9 1932

19. UNDERTAKER (Address) Fred G. Williamson 703 E. Fayette St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7. 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 14. 1931 to Jan 7. 1932

I last saw h alive on Jan 6. 1932 death is said to have occurred on the date stated above, at 3 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Colon	
of Sigmoid Abdominal	
Intercurrent	

Other contributory causes of importance:

Treated with Radium

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm H. Hoff, M. D.

(Address) 2070 N. Charles

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AA/No. 5-11 2M/B

B 75516 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

23 E 75516

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 653 W. Fayette St., 4-25 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ewell L. Brewer

(a) Residence: No. 653 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~not living~~ Helen R. Brewer

6. DATE OF BIRTH (month, day, year) July 25th 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Geo. W. Brewer

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Absley Coue

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Helen Brewer
(Address) 653 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 1/8/ 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1931 to Jan 6 1932

I last saw h[illegible] alive on Jan 5 1932 death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pulmonary Tuberculosis	about 4 months
	Known many years

Other contributory causes of importance:

Poor

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Physical & X Ray Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Ernest Keller, M. D.

(Address) 2238 Bureau, Baltimore Md.

Spec.—9-30—A. & Co.—250 Blks.

E 75517 HEALTH DEPARTMENT—CITY OF BALTIMORE B 75517

CERTIFICATE OF DEATH

1 PLACE OF DEATH Balto City Hospitals 107-001 REGISTERED NO.

CITY OF BALTIMORE: (No.) Balto Md ST. 5-8 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Sherman

(a) RESIDENCE NO. 423 Forest St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of Walter Sherman

6 DATE OF BIRTH (month, day, and year) 12 15 80

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	50	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Herman Killian

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary V.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Records (Address) Balto City Hosp.

15 JAN 7 - 1932 19 HAMPSON Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-6-32

17

I HEREBY CERTIFY, That I attended deceased from 9-25- 19 31 to 1-6 19 32

that I last saw h(e) alive on 1-6 19 32

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) General Paralysis of Insane (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Mary Fitzpatrick M. D.

1-7 19 32 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel DATE OF BURIAL 1/9 1932

20 UNDERTAKER: W. M. Cook ADDRESS 1217 Pratt St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A4Co. 5-31 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

75518

CERTIFICATE OF DEATH

46E 75518

1. PLACE OF DEATH — Mercy Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 330-60 St. ... Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward H. Whitney

(a) Residence: No. 2659 Lauretta Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 20 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
48	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Ice Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Richard H. Whitney
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.
15. MAIDEN NAME Catherine Helmer
16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT R. Clayton Winston
(Address) Govans Md

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 1/9 1932

19. UNDERTAKER
(Address) 1300 E. Monument St.

20. FILED JAN 7 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/7/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/1/32, 19, to 1/7/32, 19

I last saw him alive on 1/7/32, 19 death is said to have occurred on the date stated above, at 6.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Carcinoma of oesophagus	?
2) Lung Abscess	6 wks.

Other contributory causes of Importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. L. Chambers, M. D.
(Address) Mercy Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 210R

E 75519 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 75519

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 Wyeth St. St. 21-19 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa M. Mayhew

(a) Residence: No. 511 Wyeth St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Howard Mayhew

6. DATE OF BIRTH (month, day, year) Oct 23, 1866

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	65	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME (Unknown) Hinkelbein

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Howard Mayhew
(Address) 511 Wyeth St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cemetery 1/8/1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JAN 7 1932 CLAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5/1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1931, to Jan 5th 1932

I last saw h[illegible] alive on Jan 5 1932 death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis — Date of onset
Chron myocardiolysis
Dementia simplex

Other contributory causes of Importance:

Coma uremia 1/5/32

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address) Baltimore Md

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 641 2508

25-6268

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75520

CERTIFICATE OF DEATH

59 E 75520

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. E. & W. Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Benser

(a) Residence: No. 1045 Highland St., 12 Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 9 - 31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Benser

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Rose Combs

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Bowers Cemetery 1/8/ 1932

19. UNDERTAKER Wm Cook

(Address) 1217 E Baul St

20. FILED JAN 7-1932 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 , 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 , 1932 to Jan 6 , 1932

I last saw her alive on Jan 4 , 1932 death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset Jan 2

Other contributory causes of importance:

Prematurity

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) T. C. Goodwin , M. D.

(Address) J. H. Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

AaCo. 5-31-2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75521 E 75521

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 27-55 St. ..... Ward) 93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Bucher

(a) Residence: No. 5402 Park Heights Ave. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Feb. 8, 1865

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	66	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Nora L.

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Lizzie Warren

16. BIRTHPLACE (city or town) (State or country) ? Pa.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Paul's, Upper, Md. Date 1/9 1932

19. UNDERTAKER Wm. Lemmon.
(Address) 4611 Park Heights Ave

FILED 1932 C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1932 to Jan. 6, 1932

I last saw him alive on 1-6-32 19... death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chr	more than 1 year

Other contributory causes of importance:

Arteriosclerosis	unknown

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Balto. City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75522

CERTIFICATE OF DEATH

92 E 75522

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2701 Eutaw ave St. 27-43 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME James Isaac Mayhew

(a) Residence: No. 2701 Eutaw ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 5th 1866

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	65	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balt City Schools
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cuba

FATHER

13. NAME Isaac H. Mayhew
14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Mary Simmonds
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. L. S. Brady
(Address) 2701 Eutaw Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Bal Lawn Cemetery Date 1-8 1932

19. UNDERTAKER E. J. Fleming & Son
(Address) 1715 E. Lafayette Ave

20. FILED JAN 7 - 1932 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1931 to Jan 5, 1932

I last saw him alive on Jan 5 1932 death is said to have occurred on the date stated above, at 8 40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	17 hrs
Chronic valvular Heart disease	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geary A. Jones M. D.
(Address) 530 S Hartford Rd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 75523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75523

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U. S. Marine Hosp. St. Balto Md. WARD.

2-FULL NAME Benjamin F. Middleton

(a) RESIDENCE No. 1771 W. 37th St. Norfolk Va WARD.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence E. Fowler

6 DATE OF BIRTH (month, day, and year): Sept. 3-1860

7 AGE: Years 71 Months 4 Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Mate
(b) General nature of industry, business, or establishment in which employed (or employer): Seaman
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: Edward Middleton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sarah C. Kendall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Records, U. S. Marine Hosp.

(Address): Balto Md.

15 Filed 1-7-1932, 192 . THOMPSON-JOYCE & CO. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 7-1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry,) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture, compound, comminuted R. tiba + fibula
Fracture, simple, of ilium & transverse processes lumbar vertebra
accidental fall.
on ship.

CONTRIBUTORY (Secondary) Shock, traumatic (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

(over)

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

1932 (Address) 313 Boland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Norfolk Va.

DATE OF BURIAL: Jan 8 1932

20 UNDERTAKER: Margaret E. Flynn

ADDRESS: 1422 Light St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 75524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-081 ✓ E 75524

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital ST. 12-49 WARD

2-FULL NAME Mary L. Daugherty

(a) RESIDENCE NO. Greenway Apartments ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 24. 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	57	10	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Teacher Dept. Education
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Johns Hopkins Univ.

9 BIRTHPLACE (city or town) (State or country): Kansas City Kansas

PARENTS

10 NAME OF FATHER: James G. Daugherty

11 BIRTHPLACE OF FATHER (city or town) (State or country): Rhode Island

12 MAIDEN NAME OF MOTHER: Sarah L. Perry

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Mass

14 Informant: Miss Lucy T. Daugherty
(Address): Kansas City, Kansas

Filed 1-7 1932, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-7-1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

cerebral hemorrage
apoplexy

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of

Was there an autopsy? Yes at Hospital

What test confirmed diagnosis?

(Signed) John O'Connor, M. D. Coroner

(Address) 501 E North Ave

1/7/32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Kansas City Kan.	Jan. 7 1932
20 UNDERTAKER: W. H. Eckner & Sons	ADDRESS: North Side

IMPORTANT—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. A Co.—250 Blks

E 75525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 131 V E 75525

1. PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) CITY OF BALTIMORE: (No.) West Balto Juvenile Ward St. 19-29

2. FULL NAME Albert Langford

(a) RESIDENCE NO. 1304 W Fayette St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Virginia Langford.

6 DATE OF BIRTH (month, day, and year): 1902

7 AGE: Years 29 | Months 30 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grist

(b) General nature of industry, business, or establishment in which employed (or employer): 0 & 6

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Millsboro, Del

PARENTS

10 NAME OF FATHER: John Langford

11 BIRTHPLACE OF FATHER (city or town) (State or country): Del

12 MAIDEN NAME OF MOTHER: Mary Chandler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Del

14 Informant (Address): E. B. Dickerson Millsboro. Del

15 Filed JAN 8 1932 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/2/32

17 I HEREBY CERTIFY, That I attended deceased from 12/1 1931 to 1/1 1932

that I last saw him alive on 1/1 1932

and that death occurred, on the date stated above, at 7.40 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Hypertension

(duration) one year mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Gen'l

(Signed) Harry Lehman M. D.

19 (Address) Mt Balto Juv Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Millsboro. Del DATE OF BURIAL: Jan 7 1932

20 UNDERTAKER: George L. Schwartz ADDRESS: 2101 Eutaw Pl

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

E 75526

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75526

CERTIFICATE OF DEATH

131 V

1. PLACE OF DEATH

Registered No. 13-54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2418 Mc Culloh St. 50 Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Caroline Young

(a) Residence: No. 2418 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

6a. If married, widowed, or divorced (or) WIFE of Henry Young

6. DATE OF BIRTH (month, day, year) 1855

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	77 78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic 90

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ellen —

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hattie Young (daughter)
(Address) 2418 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 1-8 1932

19. UNDERTAKER Denny Earlad
(Address) 916 Eutaw ave

FILED JAN 9 1932 C. HARRISON JAMES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1931 to 1/5 1932

I last saw h[illegible] alive on 1/5 1932 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Parenchymatous Nephritis	6 mos
Mitral Regurgitation & Myocarditis and Uremia	6 mos

Other contributory causes of importance Anemia

Name of operation none Date of

What test confirmed diagnosis? physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R J Young M. D.

(Address) 1424 Edmondson ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75527 CERTIFICATE OF DEATH. 59 V E 75527

1 PLACE OF DEATH Sinai Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.) REGISTERED NO.

CITY OF BALTIMORE, (No.) 1 minute and Rutland St. (WARD)

2 FULL NAME Mrs. Florence Marks

(a) RESIDENCE NO. 2519 Reisterstown Rd. ST. WARD Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Albert M. Marks

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 52 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER Nathan Goodman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Sarah —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address) Albert M. Marks 2519 Reisterstown Road

15 Filed JAN 8 1932 HARRY S. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 7-32

17
I HEREBY CERTIFY, That I attended deceased from Jan. 5. 1932 to Jan 7. 1932
that I last saw h alive on Jan 7. 1932
and that death occurred, on the date stated above, at 2:45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Coronary Thrombosis

(duration) yrs. 12 hrs mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) 1½ yrs. 4 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin Obs.

(Signed) Milton B. Cirsh M. D.

1/8 1932 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Lurnside — DATE OF BURIAL: 1-8- 1932

20 UNDERTAKER: Pace Bros, Inc. — ADDRESS: 1439 E. Balto St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. P. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75528

CERTIFICATE OF DEATH

34 E 75528

1—PLACE OF DEATH 621 Lafayette ave

REGISTERED NO.

CITY OF BALTIMORE: (No. 17-24 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elbert white

(a) RESIDENCE NO. 621 Lafayette ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C. A.

5 Single, Married, Widowed, or Divorced, (write the word): M

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucile white

6 DATE OF BIRTH (month, day, and year): 4 22 1899

7 AGE: Years 33 | Months 7 | Days 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Junk

(c) Name of employer: Leon David

9 BIRTHPLACE (city or town) (State or country): Calvert Co. Maryland

PARENTS

10 NAME OF FATHER: Zacharia white

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co Maryland

12 MAIDEN NAME OF MOTHER: Mary Smallwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co Maryland

14 Informant: Mother

(Address): 621 Lafayette ave

15 Filed JAN 8 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/6/32

17 I HEREBY CERTIFY, That I attended deceased from 8/24, 1931, to 1/6, 1932

that I last saw him alive on 1/5, 1932

and that death occurred, on the date stated above, at 12 20 A m.

The CAUSE OF DEATH* was as follows:

Ruptured Aortic Aneurysm

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unk

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Carson C. Johnson, M. D.

, 19 (Address) 632 Baker

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Dion Cemt'y

DATE OF BURIAL: 9/Jan, 1932

20 UNDERTAKER: Chas H. Alexander

ADDRESS: 1406 Druid Hill Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-11-2500

E 75529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 V E 75529

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 135 N Gilmor St. 23-31 Ward)

Length of residence in city or town where death occurred 57 yrs 11 mos 21 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Emma M. Simon

(a) Residence: No. 135 N Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Theodore A Simon

6. DATE OF BIRTH (month, day, year) June 16 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	11	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Louis Wirth
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Elizabeth Rosenstein
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jos. F. Deering
(Address) 715 Light St.

18. BURIAL, CREMATION, OR REMOVAL
Place Union Park Date JAN 9. 1932

19. UNDERTAKER John F Deering
(Address) 715 Light St.

20. FILED JAN 9 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 4 1931 to Jan 6 1932

I last saw her alive on Jan 6, 1932 death is said to have occurred on the date stated above, at 8:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis,	about
Chronic interstitial ne-	1 year
phritis	before
	death
Other contributory causes of importance:	
Uraemia	10 days

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Conroy Fleischer M. D.
(Address) 1224 Hanover St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. A Co.—250 Blks.

E 75530 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 75530

5 V

CERTIFICATE OF DEATH

1 PLACE OF DEATH West Baltimore General Hosp

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 14-38) ST. _____ WARD _____

2 FULL NAME Alexander Albright (Albrecht)

(a) RESIDENCE NO. 407 S Gilmor Street ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E Albrecht

6 DATE OF BIRTH (month, day, and year) Oct 29 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	59	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bank Binder

(b) General nature of industry, business, or establishment in which employed (or employer) 064

(c) Name of employer Cook Bookbinding Co

9 BIRTHPLACE (city or town) (State or country) Sweden

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sweden

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sweden

14 Informant Anna E Albrecht
(Address) Philadelphia Hotel Pa

15 Filed _____ C. HANSON JONES, M. D., Registrar
By _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-6-32

17

I HEREBY CERTIFY, That I attended deceased from 12-V, 19 31, to 1-6, 19 32

that I last saw h/M alive on 1-6, 19 32

and that death occurred, on the date stated above, at 3:10 P m.

The CAUSE OF DEATH* was as follows:

Primary Carcinoma of Prostate

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Post-mortem shock

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of _____

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry Leshner M. D.

1/6 1932 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL 1/8 1932

20 UNDERTAKER Robert Brooks & Son

ADDRESS Calhoun Hollins st

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75531 — 186-00 — E 75531

REGISTERED NO. _____

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Bacto City Hospital ST. 10-44 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Schisler

(a) RESIDENCE NO 1304 E Eager St ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Schisler

6 DATE OF BIRTH (month, day, and year) Nov 6 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	65	2	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Traveler for Bds Co
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Charles Schisler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Cecelia Brauch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary Schisler

(Address) 1304 E Eager St

15 Filed JAN 8 - 1932 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull, accidental fall

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Alcoholism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Public Street

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) S F Kerzog M D, Coroner, M. D.

1932 (Address) 130 N Patterson Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Jan. 9 1932
20 UNDERTAKER	**ADDRESS**
Henry Hoeck Sons, Inc.	1301 E Eager

N. B.—WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-19-33—L. P. S.—500 Blks.

E 75532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 ✓

REGISTERED NO. E 75532

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1735 Belt St. ST. 24-35 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William H. Bauer

(a) RESIDENCE NO. 1735 Belt St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 3 mos. 14 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 23 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) E & S Co. 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John G. Bauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Katherine Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Kindervatter

(Address) 1735 Belt St

15 Filed ... 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-7-32 ✓

17 I HEREBY CERTIFY, That I attended deceased from Oct 9 1931 to Jan 7 1932

that I last saw him alive on Jan 7 1932

and that death occurred, on the date stated above, at 5:20 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) M. K. Campbell M. D.

Jan 8 1932 (Address) 1644 Johnson St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	1/9 1932
20 UNDERTAKER	ADDRESS
J. Frew McCully	130 E Fort

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS very important. See instructions on back of certificates.

AN 8 1932

Form—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75533

CERTIFICATE OF DEATH.

131 E 75533

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1514 Druid Hill Ave) (Ward 4-20)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kitty Mahffe.

(a) Residence No. 1674 Druid Hill Ave. St., Ward

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced. (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): Jany 3/82

7-AGE: 70 yrs. mos. 3 ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: maid

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Virginia

PARENTS

10-NAME OF FATHER: Isaac Custis

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Tabitha Custis

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Virginia

11- (Informant): James H Bushis

(Address): 1514 Druid Hill Ave

13- Filed: C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 1-6/32

17- I HEREBY CERTIFY, That I attended deceased from January 3rd 1932 to January 6th 1932, that I last saw her alive on January 5th 1932, and that death occurred, on the date stated above, at 1-55 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

at and 10 Minutes

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Interstitial Nephritis

(Duration) 5 yrs. mos. ds.

18-Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis: Clinical findings

(Signed) Emmett Lake M. D.

, 19 (Address) 2937 N Calvert St,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	1/8/32
20-UNDERTAKER.	**ADDRESS**
Wm. Geo. H. Holland	1631 Druid Hill Ave

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75534

CERTIFICATE OF DEATH

46 E 75534

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1923 Perlman Place St. 8-16 Ward)

Length of residence in city or town where death occurred 78 yrs. mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Laura Kreider

(a) Residence: No. 1923 Perlman Place St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of August Kreider

6. DATE OF BIRTH (month, day, year) July 13 th 1853

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	78	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John J Bregel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME dont know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Harry Preston
(Address) 1906 Perlman Place

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Jan 8 1932

19. UNDERTAKER John Tilden
(Address) 2008 Eutaw

20. FILED C. HAMILTON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1931 to Jan 6 1932

I last saw h w alive on Jan 5 1932 death is said to have occurred on the date stated above, at 11.45 m A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver	6 mos ago
Valvular Heart disease	2 yrs.

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jacob Fisher, M. D.
(Address) 1823 N. Wash St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-30—A. A. Co.—250 Blks

E 75535

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75535

CERTIFICATE OF DEATH

11-001

1 PLACE OF DEATH

CITY OF BALTIMORE (No 1112 Lakewood Ave. ST. 8-17 (WARD)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William J. Madden

(a) RESIDENCE No 1112 Lakewood Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sallie F. Madden

6 DATE OF BIRTH (month, day, and year) June 1, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Letter Carrier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co. Md.

PARENTS

10 NAME OF FATHER Henry Madden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass.

12 MAIDEN NAME OF MOTHER Mary J. Boyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Sallie F. Madden
(Address) 1112 Lakewood Ave.

15 Filed JAN 2 - 1932, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6, 1932

17

I HEREBY CERTIFY, That I attended deceased from December 27, 1931, to January 6, 1932

that I last saw him alive on January 6, 1932

and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Influenza and Acute Bronchitis

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Albert Bennett M. D.

1/7, 1932 (Address) 1075 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: Jan. 9, 1932

20 UNDERTAKER: Frederick Lassahn Son

ADDRESS: 7401 Belair Rd.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A4Co 5-31 1508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 V

Registered No. D 75536

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 E. Biddle St. St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edgar R. Hughes

(a) Residence: No. 7 E. Biddle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian B. Hughes

6. DATE OF BIRTH (month, day, year) March 5, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Heating Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard County Maryland

FATHER

13. NAME Evans Robert Hughes

14. BIRTHPLACE (city or town) (State or country) Howard County Maryland

MOTHER

15. MAIDEN NAME Jerusa A. Ijams

16. BIRTHPLACE (city or town) (State or country) Howard County Maryland

17. INFORMANT Mr. Eugene R. Hantake
(Address) 3000 Poplar Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date Jan. 9, 1932

19. UNDERTAKER Joseph B. Cook
(Address) 1000 E. Baltimore St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1932 to Jan 7, 1932

I last saw h in alive on Jan 6, 1932 death is said to have occurred on the date stated above, at 2.30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1926

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify —

(Signed) A. C. Smith, M. D.

(Address) 4509 Liberty Heights Ave.

Information should be carefully supplied. Any mistake may be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form —9-30—A. & Co.—250 Blks.

75537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-00 E 75537

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2706 W Charles St (WARD) 12th

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Isabelle Miller

(a) RESIDENCE NO. 2706 W. Charles St. WARD 12

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 86 yrs. / mos. / ds. How long in U. S., if of foreign birth? 86 yrs. / mos. / ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles S. Miller

6 DATE OF BIRTH (month, day, and year): Dec 4, 1845

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Berlin Maryland

PARENTS

10 NAME OF FATHER: George Brinck

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant (Address): Mrs. Ora Sunderland (daughter) 2706 W Charles St

15 Filed JAN 3 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 5, 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1931, to Jan 5, 1932

That I last saw her alive on Jan 5, 1932

and that death occurred, on the date stated above, at 11:45 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Senility

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. G. Cruikshank M. D.

19 (Address) 634 Gorsuch Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Jan 8 1932

20 UNDERTAKER: Stewart & Co — ADDRESS: Govans

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-41 2108

953629.

HEALTH DEPARTMENT—CITY OF BALTIMORE

U-E 75538

CERTIFICATE OF DEATH

131 E 75538

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 3-5 E. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara Kinsler

(a) Residence: No. 810 Aliceanna St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 6 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Holland

FATHER
13. NAME Frederick Kinsler
14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER
15. MAIDEN NAME Anna Freyler
16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT [illegible]
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place National Date Jan 9 1932

19. UNDERTAKER Harry H Fitzpa
(Address) 401 E Monument

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1931 to Jan 7 1932

I last saw him alive on Jan 7 1932 death is said to have occurred on the date stated above, at 6:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1920
Chronic vascular nephritis	1922
Benign prostatic hypertrophy	1930

Other contributory causes of importance:

Bronchopneumonia	Jan 5	1932
Uremia	Jan 5	1932

Name of operation Prostatectomy, perineal Date of Jan 4-32

What test confirmed diagnosis? Blood Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irving Dana Thrasher M. D.
(Address) Johns Hopkins Hospital

Information should be entered by attending surgeon. Write plainly, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that state CAUSE OF DEATH is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L.

E 75539

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75539

CERTIFICATE OF DEATH

92-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 Whitelock ST. 13-59 WARD)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Geiger

(a) RESIDENCE NO. 811 Whitelock ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 30, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	9	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Dress Maker
(b) General nature of industry, business, or establishment in which employed (or employer) 169
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Jacob Geiger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rachael

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jno Farber

(Address) 2415 Eutaw ave

15 Filed _____, 192_ _____ Registrar

JAN 3 - 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/7 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) John J. Mormon, M. D. Coroner

1932 (Address) 3632 Clarendon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship

DATE OF BURIAL 1-8-32 19

20 UNDERTAKER Jos Louis Inc

ADDRESS 1439 E Baltimore

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T.—100 B—50L.

E 75540

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75540

CERTIFICATE OF DEATH

92-801

1-PLACE OF DEATH U. S. Marine Hospital

CITY OF BALTIMORE (No. 26-37 ST. WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME John W. White

(a) RESIDENCE No 6705 Youngstown Avenue ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth White

6 DATE OF BIRTH (month, day, and year) April 3,1912

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
19	9	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Roosevelt Steamship Line

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John H. White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lona Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs Elizabeth hite

(Address) 1613 Humphry Street

15 Filed JAN 8 - 1932, 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 5, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonar Disease of Heart

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ..... M. D. Coroner

1/8, 1932 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oaklawn Cemetery	Jan 8, 1931

20 UNDERTAKER E. Leroy Stuffler, Inc. ADDRESS 1258 North Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 75541 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75541

CERTIFICATE OF DEATH. 59

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2238 Druid Hill Ave ST.) (4 WARD)

REGISTERED NO. 4-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Jones

(a) RESIDENCE NO. 2238 Druid Hill ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	Col	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary Jones

6 DATE OF BIRTH (month, day, and year) Feb 18-1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butler

(b) General nature of industry, business, or establishment in which employed (or employer) 0'0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mary Jones (Address) 2238 Druid Hill Ave

15 Filed Jan 8 1932, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7th 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov 31 to Jan 7 1932

that I last saw him alive on Jan 6 1932

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. 1 mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. C. Lewis M. D.

(Address) 1211 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Jan 8 1932

20 UNDERTAKER Archibald A. Geddis ADDRESS 1840 McCulloh St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AdCo. 5-31-1928

Dr Hoffman 2500 Garrison Ave Lib 4852-4603

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75542

CERTIFICATE OF DEATH 115-001 E 75542

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3811 N Garrison Ave St. 15-63 Ward)

Length of residence in city or town where death occurred 7 yrs ... mos ... ds How long in U.S. If of foreign birth? ... yrs ... mos ... ds

2. FULL NAME Lilabel A. Ward

(a) Residence: No. 3811 N Garrison Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 13th 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
19	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Roderic C. Ward

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rose Morris

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Roderic C. Ward
(Address) 3811 W. Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Cumberland Md Date 1/9/ 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JAN 8 - 1932 EDWIN JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 31 1931 to Jan. 7th 1932
I last saw h[illegible] alive on Jan. 7th 1932 death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	1931.
Blood pressure 220 Systolic	July 1931.
Uremia.	1931.
Infected tonsils	

Other contributory causes of importance.
some years were probable real causes of above conditions

Name of operation X Date of X

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury ... 19...

Where did injury occur? X
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No If so, specify X

(Signed) O. St. Hoffman M. D.

(Address) 2500 Garrison Blvd

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

E 75543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 75543

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 18-26 WARD)

2.-FULL NAME Richard Pratt

(a) RESIDENCE NO 950 N Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 5 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45	3	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Richard Pratt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mamie Howard

(Address) 1005 Pine St

15 Filed _____, 19__ _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 950 N Saratoga

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) P J Kerrigan M. D. Coroner

1/8, 1932 (Address) 1305 Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 1/9 1932

20 UNDERTAKER: Jones

ADDRESS: 1145 Belnord

JAN 8 - 1932

(Should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.)

Spec.—8-16-29—L. F. S.—100 Blks.

E 75544 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 107-001 E 75544

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2604 Manhattan Ave ST. 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Williams Kennedy

(a) RESIDENCE NO. 2604 Manhattan Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 86 yrs. 3 mos. 18 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Annie A Kennedy

6 DATE OF BIRTH (month, day, and year) Sept. 19-1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retail Stationer

(b) General nature of industry, business, or establishment in which employed (or employer) 86

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm W. Kennedy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Catherine E Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary H Kennedy

(Address) 2604 Manhattan Ave

15 Filed JAN 8 - 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 7. 32

17 I HEREBY CERTIFY, That I attended deceased from January 4, 1932, to January 6, 1932, that I last saw him alive on January 6, 1932, and that death occurred, on the date stated above, at 9.15 P m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Signs

(Signed) Leo F. Hooper, M. D.

(Address) 3467 E. 28 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Jan. 9 1932

20 UNDERTAKER ADDRESS

H. E. Franck 802 Madison Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

E 75545 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 75545

CERTIFICATE OF DEATH

47c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3338 E. Baltimore St. 26-39 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katharine M. Knoble

(a) Residence: No. 3338 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 27, 1879

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
52	8	11 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md

MOTHER FATHER

13. NAME Frederick Knoble

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Elizabeth Karl

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary E. Leimbach

(Address) 2024 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Stemmers Run Cem Date Jan 9 1931

19. UNDERTAKER George W. Zeigler

(Address) 1737 E. Eager St.

20. FILED JAN 9 1931 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13 1931, to Jan 6 1932

I last saw h[illegible] alive on Jan 6 1932 death is said to have occurred on the date stated above, at 5.25pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung (metastatic)	about 2 yrs.

Other contributory causes of importance:

Dilatation

Name of operation ..... Date of .....

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. H. Hayes Barry M. D.

(Address) 714 Park Ave Balto. Md.

Information should be entered EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 4-11 2M8

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75546

E-75546

23 V

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (The ...)

Registered No. 6960 H

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cornelius Bomhardt

(a) Residence: No. 508 S. Curley st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 8, 1905

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	26	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Bomhardt

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Carrie Bergerman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Road Date 1/9/32

19. UNDERTAKER Tilly & Zeller, 1[illegible] St
(Address)

1-8-1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1931 to Jan. 6, 1932

I last saw him alive on Jan 6, 1932 death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	1 1 31

Other contributory causes of importance:

Pul. Tuberculosis	4 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Laurence A. Sessa, M. D.
(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 4 B 1108

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75547

CERTIFICATE OF DEATH

S 9 E 75547

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 E 33rd St., 9-47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? yrs mos ds How long in U. S. If of foreign birth? yrs mos ds

2. FULL NAME Mina L Haas

(a) Residence: No. 606 E 33rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John J Haas

6. DATE OF BIRTH (month, day, year): May 30 1855

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	76	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Jacob Andreas

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Mina L Andreas

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Helen A Stpas

(Address) 606 E 33rd

18. BURIAL, CREMATION, OR REMOVAL.

Place: London Park Date: Jan 9 1932

19. UNDERTAKER: George E Smith

(Address) 1532 Pulaski

20. DATE RECEIVED: JAN 8 1932

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1932, to Jan 9, 1932

I last saw h[illegible] alive on Jan 5 1932 death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Infection	1931

Other contributory causes of importance:

Anemia	Dec 1931

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo 1-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75548

CERTIFICATE OF DEATH

108 E 75548

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 5-8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Gentry

(a) Residence: No. 109 Aisquith St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sallie

6. DATE OF BIRTH (month, day, year) March 23, 1879

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
✓	52	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? (a) ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Yadki Co. N.C.

MOTHER FATHER

13. NAME Frances ?

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) ? N. C.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19

19. UNDERTAKER
(Address)

... 19 ... Registrar.

N 8 - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1931 to Jan. 3, 1932

I last saw him alive on Jan. 3, 1932 death is said to have occurred on the date stated above, at 9:30 m P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 5. 1931

Other contributory causes of importance:

Pneumococcus Meningitis	2 days

Name of operation None Date of ...

What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Linn Hightower Q M. D.

(Address) Balto. City Hosp.

JOHNS HOPKINS HOSPITAL 8 - 1932
Commissioner Health
JAMESON JAMES M D

AACo. 5-11 3908

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75549

CERTIFICATE OF DEATH

53 E 75549

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore Hospitals St. 7-2 Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Herbert Miller

(a) Residence: No. 534 Moore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Mar.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie Moore

6. DATE OF BIRTH (month, day, year) 2-27-1875

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
36	26	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Falconer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. Balto.

MOTHER FATHER

13. NAME Wm Miller

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Jane Taylor

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Records Balto City Hosps.

18. BURIAL, CREMATION OR REMOVAL
Place Date JAN 3 1932 19

19. UNDERTAKER (Address) Pvt. Wm. H. Woods
FRANKSON JONES, JR.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-5 1931, to 1/5 1932

I last saw h alive on 1/5 1932 death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1yr 1mo
Sarcoma of Cervical glands	1 yr.

Other contributory causes of importance:

Acute Heart Failure	
Surgical	1 da.

Name of operation None Date of

What test confirmed diagnosis? Clinical Was an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, how? —

(Signed) Herbert F. Miller M. D.
(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75550

CERTIFICATE OF DEATH

173 E 75550

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST. 17-26 WARD)

2-FULL NAME Agnes Makel.(C)

(a) RESIDENCE No 724 N.Franklin St. ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	23	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Mary Haskins.(C)
(Address) 724 N.Franklin St.

15 Filed JAN 8 - 1932, 19__ C. HAMPSON JAMES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 5, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy (Inquest, autopsy and inquest or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis and Sepsis due to pistol shot wound of the abdomen.
Homicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 724 N.Franklin St

Did an operation precede death? December 18, 1931 Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Yes. Autopsy & inquest

(Signed) Otto M. Fernbardt, M. D. Coroner

1/8/32 (Address) 1017 E.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Jan 8, 1932
20 UNDERTAKER Mrs. Kate R. Williams.	ADDRESS 3 Schroeder St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Bks.

E 75551

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75551

CERTIFICATE OF DEATH

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO. 137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 11 24 ST. WARD)

2-FULL NAME David Ramsburg

(a) RESIDENCE NO. 1324 Eutaw Place WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Johnson Dorsey Ramsburg

6 DATE OF BIRTH (month, day, and year): July 6 1846

7 AGE: Years 85 | Months 6 | Days 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): 066

(c) Name of employer: Blue Ribbon Candy Co

9 BIRTHPLACE (city or town) (State or country): Frederick Md

PARENTS

10 NAME OF FATHER: Frank Ramsburg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Briscoe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: W. Dorsey Ramsburg

(Address) 37 Washington Place N.Y. City

Filed JAN 8 - 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-7 1932

17 I HEREBY CERTIFY, That I attended deceased from 12-31 1931 to 1-7 1932

that I last saw him alive on 1-7 1932

and that death occurred, on the date stated above, at 6:45 P m.

The CAUSE OF DEATH* was as follows:

Adenoma Prostate

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Prostate Gland

Did an operation precede death? Date of 12-28-31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) C. W. Peake, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery Frederick Md

DATE OF BURIAL: Jan 9 1932

20 UNDERTAKER: Chas. S. Black

ADDRESS: 742 W. North ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spar—9-31—A. & Co.—250 Blks

Tolsky.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75552

CERTIFICATE OF DEATH

9 3 - E 75552

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6. S. Patterson Pk. Ave (St.) 1-3 (Ward)

2 FULL NAME Adam Talsky

(a) RESIDENCE NO. 6 S. Patterson Pk. Ave (St.) (Ward)
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 36 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Amelia Talsky

6 DATE OF BIRTH (month, day, and year) Mar 15- 1868

7 AGE: Years 63 | Months 9 | Days 21 | If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Jacob Talsky

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland Mislinitz

12 MAIDEN NAME OF MOTHER: Amelia Thyslowitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address): Sofia Herzyuski 6 S Patterson Pk. Ave

15 [illegible] C. HAMPSON JONES, M. D. Registrar

No. 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/6/32

17
I HEREBY CERTIFY, That I attended deceased from Dec 10th 1931 to Jan 4th 1932
that I last saw h[illegible] alive on Jan 4th 1932
and that death occurred, on the date stated above, at 12.45 A m.

The CAUSE OF DEATH* was as follows:
Myocarditis
Pulmonary Edema
(Duration) yrs. mos. inventor
CONTRIBUTORY (Secondary) Adelaster of Heart
(Duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? ✓ Date of
Was there an autopsy? no
What test confirmed diagnosis? Streptococcus

(Signed) H. J. Tanker M. D.
1/6 1932 (Address) 119 N Milton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary
UNDERTAKER: Mrs S. Frankowski
DATE OF BURIAL: Jan 9 1932
ADDRESS: 118 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

(Mc Cann)

E 75553

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 E 75553

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) 5812 Harmer ave ST., 27-55 WARD

2-FULL NAME Edmar Bourndonie McCann

(a) RESIDENCE NO. 5812 Harmer ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth V. McCann

6 DATE OF BIRTH (month, day, and year) March 13 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
✓	52	9	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale Grocer
(c) Name of employer H. M. Wagner

9 BIRTHPLACE (city or town) (State or country) Michigan

PARENTS

10 NAME OF FATHER James McCann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Jane Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Michigan

14 Informant Mrs Eliz V. McCann

(Address) 5812 Harmer Ave

15 FILED JAN 8 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-7 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry. find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tabular Urinare Acid

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Thos. H. Connaughton, M. D. Coroner

1/8, 1932 (Address) 532 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL Jan 9 1932

20 UNDERTAKER C. V. Semmes

ADDRESS 461 Park Heights Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

E 75554

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75554

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1202 Union Ave St., 13-57 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME William Martin.

(a) Residence: No. 1202 Union Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriett Martin

6. DATE OF BIRTH (month, day, year) Aug 26, 1845

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	86	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Harriett Martin
(Address) 1202 Union Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cider Date Jan 9, 1932

19. UNDERTAKER C. Brownell Elson
(Address) 369 E. Eastern Ave.

20. FILED ..., 19 32 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1931, to Jan 7, 1932

I last saw him alive on Jan 5, 1932 death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Dec 23, 31

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) Lobdell Dunham, M. D.

(Address) 854 N. 36th

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—3-29-28—L. F. S.—500 Blks.

E 75555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 75555

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 1427 N. Gay ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William B. Colborn

(a) RESIDENCE NO. 1427 N. Gay ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. 2 mos. da. How long in U. S., If foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 27, 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	33	3	11 12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Musician 086

(b) General nature of industry, business, or establishment in which employed (or employer): Radio Co.

(c) Name of employer: W. F. B. R.

9 BIRTHPLACE (city or town) (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: Edward A. Colborn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto., Md.

12 MAIDEN NAME OF MOTHER: Mary C. Mister

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto., Md.

14 Informant: Mary C. Colborn (mother)
(Address) 1427 N. Gay St.

15 Filed JAN 8 1932 19 RRS Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 8, 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1931, to Jan. 8, 1932

that I last saw him alive on Jan 7, 1932

and that death occurred, on the date stated above, at 9:20 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Evidence + lab tests

(Signed) Geo B. Lybert, M. D.

19 (Address) 2802 Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Cathedral	Jan 11, 1932
20 UNDERTAKER	ADDRESS
Chenowdobson	3615 Edmondson Ave

Important. See instructions on back of certificates.

AACo. 1-31 1928

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75556

CERTIFICATE OF DEATH

93 E 75556

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3722 Falls Road) (Ward 13-57)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Lentz.

(a) Residence: No. 3722 Falls Road, ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married.

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jennie Lentz.

6. DATE OF BIRTH (month, day, year) Jan 31, 1883

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
48	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shop Hand.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

MOTHER FATHER

13. NAME Jeremiah Lentz
14. BIRTHPLACE (city or town) (State or country) md.
15. MAIDEN NAME Laura Frail.
16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Jennie Lentz
(Address) 3722 Falls Road

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn Date Jan 11, 1932

19. UNDERTAKER Thompson Son
(Address) 3115-17 Chelsea Ave

20. FILED Jan 12 1932 C. THOMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-1, 1932 to 1-8, 1932

I last saw h— alive on 1-8, 1932 death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	1/8/32
Other contributory causes of importance: Myocarditis	(1932)

Name of operation ..... Date of ....

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. T. Campbell, M. D.
(Address) 3701 Roland Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250M

Dr Kinzey - 2700 Harford Ave.

E 75557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 75557

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 Park Ave St., 8-45 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs 1 mos ... ds. How long in U.S. if of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME Frederick A. Gerling

(a) Residence: No. 4211 Harford Terrace St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lynette T. Gerling

6. DATE OF BIRTH (month, day, year) Nov 2 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glass Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Wm Gerling
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Mary A. Faulwell
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Lynette T. Gerling
(Address) 4211 Harford Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 1/11 1932

19. UNDERTAKER Wm Geis
(Address) 1217 St Paul St.

20. FILED JAN 8 1932 19 ... Registrar

N 8 - 1932

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8. 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1931, to Jan 8, 1932

I last saw him alive on Jan 7. 1932 death is said to have occurred on the date stated above, at 12:10 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	2

Other contributory causes of importance:

Name of operation Exploratory Date of 11-17-31

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fritz J. Kinzey, M. D.
(Address) 2700 Harford Ave

AdCo. 5-11 2508

B 75558

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-B 75558

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

Registered No.

CITY OF BALTIMORE: (No. 26-42 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Bailone

(a) Residence: No. 4216 Ealb Ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of? Single

6. DATE OF BIRTH (month, day, year) June 14, 1855

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
✓	76	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Pastual Bailone

14. BIRTHPLACE (city or town) (State or country) ? Md.

15. MAIDEN NAME Frances Bell

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 1/11/1932

19. UNDERTAKER Wm Cook (Address) 2 E. Paul st.

20. FILED , 19 HAMILTON Jan 12 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1932 to Jan. 8, 1932

I last saw her alive on Jan. 8, 1932 death is said to have occurred on the date stated above, at 3:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage with Cirrhosis	months years

Other contributory causes of importance:

Arteriosclerosis, senile	unknown

Name of operation none Date of

What test confirmed diagnosis? Clinic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) Balto. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 8 1932

AACo. 5-31 2MB

D. Dr Hart 2070 N. Chas. St. Rm 0565

E 75559

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-90 1V

94-E 75559

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4004 W. Rogers Ave 27 Ward 55

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Dornhecker

(a) Residence: No. 4004 Rogers Ave Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Sidonia L. Dornhecker

6. DATE OF BIRTH (month, day, year) Apr 10th 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sidonia Dornhecker
(Address) 4004 W. Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt Olivet Date 1/11/1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

JAN 8 1932 C. THOMPSON JONES, M. D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1931 to Jan 8, 1932

I last saw him alive on Jan 7, 1932 death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	4 mo 22

Other contributory causes of importance:
Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard Chandler, M. D.

(Address) 2020 N. Charles

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 75560 HEALTH DEPARTMENT—CITY OF BALTIMORE— 93-E 75560

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2216 Roslyn Ave. 15-61 WARD 1

REGISTERED No
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Nannie Spilman Dunnock

(a) RESIDENCE No 2216 Roslyn Ave. ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of William F. Dunnock

6 DATE OF BIRTH (month, day, and year) Apr. 11, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	67	8	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work home duties
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Robt. Lee Spilman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Annie Pattison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Roberta D. Ensor
(Address) 2216 Roslyn Ave.

(Date) 8-1932 19 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/6-32

17
I HEREBY CERTIFY, That I attended deceased from 9/12, 1931, to 1/6, 1932
that I last saw her alive on 1/6, 1932
and that death occurred, on the date stated above, at 9.50 P m.
The CAUSE OF DEATH* was as follows:

Hypertension
Arteriosclerosis
Myocardial degeneration

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical Examination
(Signed) Meyer Miller M. D.
. 19 (Address) 2410 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Dec. 9, 32

20 UNDERTAKER: John O. Mitchell & Sons, 1900 Eutaw Pl
ADDRESS: Marion B. Mitchell

1-30--M & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75561

CERTIFICATE OF DEATH

23 E 75561

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 618 Perkins Ave (Ward) 7-26 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lottie Knox

(a) RESIDENCE No. 618 Perkins ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (Write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Knox

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Yanceyville Va

PARENTS

10 NAME OF FATHER Leon Webb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Chandler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Lottie Knox (Address) 618 Perkins

15 Filed JAN 8 1932, 192 . HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage of Lung

Sudden (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leslie Corner, M. D.

(Address) Jan 6 1932 Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Jan. 9, 1932
20 UNDERTAKER	ADDRESS
Mrs. Katie B. Williams	[illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-11 2108

E 75562 HEALTH DEPARTMENT—CITY OF BALTIMORE V

254755

CERTIFICATE OF DEATH

66-002 E 75562

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 14-38 Ward)

Length of residence in city or town where death occurred 15 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Nina Winslow

(a) Residence: No. 556 Wilson St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
✓ 27	27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W W 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Robert Fitzgerald

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Eliza Blake

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Kennedy, Va. Date Jan 9, 1932

19. UNDERTAKER Mrs. Kate P. Williams
(Address) 332 S Schroeder St.

20. FILED JAN 8 - 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1931 to Jan 7, 1932

I last saw her alive on Jan 7, 1932 death is said to have occurred on the date stated above, at 9 12 p m.

The principal cause of death and related causes of importance were as follows:

Hyperthyroidism, Post operative Pneumonia & Cardiac failure,

Date of onset ?

Other contributory causes of importance:

Bilateral aspiration pneumonia?
" Massive Collapse ?
? Obstruction to respiratory tract

Name of operation Double partial toledotomy thyroid Date of 1-4-32

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Caroline C. Bedell, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 8spec.—1-30—M. & T.—250 Bks.

E 75563

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75563

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST., 27-43 WARD)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henri Snowman

(a) RESIDENCE NO. 5508 Elsrode Ave. AND Evergreen ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M/E	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Emma M. Snowman

6 DATE OF BIRTH (month, day, and year) Feb. 29-1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
✓	62	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Male Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Frederick Snowman

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Josephine Kabacker

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Mrs. Josephine Snowman (Address) 5508 Elsrode Ave.

Filed JAN 8 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 8, 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1932 to Jan 8, 1932, that I last saw him alive on Jan 8, 1932 and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Acute cholecystitis with cholelithiasis and obstruction to cystic duct

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Perforation of gall bladder with biliary peritonitis (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Jan 6, 1932

Was there an autopsy? Yes

What test confirmed diagnosis? Operation and Autopsy

(Signed) J. Frank Hewett, M. D.

Jan 8 1932 (Address) The Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Jan. 11 1932

20 UNDERTAKER Chas. P. Braue & Son

ADDRESS 1810 W. Lexington St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. DATE and HOUR of OCCURRENCE of certificates.

TION is very important. See instructions on back of

AACo. 5-31 250R

E 75564

256176

HEALTH DEPARTMENT—CITY OF BALTIMORE

1003

X H# E 75564

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 7-9 (Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Fred Parker

(a) Residence: No. Sycamore ave St., Route 10 Ward, Sp Rmt Md

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fanny

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Fred Parker

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary (?)

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Johns Hopkins Date 1/9 1932

19. UNDERTAKER Walter B. Young

(Address) 134 N. Washington St.

FILED JAN 9 1932 C. HAMPSON JONES, M. D. Registrar

A. C. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1931, to Jan 5, 1932

I last saw h im alive on Jan 5, 1932 death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	3 wks.
Other contributory causes of importance:	
Terminal Bronchial Pneumonia	3 Days

Name of operation Date of

What test confirmed diagnosis? Blood Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alan Seuel, M. D.

(Address) Johns Hopkins Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

E 75565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1/31 E 75565

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 810 n Carey ST. 16-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John H Young

(a) RESIDENCE NO. 810 n Carey ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C	Married

5a If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Martha Young

6 DATE OF BIRTH (month, day, and year) July 27, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Blanche Young
(Address) 810 n Carey

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7/32

17

I HEREBY CERTIFY, That I attended deceased from Jan 3, 19 32, to Jan 7, 19 32,

that I last saw h alive on Jan 6, 19 32

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Parenchymatous Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Macroscopic

(Signed) J R McCard M. D.

1932 (Address) 202 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Md. Auburn	Jan 10 19 32

20 UNDERTAKER James A Hayes ADDRESS W. North Ave

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75566

CERTIFICATE OF DEATH

131 E 75566

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Maggie Diggs Manuel

(a) RESIDENCE NO. 912 Greenmount ST. Balto WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: John Manuel

7 DATE OF BIRTH (month, day, and year): 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46	45			

8 OCCUPATION DE DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Arlington Va.

PARENTS

10 NAME OF FATHER: Dennis Diggs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Catherine Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: John Manuel

(Address): 912 Greenmount Ave

15 Filed: 9-1932

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-6-1932.

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1931, to Jan 6, 1932, that I last saw her alive on Jan 6, 1932 and that death occurred, on the date stated above, at 8 12 PM m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ? yrs mos. ds.

CONTRIBUTORY (Secondary): Uremia with convulsions

(duration) yrs mos. 7 ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) T. Thompson Taylor M. D.

, 19 (Address) St. Joseph Hosp. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Peters Cemetery	Jan 9 1932

20 UNDERTAKER: Chas. H. Johnson & M. Caroline St.

ADDRESS

Important. See instructions on back of certificates.

AdCo. 5-31 2500

75567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 75567

Registered No. 1829

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Agnes Moore

(a) Residence: No. 530 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 29, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailoress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Ludwig Moore

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Sophie Antose

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Cathedral ~~Baltimore~~ Date Jan 11. 1932

19. UNDERTAKER John Gubliauskas
(Address) 1423 S. Paca St.

20. FILED ____, 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1932 to January 9, 1932

I last saw h[illegible] alive on January 8 1932 death is said to have occurred on the date stated above, at 1:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1 Jan 32
Acute Nephritis	1 Jan 32

Other contributory causes of importance:

Hypostatic Cardiac Insufficiency	?

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Simon Bogel, M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate. Label statement of C[illegible] as it may be properly classified.

1-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75568

CERTIFICATE OF DEATH

87-021 ✓ E 75568

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital WARD 30

2-FULL NAME Frederick Schaumbach

(a) RESIDENCE NO 413 S. Poca ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — None
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Anthony Wenckartis

(Address) 413 S. Poca St.

15 Dec 9 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 8 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy H. Cromwell M. D. Coroner

1/9. 1932 (Address) 323 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL Jan. 9 1932

20 UNDERTAKER John Gretkanckas

ADDRESS 423. Pratt St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificate.

AACo. 5-31 2500

E 75569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 7 20 75568

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 502 Wingate Rd (Ward) 27-49

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. — mos. — ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary T. Clarke

(a) Residence: No. 502 Wingate Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced
(or) WIFE of Cook.

6. DATE OF BIRTH (month, day, year) May 29 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manchester N. H.

FATHER

13. NAME E. Green Lewisburg

14. BIRTHPLACE (city or town) (State or country) Manchester N. H

MOTHER

15. MAIDEN NAME Harriet Scott

16. BIRTHPLACE (city or town) (State or country) Manchester N. H

17. INFORMANT Kenneth Stewart

(Address) 502 Wingate Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Manchester N.H. Date Jan 1 1932

19. UNDERTAKER Geo. H. Kenkendall & Co

(Address) McCulloh & Richard Sts

20. FILED Jan 9 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1932 to Jan 8 1932

I last saw her alive on Jan 8, 1932 death is said to have occurred on the date stated above, at 6-10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coalescing Broncho-Pneumonia	1/6/32
Other contributory causes of importance: Chronic Arthritis	1926

Name of operation No Date of

What test confirmed diagnosis? Physical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Gibson Porter, M. D.

(Address) 4822 Roland Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 1932 C. HAMPSON & SONS, N.

1-30—M. & T.—100 B—6OL

E 75570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 75570

REGISTERED NO. 26-63

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 4203 Belvieu Ave ST. WARD

2-FULL NAME Howard Schofield Baker

(a) RESIDENCE NO. 4203 Belvieu Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 11 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 9 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	46	11	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Road Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): State Road Comm.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Laurence W Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Mary L Schofield

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs W B Ford

(Address) 4203 Belvieu Ave.

15 Filed 1932 Jan 12 1932 WPK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or view.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

5 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) [illegible] Coroner, M. D.

. 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: Jan 9 1932

20 UNDERTAKER: Wm J Hickman Sons ADDRESS: Norfolk Va

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T—100 B—561

E 75571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210 E 75571

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital WARD 27-42

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Graf.

(a) RESIDENCE NO 6812 Everall Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. ---------- ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed or divorced (or) WIFE of Herman Graf Sr.

6 DATE OF BIRTH (month, day, and year) September 25 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	13	

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) None.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia, Pa

PARENTS

10 NAME OF FATHER John M.Greifzu.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Anna C.Leimbach.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Herman Graf.Jr.(son)

(Address) 3035 Presstman St..

15 Filed . 193 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 7,1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the left Fibula and Tibia. Terminal Pneumonia

Struck and knocked down by an Automobile while crossing the Street.

(Interval) (Duration) ds.

CONTRIBUTORY (Secondary) Accidental Death North Ave & Ellamont.

Was disease contracted if not at place of death? Dec. 31, 1921

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquest

(Signed) Otto M. Steinhardt M. D. Coroner

1/8/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Jan. 11, 1932

20 UNDERTAKER Wm. J. Tickner & Son

ADDRESS N. Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75572 — 117-06 — E 75572

CERTIFICATE OF DEATH

1—PLACE OF DEATH St Joseph Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 6 Eutaw ST. (or WARD)) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John W. Sayers

(a) RESIDENCE NO. 1606 Lamont St WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Knickbaum

6 DATE OF BIRTH (month, day, and year): 5/4/1891

7 AGE — Years: 40 — Months: 8 — Days: 3 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer): Street Cleaning Dept.

(c) Name of employer: Balto Md.

9 BIRTHPLACE (city or town) (State or country):

PARENTS

10 NAME OF FATHER: Charles Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Laura M. (Mellen)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Mrs. Mary E. Taylor

(Address): 1606 Lamont Ave.

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-7-32

17 I HEREBY CERTIFY, That I attended deceased from 10-30-31, 19..., to 1-7-32, 19..., that I last saw h— alive on 1-7-32, 19..., and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Gastric ulcer

Post Operative Bronchitis (duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12-31-31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) W. Thadrick, M. D.

19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine Farm. Baltimore Co. — DATE OF BURIAL: 1/9/32

20 UNDERTAKER: George J. Roth Inc. — ADDRESS: 1730 Harford

Important. See instructions on back of certificate.

Spec.—180—M. & T.—250 lbs.

E 75573

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75573

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. CHURCH HOME AND INFIRMARY ST. 16-66 WARD

REGISTERED NO. 26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME CHARLES FRANZ

(a) RESIDENCE NO. 714 WOODINGTON ROAD ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
MALE	WHITE	MARRIED

6a If married, widowed, or divorced HUSBAND of ~~or WIFE~~ of MARY B. FRANZ

6 DATE OF BIRTH (month, day, and year) FEB 15, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	10	22 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work SHOE PATTERN CUTTER

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) BALTIMORE MD

PARENTS

10 NAME OF FATHER HENRY FRANZ

11 BIRTHPLACE OF FATHER (city or town) (State or country) GERMANY

12 MAIDEN NAME OF MOTHER MARY DISERT

13 BIRTHPLACE OF MOTHER (city or town) BALTIMORE MD (State or country)

14 Informant Mrs. Mary B. Franz (Address) 714 Woodington Road

15 Filed JAN 8 1932 16 by C. MANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN. 6. 1932

17 I HEREBY CERTIFY, That I attended deceased from DEC 3, 1931, to JAN 6, 1932, that I last saw him alive on JAN 6, 1932, and that death occurred, on the date stated above, at 10:55 P. m.

The CAUSE OF DEATH* was as follows: Tuberculosis of 3rd & 4th lumbar vertebrae and lateral psoas abscess (Tuberculous)

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Ileum and implant of left ureter disease from tuberculous abscess (duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? YES Date of DEC. 14, 1931

Was there an autopsy? Yes

What test confirmed diagnosis? History, Physical - X Ray and autopsy

(Signed) J. Frank Hewit, M. D.

Jan 7, 1932 (Address) The Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Jan. 11 1932
20 UNDERTAKER	ADDRESS
George L. Schwab	2101 Buth Ave.

TION is very important. See instructions on back of certificates.

Adopted 1908

E 75574

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

94 E 75574

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Green Spring Manor Apts. 27-55 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie H. Kaufman

(a) Residence: No. Green Spring Manor Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Kaufman

6. DATE OF BIRTH (month, day, year) May 5, 1869

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	62	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Nathan Hess

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bertha Stern

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. N. Kaufman (Son)

(Address) Green Spring Manor Apts.

18. BURIAL, CREMATION OR REMOVAL

Place Oheb Shalom Date 1/ 11/ 1932

19. UNDERTAKER Reid Sondheim & Son

(Address) 1902 Eutaw Place.

20. DATE RECEIVED 1932 C. HAMPSON JONES, M. D. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. . 1931 to Jan. 8, . 1932

I last saw h alive on Jan. 8, 1932 death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Dec. 31, 1931

Other contributory causes of importance:

Acute myocardial insufficiency with pulmonary edema	Jan. 8, 32

Name of operation None Date of

What test confirmed diagnosis? Hx Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. D. Herman M. D.

(Address) 1107 St. Paul St.

Spec.—9-30—A. & Co.—250 Blks

E 75575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106 E 75575

1 PLACE OF DEATH

CITY OF BALTIMORE (No 1604 John ward 14-20

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emma A. Lambie

(a) RESIDENCE NO 1604 John ST WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of John N. Lambie

6 DATE OF BIRTH (month, day, and year) ---------

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	72	---	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) --------- Maryland

PARENTS

10 NAME OF FATHER Charles A. Rogge

11 BIRTHPLACE OF FATHER (city or town) --- (State or country) Not obtainable

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (city or town) " (State or country) "

14 Informant Miss Edith A. Lambie
(Address) 3701 Edgewood Road

15 Filed ---, 19 --- Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/5/32

17
I HEREBY CERTIFY, That I attended deceased from 1/1/32, 19--, to 1/5/32, 19--

that I last saw h[illegible] alive on 1/5/32, 19--

and that death occurred, on the date stated above, at 11 45 a. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) --- yrs. --- mos. 6 ds.

CONTRIBUTORY (Secondary) ---

(duration) --- yrs. --- mos. --- ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ---

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1/13/32 19 (Address) 321 E 21st

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 1/11 19 32

20 UNDERTAKER Henry W. Mears and Son — ADDRESS 805 N. Calvert

TION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks

75576 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 75576

CERTIFICATE OF DEATH

90 Y

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1832 W. Baltimore St. 6-9 WARD) REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Annie E. T. Dougherty

(a) RESIDENCE NO 1832 W. Baltimore ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? 86 yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas B. Dougherty

6 DATE OF BIRTH (month, day, and year) Sept. 17, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	89	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) ------
(State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Sheil

11 BIRTHPLACE OF FATHER (city or town) -----
(State or country) Ireland

12 MAIDEN NAME OF MOTHER ----- Watson

13 BIRTHPLACE OF MOTHER (city or town) -------
(State or country) Ireland

14 Informant Leo E. Dougherty
(Address) 1832 W. Baltimore St.

15 Jan 9 1932 19 E. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7-1932

17

I HEREBY CERTIFY, That I attended deceased from Dec. 31st, 1931, to Jan. 7th, 1932

That I last saw her alive on Jan 7th, 1932

and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Rheumatic Arthritis

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Acute Pericarditis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Isaac A. Dickson M. D.

Jan 8 1932 (Address) 3055 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 1/11 1932

20 UNDERTAKER: Henry A. Myers & Son

ADDRESS: 605 W. Fayette

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 75577

CERTIFICATE OF DEATH

23 E 75577

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) 106 E. Madison St. 11-15 (Ward)

2. FULL NAME Charles B. Maynadier

(a) RESIDENCE NO. 106 E. Madison St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Mitchell

6. DATE OF BIRTH (month, day, and year) June 18, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	58	6	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Commercial Artist

(b) General nature of industry, business, or establishment in which employed (or employer): 001

(c) Name of employer

9. BIRTHPLACE (City or town) Harford County (State or country) Maryland

PARENTS

10. NAME OF FATHER Jeremiah Y. Maynadier

11. BIRTHPLACE OF FATHER (City or town) ----- (State or country) Maryland

12. MAIDEN NAME OF MOTHER Alice Lee Fendall

13. BIRTHPLACE OF MOTHER (City or town) Balto. Co. (State or country) Maryland

14. Informant Mrs. Esther Maynadier (Address) 106 E. Madison Street

15. Filed 1-9-1932 By C. HAMPSON JONES, M. D. Registrar Reed

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 1/8/32

17. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1929, to Jan 8, 1932

that I last saw h alive on Jan 8, 1932

and that death occurred, on the date stated above, at 9a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Chronic) 3

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John A. Fisk M. D.

19 (Address) 1936 Mariner

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: 1/11 1932

20. UNDERTAKER: Henry U. Myers & Son — ADDRESS: 705 W. Baltimore

TION is very important. See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Blks.

E 75578

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75578

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 Wilmington ~~St.~~ Ave WARD) 25-72

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Rule Shaffer

(a) RESIDENCE NO. 1006 Wilmington Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. — ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Ida E Shaffer

6 DATE OF BIRTH (month, day, and year) Sept 4 - 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clothing Marker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Morris & Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry C. Shaffer

11 BIRTHPLACE OF FATHER (city or town) New Freedom (State or country) Pa.

12 MAIDEN NAME OF MOTHER Annie B Yeatman

13 BIRTHPLACE OF MOTHER (city or town) Charlottesville (State or country) Va.

14 Informant Bertha H. Shaffer

(Address) 1502 Wilmington Ave

15 Filed 9 - 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 8-1932

17 I HEREBY CERTIFY, That I attended deceased from December 29, 1931, to January 8, 1932, that I last saw h alive on January 7 - , 1932 and that death occurred, on the date stated above, at 10:45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum test

(Signed) Chester Riland, M. D.

1-8, 1932 (Address) 2532 Edmondson Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	1/11 1932
20 UNDERTAKER Harry J. Nitzke	ADDRESS 4101 Edmondson Ave.

Important. See instructions on back of certificates.

Spec.—2-29-28—1. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75579

CERTIFICATE OF DEATH

✓ 107-001 E 75579

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hosp. ST. 7-4 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alaine Pulaski

(a) RESIDENCE NO. 1804 Eastern Ave ST. Balt WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 22 1930.

7 AGE — Years: 1 — Months: 9 — Days: 16 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Pulaski

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Mary Kawicka

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Baltimore

14 Informant: John Pulaski

(Address) 1804 Eastern ave.

15 Filed 9-1932 19 C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8/32

17 I HEREBY CERTIFY, That I attended deceased from Jan 4 . 1932 to Jan 8 . 1932

that I last saw him alive on Jan 8 . 1932

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) J M Baumgardner M. D.

. 19 (Address) St Joseph Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Jan 11 — 1932

DATE OF BURIAL

20 UNDERTAKER: W Brazenor. 1930

ADDRESS: Eastern ave

Spec.—7-17-26—A Co.—200 Blks.

E 75580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E 75580

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 437 E. Fitting St. 24-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Robison Paul

(a) RESIDENCE NO. 437 E. Fitting St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan. 6-1931

7 AGE — Years — Months 3 Days IF LESS than 1 day ___ hrs. or ___ min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Paul L. Robison

11 BIRTHPLACE OF FATHER (City or town) Baltimore

(State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Lyland

13 BIRTHPLACE OF MOTHER (City or town) Baltimore

(State or country) Md.

14 Informant (Address) Paul L. Robison 437 E. Fitting St.

15 Filed 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 9th 1932

I HEREBY CERTIFY, That I attended deceased from June 6 1932 to Jan 9th 1932

that I last saw him alive on Jan 9 1932

and that death occurred, on the date stated above, at 3.15 A. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Premature birth

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted

If not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John A. Bloomer M. D.

(Address) 1333 Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross C. A. Co. Date of Burial Jan. 9-1932

20 UNDERTAKER Margaret S. Flynn ADDRESS 1422 Light St.

(Do not write in spaces below. Age should be stated in years, months and days if less than one year. Name of cause of death must be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.)

9

Spec.—1-30—M. & T.—250 Blks

E 75581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 75581

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 Warren Ave St. 22-33 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nicolo Brocato

(a) RESIDENCE NO. 218 Warren Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Josephine Brocato

6 DATE OF BIRTH (month, day, and year) Nov 8, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Salvatore Brocato

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Isabella Pignatelli

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Joe Brocato (Address) 218 Warren ave

15 Filed JAN 10 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1932, to Jan. 7, 1932, that I last saw him alive on Jan 7, 1932, and that death occurred, on the date stated above, at 10.30 Am.

The CAUSE OF DEATH* was as follows:

Influenzal Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) S. A. Barranco, M. D.

, 19 (Address) 436 E. Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Jan 11 1932
20 UNDERTAKER	ADDRESS
Frank V. Lipsitone	2018 E. Baltimore

THIS is very important. See instructions on back of certificates.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75582

CERTIFICATE OF DEATH

X 13 E 75582

1. PLACE OF DEATH Univerity Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 4-30 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Melville Brown

(a) Residence: No. Newburg Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Maried

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Brown

6. DATE OF BIRTH (month, day, year) 1902

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co Md

FATHER
13. NAME Henry Washington
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Mary C. Thomas
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT George Brown
(Address) Newburg Md

18. BURIAL, CREMATION, OR REMOVAL
Place Newburg Date Jan 6 1932

19. UNDERTAKER Durand N. Chase Son
(Address) 638 N. Gilmor St.

FILED JAN 8 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1931, to Jan 8 1932

I last saw her alive on Jan 8 1932 death is said to have occurred on the date stated above, at 1:10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis with hypertension	
Broncho pneumonia	

Other contributory causes of importance:

Severe secondary anemia

Name of operation None Date of —

What test confirmed diagnosis? Lab Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) [illegible] Hosp.

OCCUPATION is very important. See instructions on back of certificate.

A&Co. C-11 1930

Sayler

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75583

CERTIFICATE OF DEATH

X-107-001

E 75583

Registered No. .....

1. PLACE OF DEATH Bon Secours Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette and Eutaw St. 20-27 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Laura M. Sayler (nee Prestgale)

(a) Residence: No. 2008 Druid Park Lane, St., Ward. Catonsville, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. Abner Sayler

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Thomas G. Scharf

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr. J. Abner Sayler

(Address) North Bend Road

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Jan. 11 1932

19. UNDERTAKER Robt L Bloom

(Address) 1005 E. Baltimore St.

20. Filed JAN 11 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1932 to Jan 8, 1932

I last saw h[illegible] alive on Jan 8 1932 death is said to have occurred on the date stated above, at 10 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	(?)

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. Gonatas, M. D.

(Address) Bon Secours Hospital

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

Antoinette Weisand

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75584

CERTIFICATE OF DEATH

Registered No. E 75584

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 N Madeira St., 1-10 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annalinte Weisand

(a) Residence: No. 215 N Madeira St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm Weisand

6. DATE OF BIRTH (month, day, year): Dec 13 1906

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	25		27 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: Anthony Radgunski

14. BIRTHPLACE (city or town) (State or country): Bohemia

MOTHER

15. MAIDEN NAME: Josephine Navack

16. BIRTHPLACE (city or town) (State or country): Bohemia

17. INFORMANT: Mrs Weisand
(Address) 215 N Madeira

18. BURIAL, CREMATION, OR REMOVAL
Place Cat Hill Date Jan 12 1932

19. UNDERTAKER: August Raske
(Address) 2706 Eastern Ave

C. P. JAMESON JONES, M.D.
Registrar

20. FILED JAN 13 1932

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to Jan 9 1932

I last saw h[illegible] alive on Jan 5 1932 death is said to have occurred on the date stated above, at 2:30 AM m

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset 1931

Other contributory causes of importance:

Cardiac Exhaustion

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) William Thomas M. D.

(Address) 515 N Fremont Ave

1-50—M & T—100 B—507.

E 75585

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75585

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2216 E. Eager ST. 8-12 (WARD) 9

2-FULL NAME John V. Zelinka

(a) RESIDENCE NO 2216 E. Eager ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary B. Zelinka

6 DATE OF BIRTH (month, day, and year) May 18,1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	7	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Vincent Zelinka

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant John D. Zelinka
(Address) 2216 E. Eager St

15 Filed _____ 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) John Buchanan, M. D.
Coroner

Jan. 11, 32 (Address) 208 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
August Pasek	1/11/32

20 UNDERTAKER Date & Hill ADDRESS 2406 Eutaw St

Jan 11 1932

TION is very important. See instructions on back of certificate.

Adm. 1-11-1930

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75586

E 75586

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital St. 26-40 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... da. How long in U.S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Thomas Catherine Strong

(a) Residence: No. 3813 Belair Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ John B Gaecklein

6. DATE OF BIRTH (month, day, year) Jan 7-1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Charles B Strong
14. BIRTHPLACE (city or town) (State or country) Baltimore
15. MAIDEN NAME Catherine Strong
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT John B Gaecklein
(Address) 3813 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Westlawn Date Jan 12 1932

19. UNDERTAKER Thomas Corbett
(Address) 1201 Pennsylvania Ave

20. FILED Jan 12 1932 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-8-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-1-32, 19... to 1-8-32, 19...

I last saw h[illegible] alive on 1-8-32, 19... death is said to have occurred on the date stated above, at 9:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-1-32
Septicemia	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? P E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hyalmar S Anderson M. D.

(Address) St Agnes Hospital

Adm. 4-11-1908

E 75587

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75587

CERTIFICATE OF DEATH

Registered No. Rujecka 40-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3334 Elmora St. 8-40 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Catherine F Jenschel

(a) Residence: No. 3334 Elmora St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Jenschel

6. DATE OF BIRTH (month, day, year) March 30 18

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Harry Bremmer

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Anna Elbacher

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Jenschel

(Address) 3334 Elmora

18. BURIAL, CREMATION, OR REMOVAL. Place Dale Town Date 1/14/32

19. UNDERTAKER August E Basile

(Address) 406 Bland Av

20. FILED ... M. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 32

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1931 to Jan 9 1932

I last saw her alive on Jan 9 1932 Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation (Rheumatic)	about 1925

Other contributory causes of importance:

Acute Cardiac Dilatation Idio.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Fred Rujecka M. D.

(Address) 406 N Bond St

OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A & Co—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75588

1 PLACE OF DEATH Sinai Hosp CERTIFICATE OF DEATH

82-E 75588

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 3-4 ST. WARD)

2 FULL NAME Mrs Anna Laboritz

(a) RESIDENCE NO 332 S Bond St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julius Laboritz

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 69; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address) Julius Laboritz 332 S. Bond St

15 Filed JAN 10 1932 D. HAMILTON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 /32

17

I HEREBY CERTIFY, That I attended deceased from Jan 3 1932 to Jan 10 1932

That I last saw her alive on Jan 10 1932

and that death occurred, on the date stated above, at 3 PM

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Obs.

(Signed) Milton B Kirsh M. D.

19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Wisdom — DATE OF BURIAL: 1-10-1932

20 UNDERTAKER: Joel Lewis, Inc. — ADDRESS: 1439 E. Balto

NOW is very important. See instructions on back of certificates.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75589

CERTIFICATE OF DEATH

46 E 75589

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 10-46 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Schilling

(a) Residence: No. 1122 E. Monument St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Mrs. Mary Cook Schilling

6. DATE OF BIRTH (month, day, year): March 17-1868

7. AGE: Years 63 | Months 4 | Days 24 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Florist Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: George Schilling

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER FATHER

15. MAIDEN NAME: Mary Kattenburg

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Jan 13th 1932

19. UNDERTAKER: George Schilling & Sons

(Address): 14 E. Monument & 1122 E. Monument St.

20. FILED: JAN 13 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 10 1932

22. I HEREBY CERTIFY, That I attended deceased from December 25 1931 to January 10 1932

I last saw h[illegible] alive on January 10 1932 death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	?

Other contributory causes of importance:

Intestinal Obstruction	8 Days ?
Chronic Myocarditis	?

Name of operation: Cauterization Date of: 12/25/31

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Simon Berger, M. D.

(Address) Mercy Hospital.

OCCUPATION is very important. See instructions on back of certificate.

Spec—F-30—A. A Co.—250 11's

E 75590 HEALTH DEPARTMENT—CITY OF BALTIMORE

95 E 75590

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No) 2811 Rueckert Ave (St) 27-4-4 (Wards)

REGISTERED No

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Conrad Karle

(a) RESIDENCE No 2811 Rueckert Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced~~ (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 14 1875

7 AGE: 56 Years 7 Months 2 Days

If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baker

(b) General nature of industry, business, or establishment in which employed (or employer): Bakery

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John Karle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Lotta Repp

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Elizabeth Parsons

(Address): 2811 Rueckert Ave

15 Filed 6-13-32 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/8/32

17 I HEREBY CERTIFY, That I attended deceased from Jan 1930, 19 , to 1/8/ , 1932

that I last saw h— alive on 1/8/ , 1932

and that death occurred, on the date stated above, at 9.30 P.M.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thos. Feller M. D.

19 (Address) 5702 Harford Rd.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: June 11 1932

21 UNDERTAKER: Geo. Schillig & Son — ADDRESS: Greenmount Ave

Ref

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—MAT—500 Blks.

E 75591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 75591

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 418 Hoffman ST. 1-2nd (WARD)

2-FULL NAME Cora Mason

(a) RESIDENCE NO. 418 W. Hoffman ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John

6 DATE OF BIRTH (month, day, and year): ? 1842

7 AGE: Years 50 | Months — | Days — | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Robert Hosey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Sarah Hosey

(Address): 418 Hoffman St

15 Filed ... 19... C. HAMPTON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 5 - 1932

17

I HEREBY CERTIFY, That I attended deceased from January 4, 1932, to January 5, 1932, that I last saw h alive on January 5, 1932 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs — mos 1 ds.

CONTRIBUTORY (Secondary): None

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. M. Pelletreau, M. D.

, 19 (Address) 817 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 1/10/1932

20 UNDERTAKER: Mrs Geo. E. Holland

ADDRESS: 1631 Druid Hill

THIS IS very important! See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75592

93-904 V

E 75592

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2404 Boxhawy Ave ST. 25-33 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Jekowski

(a) RESIDENCE No. 2404 Boxhawy Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs mos ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Veronica Jekowski

6 DATE OF BIRTH (month, day, and year) 3/17-1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	44	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) 80

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Jekowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Lipkowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. V. Jekowski (Address) 24 or Boxhawy Ave

15 Filed JAN 9 1932, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 4 1932 to Jan 9 1932

that I last saw him alive on Jan. 8 1932

and that death occurred, on the date stated above, at 12 30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Ex

(Signed) Eugene Talbot M. D.

19 1932 (Address) 2739 E. Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem

DATE OF BURIAL Jan 12 1932

20 UNDERTAKER M. H. E. Dippel

ADDRESS 37 E Cross St

TION is very important. See instructions on back of certificates.

AdCo. 5-11 2500 675593

HEALTH DEPARTMENT—CITY OF BALTIMORE

255172

CERTIFICATE OF DEATH

X 131 **E 75593**

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. 12 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David Cline

(a) Residence: No. Baileysville W. Va St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura

6. DATE OF BIRTH (month, day, year): Jan 21 - 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	71	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...
10. Date deceased last worked at this occupation (month and year): ...
11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): W. Va

MOTHER FATHER

13. NAME Michael Cline
14. BIRTHPLACE (city or town) (State or country): W Va
15. MAIDEN NAME Martha Lambert
16. BIRTHPLACE (city or town) (State or country): W. Va

17. INFORMANT (Address) JOHNS HOPKINS HOSPITAL Records

18. BURIAL, CREMATION, OR REMOVAL
Place Bay View Date 10 1932

19. UNDERTAKER Joseph Aheurn
(Address) Linthicum

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1931, to Jan 10, 1932
I last saw him alive on Jan 10, 1932 death is said to have occurred on the date stated above, at 850 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic vascular nephritis	1920
Benign prostatic hypertrophy	1924
Uremia June	1931

Other contributory causes of importance:

Name of operation None Date of ...
What test confirmed diagnosis Blood there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry Dana Thrasher M. D.
(Address) Johns Hopkins Hospital

OCCUPATION IS very important. See instructions on back of certificate.

AACo. 5-11 2508

E 75594

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75594

CERTIFICATE OF DEATH

X 54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 33rd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Michael S. Miles

(a) Residence: No. Hillcrest Rd 6 St., Ward. York, Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of Mrs. Michael S. Miles (or WIFE of)

6. DATE OF BIRTH (month, day, year) 12/25/1887

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
45			16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

MOTHER FATHER

13. NAME Henry Miles (4)

14. BIRTHPLACE (city or town) (State or country) N. Y.

15. MAIDEN NAME Lillie Schell (4)

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs. Henry Miles

(Address) N. Y. C.

18. BURIAL, CREMATION, OR REMOVAL

Place Prospect Hill, York Pa Date Wed. 13 19 1932

19. UNDERTAKER Wm Cook

(Address) 1217 N Charles St

20. FILED 1 11 1932 21. [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ~~1/10~~ 1/11 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/7 . 1932 to 1/11 . 1932

I last saw him alive on 1/11 1932 death is said to have occurred on the date stated above, at 3.04 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction due to Adhesions.	Jan 5th
Localized Peritonitis	Jan 7th
Other contributory causes of importance: Diabetes Mellitus	?

Name of operation Herotomy Date of Jan 8

What test confirmed diagnosis? Exploration Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel W. Lansdown M. D.

(Address) Union Memorial Hosp

AsCo. 5-31-2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75595 E 75595

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Thc.) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 14-20 St. Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Seven Aparicio

(a) Residence: No. 1507 McCulloh st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annette Aparicio

6. DATE OF BIRTH (month, day, year) July 30, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Heavy Lab
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on Loaf
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philipine Islands

FATHER

13. NAME Alexander Aparicio
14. BIRTHPLACE (city or town) (State or country) Philipine Islands

MOTHER

15. MAIDEN NAME Mary Salcuero
16. BIRTHPLACE (city or town) (State or country) Philipine Islands

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 6/11 1932

19. UNDERTAKER [illegible]
(Address) 1312 Eutaw st.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jun. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1931 to Jun. 6, 1932
I last saw him alive on Jun. 6, 1932 death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

1 Pulmonary Tuberculosis — Date of onset June 1931

Other contributory causes of importance:

Name of operation [illegible] Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lawrence H. Sena, M. D.
(Address) Baltimore City Hospitals

(1) Duplicate is very important. See instructions on back of certificate.

Spec.—9-30—A & S Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75596

CERTIFICATE OF DEATH

82 E 75596

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1117 Argyle ave ST.) (WARD 24)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Henrietta Lewis

(a) RESIDENCE No. 1117 Argyle ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Service

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Frey Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Rebecca Brown
(Address) 1100 Fieldcrest St

15 Filed ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/7/32

17

I HEREBY CERTIFY, That I attended deceased from Jan. 1932 to Jan 7 1932

that I last saw h[illegible] alive on Jan 6 1932

and that death occurred, on the date stated above, at 2:40 a.m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrh[illegible]

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John H. Pomfrey M. D.

(Address) 1117 W. Lafayette

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cem.

DATE OF BURIAL: 1/11 1932

UNDERTAKER: Emmett Stansbury

ADDRESS: 578 N Bidd[illegible]

FROM A very important. See instructions on back of certificate.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75597

CERTIFICATE OF DEATH

E 75597

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1536 Harlem ave St. 1625 Ward)

Registered No. 239

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Stinson

(a) Residence: No. 1536 Harlem ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored.	Widow

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49		—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Md.

FATHER

13. NAME David Garland.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Stinson.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mattie E Nelson
(Address) 1536 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St Thomas Date Jan 11. 1932

19. UNDERTAKER Samuel Feinberg
(Address) 522 N Bridge St

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1931, to Jan 7, 1932

I last saw her alive on Jan 7, 1932 death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Influenza — Date of onset

Other contributory causes of importance:

Acute Dilatation of Heart

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W D Hall, M. D.

(Address) 1536 Harlem Ave.

OCCUPATION IS VERY important. SEE INSTRUCTIONS on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 75598 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82 E 75598

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 509 N. Carrolton Ave ST. 18-26 WARD

2-FULL NAME Florence Garner

(a) RESIDENCE NO. 509 N. Carrolton ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Horace Garner

6 DATE OF BIRTH (month, day, and year) May 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	8	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Beltsville Md.

PARENTS

10 NAME OF FATHER James Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Henrietta Manns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Horace Garner 509 N. Carrolton Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10th 1932.

17 I HEREBY CERTIFY, That I attended deceased from Jan 3rd, 1932, to Jan 10th, 1932, that I last saw her alive on Jan 9th, 1932, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage —

(duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) Cerebral Arteriosclerosis —

(duration) yrs. — mos. 8 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Harry F. Brown, M. D.

(Address) 916 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. Laurel — DATE OF BURIAL Jan 13 1932

20 UNDERTAKER Samuel Wright & Son ADDRESS Carrolton Ave

1-32—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75599

CERTIFICATE OF DEATH

218-001

REGISTERED NO.

1-PLACE OF DEATH E 75599

CITY OF BALTIMORE: (NO. Franklin Square Hospital ST. 14-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William L. Griffin.

(a) RESIDENCE NO. 218 S. Fulton Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. --- mos. --- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married ~~wife of~~ HUSBAND of ~~XXXXXX~~ Carrie Griffin.

6 DATE OF BIRTH (month, day, and year) July 6, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	64	6	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Tin Sheet iron
(b) General nature of industry, business, or establishment in which employed (or employer): worker.
(c) Name of employer: Virginia.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Thomas L. Griffin.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Bettie Betterton.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Leonard C. Griffin. (son)

(Address) 218 S. Fulton Ave.

15 Filed 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 7, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Compound fracture of right leg. fracture of pelvis. fracture of left femur. Shock. Struck and knocked down by an automobile while crossing the street

(Duration) yrs. mos. ds.

Whether Accidental, Suicidal or Homicidal? Accidental Death

(Secondary) (Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Stricker & Hollins.

Did an operation precede death? January 6, 1932

Was there an autopsy? No. Date of

What test confirmed diagnosis? No.

(Signed) Otto M. Reinhardt M. D. Coroner

1/8/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: 1-11-1932

20 UNDERTAKER: David Easton

ADDRESS 96 Pa ave

TION is very important. See instructions on back of certificates.

AaCo. 5-11 2508

E 75600 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 75600

1. PLACE OF DEATH 521 Durham St

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-13 Ward)

Length of residence in city or town where death occurred 61 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lida Shibles

(a) Residence: No. 521 N. Durham St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethan Shibles

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N.H.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Lathan Johnson

16. BIRTHPLACE (city or town) (State or country) N.H.

17. INFORMANT (Edith Spicer
(Address) 521 N. Durham St

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson cem. Date Jan 11 1932

19. UNDERTAKER Edward Bryan
(Address) 1831 Edmondson Ave

JAN 11 1932 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-8 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-2 1932 to 1-8 1932

I last saw her alive on 1-8 1932 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Insufficiency	1-2-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify. .....

(Signed) ..... M. D.

(Address) 521 N. Durham St

Spec.—9-30—A. A. Co.—250 Blks

75601

E 75601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3923 Belvieu Ave (St.) 1-5-63 (Ward)

2 FULL NAME Miss Nettie A. Graham

(a) RESIDENCE NO. 3923 Belvieu Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 88 yrs. 4 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 5-1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	4	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer) 68
(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Andrew Graham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Janet Nicole Hutchison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant William Graham
(Address) 2301 Allendale Rd

15 JAN 1932 By C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 9-32

17
I HEREBY CERTIFY, That I attended deceased from 12-27, 1931, to 1-9, 1932

that I last saw h[illegible] alive on 1-9, 1932

and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia (Bronchial)

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Pineplains

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bronchoscope

(Signed) Howard Atwell M. D.

(Address) 3402 Overland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem.

DATE OF BURIAL June 12 1932

20 UNDERTAKER Harry W. Ehlen

ADDRESS N. Monroe

IMPORTANT. See instructions on back of certificate.

Spec—9-30—A. & Co.—250 Blks.

75602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

REGISTERED E 75602

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3314 W. North Ave St. 5-67 WARD)

2 FULL NAME Gertrude M. Baynil

(a) RESIDENCE No 3314 W. North ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of George R. Baynil

6 DATE OF BIRTH (month, day, and year) July 12 1903

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	5	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Henry A. Le Bron
11 BIRTHPLACE OF FATHER (city or town) (State or country) P. A.
12 MAIDEN NAME OF MOTHER Rose Martin
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant (Address) George R. Baynil 3314 W. North ave

15 Filed [illegible] 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8/32

17
I HEREBY CERTIFY, That I attended deceased from Nov 17 1931 to Jan 8 1932
That I last saw her alive on Jan 8 1932
and that death occurred, on the date stated above, at 12 00 a m.
The CAUSE OF DEATH* was as follows:

Carcinoma of liver & glands of neck (duration) about 3 yrs. mos. ds.
CONTRIBUTORY (Secondary) Carcinoma of cervix—operation 1929 (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of 1929
Was there an autopsy? no
What test confirmed diagnosis? Laboratory & physical
(Signed) W. S. Gilbert M. D.
Jan 11 1932 (Address) 2220 Garrison

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: W. W. Cathedral DATE OF BURIAL: Jan 12 1932
20 UNDERTAKER: Jos. J. Mena Sons ADDRESS: 156 N. Eutaw

How to fill out certificate of certificates. See instructions on back of this sheet. It is very important.

Kpac—9-36—A. & A. Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75603 — 13 — E 75603

CERTIFICATE OF DEATH

1 PLACE OF DEATH West Baltimore General Hospital — Registered No.

CITY OF BALTIMORE: (No. 34-75 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME (O. W. Julien) Orris W. Julien

(a) RESIDENCE NO. Hotel Rennert St. Ward

(Usual place of abode) (If non-resident give city or town and State) Kansas City

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male — 4 COLOR OR RACE: W. — 5 Single, Married, Widowed, or Divorced (write the word): single

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 22-1874

7 AGE: Years 57 — Months 5 — Days 17/18 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Atty at Law

(b) General nature of industry, business, or establishment in which employed (or employer): with U.S.F.B.

(c) Name of employer: Indiana

9 BIRTHPLACE (city or town) (State or country): Indiana

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant (Address): Chas H. Winner Jr. 526 E 35th St. City

15 Filed — 16 — Registrar

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH (month, day, and year): Jan 9/32

17 I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1932 to Jan 9, 1932

That I last saw h alive on Jan 9, 1932

and that death occurred, on the date stated above, at 12:30 P.m.

The CAUSE OF DEATH* was as follows:

Pyonephrosis (Right)
Probable Renal Calculi

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Pneumonia (?)

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 7/32

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Philip F. Lowe M. D.

, 19 (Address) West Balto. Gen. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wellington Kan. — DATE OF BURIAL: Jan 11 1932

20 UNDERTAKER: John O. Mitchell & Son — ADDRESS: 1900 Eutaw Place

FILED JAN 11 1932 HAMPSON JONES, Registrar

AACo. 5-H 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75604

2-E 75604

CERTIFICATE OF DEATH

51

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 27-53 Ward)

Length of residence in city or town where death occurred 7 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Cornelius W. Abbott

(a) Residence: No. Roland Park Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida

6. DATE OF BIRTH (month, day, year): Dec 30-1855

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	76		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mo

MOTHER FATHER

13. NAME: Cornelius Abbott

14. BIRTHPLACE (city or town) (State or country): Mass

15. MAIDEN NAME: Mathilda Price

16. BIRTHPLACE (city or town) (State or country): Del

17. INFORMANT: Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: Jan 12 1932

19. UNDERTAKER: John O. Whitehill & Son
(Address): 1420 Eutaw Place

20. FILED JAN 11 1932 HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1931 to Jan 9, 1932

I last saw him alive on Jan 9, 1932 death is said to have occurred on the date stated above, at 6.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	1920
Asthma - Bronchial	1921
Carcinoma of prostate with metastases	1926

Other contributory causes of importance:

Name of operation: Perineal prostatectomy Date of: March 1930

What test confirmed diagnosis: Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Lloyd F. Lewis M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-31—A. & Co.—250 Blks.

E 75605 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75605

CERTIFICATE OF DEATH

V 46

1 PLACE OF DEATH

CITY OF BALTIMORE (No 449 E. 25th St. 12-50 ST. or WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ella R. Jones

(a) RESIDENCE NO. 449 E. 25th St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John George Jones

6 DATE OF BIRTH (month, day, and year) Mar. 16, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home duties

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER Thomas W. Ewing

11 BIRTHPLACE OF FATHER (city or town) (State or country): Delaware

12 MAIDEN NAME OF MOTHER Mary A. Grayless

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant Elsie M. Jones
(Address) 449 E. 25th St.

15 Filed JAN 11 1932 HAROLD J. ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8/32

17

I HEREBY CERTIFY, That I attended deceased from Nov 25, 1931, to Jan 8, 1932, that I last saw h[illegible] alive on Jan 8, 1932, and that death occurred, on the date stated above, at noon

The CAUSE OF DEATH* was as follows:

Cancer generalizing. (Primary in region of sigmoid)

(Duration) yrs. 1½ mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Hubert E. Knapp M. D.

1/9 1932 (Address) 1216 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Jan. 11, 1932

20 UNDERTAKER: John O. Mitchell & Sons, 1900 Eutaw Place
ADDRESS
Walton B. Mitchell

FOR IMPORTANT INSTRUCTIONS ON BACK OF CERTIFICATE.

1-30—M. & T.—100 D—501.

75606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001 E 75606

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 S. Streeper ST. 1-1 WARD)

2-FULL NAME Antonie Stachowski

(a) RESIDENCE NO 830 S. Streeper ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Stachowski

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
49	49			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Odd
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Anna Stachowska

(Address) 820 S. Streeper St

15 Filed _____, 19__ _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) influenza

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical

1/11, 1932 (Signed) B. J. Herzog MD _____ Coroner, M. D.

(Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	Jan 12 1932
20 UNDERTAKER John J. Zulda	ADDRESS 2311 7 Hudson St

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—501.

E 75607.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 75607.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 503 N. Mount St. (Ward) 19-27

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ada Lee

(a) RESIDENCE NO. 503 N. Mount St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8yrs yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 17-1931

7 AGE — Years: — Months: 3 — Days: 23 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thos. Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Eliza Morgan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Catherine Lee
(Address) 503 N. Mount.

15 Filed JAN 11 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 9th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Department, and) find that said deceased came to (his) death (by autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted, if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Jas. T. Roberts, Coroner, M. D.

(Address) Home

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Zion — DATE OF BURIAL: Jan 12 1932

20 UNDERTAKER: Joseph A. Lively — ADDRESS: 409 N. Mount Street.

TION is very important. See instructions on back of certificates.

1-30—M & T—100 B—501.

75608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75608

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospitals ST. 2-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederich Kopp

(a) RESIDENCE NO 709 S. Wolfe ST. 2 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Kopp

6 DATE OF BIRTH (month, day, and year) June 23 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	6	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer): 059
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Frederick Kopp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Schreck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Caroline Diethelm

(Address) 1629 S. Charles St

15 Filed , 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia resulting from accidental fall Overboard

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Foot of Montford Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. F. Steiger M.D. (Coroner), M. D.

1932 Address) 1305 E. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel — DATE OF BURIAL: Jan. 11 1932

20 UNDERTAKER: Lilly & Zeiler Inc. — ADDRESS: 4031 Wolfe St

ATTENTION is very important See instructions on back of certificates.

AaCo. 5-31 1908

75609 HEALTH DEPARTMENT—CITY OF BALTIMORE 75609

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3412 Mable St. (Ward) 26-39

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME George B Alberts.

(a) Residence: No. 3412 Mable, St., 24 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret Alberts.

6. DATE OF BIRTH (month, day, year) July 17-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64 65	-5	-21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Locker Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME George Alberts

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Margaret Alberts.
(Address) 3412 Mable St.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem. Date Jan 12 1932

19. UNDERTAKER Lilly & Zulu Sons
(Address) 422 E. Lexington St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10 1932.

22. I HEREBY CERTIFY, That I attended deceased from September 1 1931 to Jan. 10 1932

I last saw h— alive on Jan 9 1931 death is said to have occurred on the date stated above, at 5. a. m.

The principal cause of death and related causes of importance were as follows:

Chr. Bright. Disease — Date of onset

Other contributory causes of importance:

Pernicious Arterio-Sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. E. Wilson M. D.

(Address) 1310 Linden Ave

AaCo. 5-11 2508

E 75610 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75610

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp St., 7th Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Madeline Sellner

(a) Residence: No. 2600 E. Monument St., P Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Geo Alphonse Sellner

6. DATE OF BIRTH (month, day, year) Oct 25 - 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
61 62	2	16 14		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME Louis Hubert
14. BIRTHPLACE (city or town) (State or country) Germany.
15. MAIDEN NAME Mary Diesner
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. John Horak
(Address) 714 N. Eutaw ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Holy Redeemer Date Dec. 13. 1932

19. UNDERTAKER Lilly & Zuberer.
(Address)

20. FILED Dec. 13 1932 21. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9-32 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1932 to Jan 9, 1932

I last saw her alive on Jan 9, 1932 death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Gangrene Left Leg	1 mo +
Other contributory causes of importance: Toxemia	48 hrs +

Name of operation None Date of None
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19....
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) N B Hendrix M. D.
(Address) St Joseph Hospital

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75611

CERTIFICATE OF DEATH.

23 E 75611

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3428 Belvidere Ave ST. 27-55 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha B. White

(Residence in Baltimore: No. 3428 Belvidere Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. May (Month) 12th (Day) 1911 (Year)

7-AGE. 20 yrs. 7 mos. 28 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE. (State or Country). Md

PARENTS.

10-NAME OF FATHER. Harry T. Bryant

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER. Sadie E. Briggs

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Milton G. White

(Address) 3428 Belvidere Ave

15-

Filed JAN 11 1932, 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan (Month) 10th (Day), 1932 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1932, to January 10 1932, that I saw her alive on Jan 8 1932, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Tubercular Laryngitis

(Duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Asthma

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Ralph L Hoyt M. D.

Jan 10, 1932 (Address) 7 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Woodlawn Cemetery Mt Vernon Sq Md	Jan 13, 1932
20-UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

Spec.—2-20-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75612

CERTIFICATE OF DEATH

1931

E 75612

REGISTERED NO. 24-35

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1450 N. Caton ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna Mary Gerst

(a) RESIDENCE NO. 1450 N. Caton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 9 - 1837

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	94	5	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Own home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John Gerst

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Ahles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Annie Bring

(Address) Rosedale Balto Co Md

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 9- 32

17 I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1931, to January 9, 1932

that I last saw h alive on Jan 8, 1932

and that death occurred, on the date stated above, at 8 30 a m.

The CAUSE OF DEATH* was as follows:

Uraemia 2 days

Chronic Interstitial Nephritis

Myocarditis, Hypertension

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Chr Interstitial Nephritis

(duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Hinselmann

(Signed) Thos. J. a Stevens, M. D.

1-9, 1932 (Address) 2878 Burford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery

DATE OF BURIAL 1/11/1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

AaCo. 5-31 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75613

CERTIFICATE OF DEATH

1931 E 75613

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2835 Frederick Ave. s) 20 (Ward) 27

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. 26 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary C. Fairow

(a) Residence: No. 2835 Frederick Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of the late Chas W. Fairow

6. DATE OF BIRTH (month, day, year) Nov 24 1854

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
77		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Francis W. Schultz

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary Houck

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Mary G. Leise
(Address) 2835 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place London Park Day 1 12th 1922

19. UNDERTAKER Chas J. Cowen & Co
(Address) 1921 Eutaw Pl.

20. FILED . 19 31 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/8/ , 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 , 1931, to Jan 8/ , 1932

I last saw her alive on Jan 8 , 1932 death is said to have occurred on the date stated above, at 11.55 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebro Uremia
Endocarditis, Syphilitic
Cor Adiposum
Arteriosclerosis

Date of onset

Other contributory causes of importance:

Pulmonary Edema

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm F C Natch M. D.

(Address) 219 Wilkens Ave

1-30—M. & T.—100 B—50L

E 75614

HEALTH DEPARTMENT—CITY OF BALTIMORE

93 ✓ 94

E 75614

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 745 Vine ST. 18-26 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Dennis

(a) RESIDENCE NO. 745 Vine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Dennis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Annie Reynolds

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. John Dennis

(Address) 613 S. Greene St

15 Filed JAN 11 1932 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Insufficiency.

(duration) yrs. mos da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Eugene Zellers, M.D. Coroner

1/10, 1932. (Address) 2358 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dolphin Cemtery

DATE OF BURIAL 1/11 1932

20 UNDERTAKER Walter B. Spriggs

ADDRESS 131 W Hamburg St.

TION is very important. See instructions on back of certificates.

AACo. 5-31 250R

75615 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75615

CERTIFICATE OF DEATH

94-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2302 Frederick Ave St. 20-6 Ward)

Length of residence in city or town where death occurred 60 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Elizabeth Hackenheimer

(a) Residence: No. 2302 Frederick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm F. Hackenheimer

6. DATE OF BIRTH (month, day, year) Feb 14 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
80	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Germany

MOTHER FATHER

13. NAME Geo Hendricks
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Elizabeth Beck
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Hackenheimer
(Address) 2302 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 1/ /32

19. UNDERTAKER F. D. Reppert
(Address) 1516 W Fayette St

JAN 11 1932 BALTIMORE, MD.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/7/32

22. I HEREBY CERTIFY, That I attended deceased from Jan 1929 to Jan 7 1932
last saw h[illegible] alive on Jan 7 1932 death is said to have occurred on the date stated above, at 1240 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1/7/32
Arteriosclerosis	2 yrs
Hypertension	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Howard Kahn M. D.
(Address) 2027 W Pratt St

Upson—6-9-19—H. P. Co.—1000 Blks.

75616

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75616

CERTIFICATE OF DEATH.

93-003

1-PLACE OF DEATH

CITY OF BALTIMORE. (No 709 Arlington Ave (Home) ST. 27-47 WARD.)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jessie C Smith

(a) RESIDENCE. No. 709 Arlington Ave ST. WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. 1 mos. 5h. How long in U. S., if of foreign birth? yrs. mos. da.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): widow

5a If ~~married, widowed, or divorced~~ (or) WIFE of: Ballard R. Smith

6 DATE OF BIRTH (month, day, and year): Dec 8 1868

7 AGE — Years: 63 — Months: 1 — Days: 1 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Richmond Va

PARENTS

10 NAME OF FATHER: Josiah Reese

11 BIRTHPLACE OF FATHER (city or town) (State or country): Richmond Va

12 MAIDEN NAME OF MOTHER: Lucy Nelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Virginia Smith 709 Arlington Ave

15 Filed JAN 1 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 7th 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct 4 1931 to January 7th 1932

that I last saw her alive on January 8th 1932

and that death occurred, on the date stated above, at 3 00 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

(duration) — yrs. — mos. 1 da.

CONTRIBUTORY (Secondary): Myocarditis - Anginapectoris

(duration) — yrs. 3 mos. — da.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) J.H. Clift, M. D.

1-9-1932 (Address) 3532 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Jan. 11, 1932
20 UNDERTAKER: E. Leroy Stoller, Inc	ADDRESS: 125 E. North Ave

THIS IS VERY IMPORTANT. See instructions on back of certificate.

AACo. 5-H 2508

75617 HEALTH DEPARTMENT CITY OF BALTIMORE E 75617

CERTIFICATE OF DEATH

82-007

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 N Rose St. 7-12 Ward)

Length of residence in city or town where death occurred 71 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 71 yrs. ... mos. ... ds.

2. FULL NAME Alois Gursika (ALOIS YURSIK)

(a) Residence: No. 709 N. Rose St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Gursika

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph Gursika

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Agnes Gursika
(Address) 709 N Rose

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Date Jan 11 1932

19. UNDERTAKER Frank Erickson
(Address) 1906 Highland Ave

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931 to Jan 9, 1932

I last saw him alive on Jan 9, 1932 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 1 31

Other contributory causes of importance:

Cardio Renal Sclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify. ...

(Signed) ..., M. D.
(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Blks.

E 75618 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75618

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4004 Pinewood Ave., Raspeburg ST. 27th WARD)

2-REGISTERED NO. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frieda Elizabeth Bachman

(a) RESIDENCE NO. 4004 Pinewood Ave., Raspeburg, Md. 27th ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of Herbert Bachman

6 DATE OF BIRTH (month, day, and year) Jan. 1, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	--	10	9

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Karl F. Thalheim

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Frieda Mader

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs. Karl Thalheim 4004 Pinewood Ave., Raspeburg, Md.

15 Filed JAN 11 1932 HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 10, 1932

17 I HEREBY CERTIFY, That I attended deceased from August 27 to January 32, that I last saw her alive on January 32, and that death occurred, on the date stated above, at 1:15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. L. Wilkinson, M. D.

1/10, 1932 (Address) 5713 Belair Rd., Raspeburg, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Jan 12 1932
20 UNDERTAKER	ADDRESS
Frederick Lassahn Low	7401 Belair Rd.

TION is very important. See instructions on back of certificates.

AACo. 5-11 2500

E 75619 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 75619

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 22-30 St. Ward)

Length of residence in city or town where death occurred 30 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Maude Lacey

(a) Residence: No. 403 Dover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) June 10, 1880

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	51	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework ?
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. out of work
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Staunton Va.

FATHER

13. NAME Washington Fetton
14. BIRTHPLACE (city or town) (State or country) ? Va.

MOTHER

15. MAIDEN NAME Amanda Winston
16. BIRTHPLACE (city or town) (State or country) ? Va.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Jan 13 19 32

19. UNDERTAKER Wm. P. A. Elliott
(Address) 1121 W. Baltimore St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 19 32

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 19 31 to Jan. 8, 19 32
I last saw her alive on Jan. 8, 19 32 death is said to have occurred on the date stated above, 8:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-3 32
Other contributory causes of importance: Myocarditis chronic	unknown

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

1-10-31 (Signed) Elmer Highberger M. D.
(Address) Balto. City Hosp.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

1-30—M A T—100 B—691.

E 75620

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75620

CERTIFICATE OF DEATH

82-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 18-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ignas (J. Thomas) Kurlansky

(a) RESIDENCE NO 819 Hollins ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Own
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Lithuania

PARENTS

10 NAME OF FATHER Matteus Kurlansky

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lithuania

12 MAIDEN NAME OF MOTHER Agnes Yuzas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lithuania

14 Informant Mrs. Sophie Kurlansky

(Address) 819 Hollins St

15 Filed . 19 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], Coroner, M. D.

1/11, 19 (Address) 2[illegible] Fountain Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Jan. 13. 1932
20 UNDERTAKER	**ADDRESS**
Jam. Cubbinicks	423 S. Paca St

THIS is very important. See instructions on back of certificates.

Form—P 20—A. & Co.—250 Blks

Erisko

E 75621 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 75621

CERTIFICATE OF DEATH

1 PLACE OF DEATH Sinai Hosp. 3-N WARD) REGISTERED NO 114-002 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ST.

2 FULL NAME George Erisko

(a) RESIDENCE NO 1573 Eastern Av ST. WARD (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of No

6 DATE OF BIRTH (month, day, and year) [illegible] 1898

7 AGE 33 Years 5 Months * Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laber
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer No

9 BIRTHPLACE (city or town) (State or country) Russian

PARENTS

10 NAME OF FATHER No
11 BIRTHPLACE OF FATHER (city or town) (State or country) Russian
12 MAIDEN NAME OF MOTHER No
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russian

14 Informant George Yankavich
(Address) 301 S Bond Street

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10/32

17
I HEREBY CERTIFY, That I attended deceased from Dec 29, 1931, to Jan. 10, 1932
that I last saw h/ alive on Jan 10, 32
and that death occurred, on the date stated above, at 1P. m.
The CAUSE OF DEATH* was as follows:

Lung Abscess (Non-Tb)

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) M. B. Girsh M. D.
, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Russian Indepedet Cem. DATE OF BURIAL: Jan. 12. 19 32

20 UNDERTAKER: John Grebliauckas ADDRESS: 433 Paca St.

AaCo. 5-31 1908

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75622

CERTIFICATE OF DEATH

59 E 75622

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital 13-59 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Sarah Lippman

(a) Residence: No. 3511 Holmes Ave. Balt. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	M

3a. If married, widowed, or divorced—HUSBAND of (or) WIFE of: Louis

6. DATE OF BIRTH (month, day, year): Unknown 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

MOTHER FATHER

13. NAME: Harry Miller

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Bailey Smith

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Irving Lippman
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sinai Rosedale Date Jan 11 1932

19. UNDERTAKER: S Jenkson Bro
(Address) 1218 North ave

C. HAMPSON JONES, M. D.
Registrar.

JAN 11 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1932 to Jan 11, 1932

I last saw her alive on Jan 11, 1932 death is said to have occurred on the date stated above, at 2 45 m.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Diabetes Mellitus	?
Diabetic Gangarine	1 Mos.
Other contributory causes of importance:	
Toxemia	12 ds.

Name of operation Mid thigh Amputation Date of Jan 9/32

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) H Bruengardner M. D.

(Address) St Joseph Hosp. Balt

Spec—1 12 31—MAY—500M.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 75623

E 75628 DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No.) 636 Dover ST. 22-30 WARD)

2-FULL NAME Lorena Atkins

(a) RESIDENCE NO. 636 Dover ST. 4th WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 11 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 11 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Loyd Brice

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lynchburg, Va.

12 MAIDEN NAME OF MOTHER Elizabeth Atkins

13 BIRTHPLACE OF MOTHER (city or town) Lynch (State or country) Lynchburg, Va.

14 Informant Elizabeth Atkins
(Address) 636 Dover St.

15 Filed JAN 1 1932 G. HAMPTON JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/31/ 1932

17 I HEREBY CERTIFY, That I attended deceased from 1/4/ 1932 to 1/31/ 1932,

that I last saw h[illegible] alive on 1/31/ 1932,

and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Pneumococcic meningitis
Pulmonary Tuberculosis
acute exacerbation

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & History

(Signed) Wm. H. Beahrs M. D.

. 19 (Address) 707 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cemetery	Jan 16 1932
20 UNDERTAKER Mr. Lucien A. Williams	ADDRESS 322 N Howard St.

AaCo. 5-31-2508

E 75624 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-60 E 75624

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Light St. 24-34 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha M. Hoffman

(a) Residence: No. 1707 Light St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George F. Hoffman

6. DATE OF BIRTH (month, day, year) March 23-1873

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	58	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 837
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME William Benton
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Clubsworry
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT George F. Hoffman
(Address) 1707 Light St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan. 12 1932

19. UNDERTAKER Margaret E. Flynn
(Address) 1707 Light St.

20. FILED ... A.M. ... P.M. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2 1932 to Jan 9 1932

last saw her alive on Jan 9 1932 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/9/32

Other contributory causes of importance:

Exhaustion	2 days 1/7/32

Name of operation None Date of

What test confirmed diagnosis? Clinically Were an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No or so, specify

(Signed) H. E. Campbell M. D.
1/11/32 (Address) 1644 Hanover St

AACo. 4-11 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

75625 6303

CERTIFICATE OF DEATH

× 131

E 75625

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Length of residence in city or town where death occurred yrs mos 6 da How long in U.S. If of foreign birth? yrs mos da

2. FULL NAME Leon Etter

(a) Residence: No. 118 McAdoo ave St., Ward Hyattsville Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D. C.

FATHER

13. NAME James Etter

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Emmeline Martin

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Colmar Manor Date Jan. 4. 1932

19. UNDERTAKER J. W. Deal & Co

(Address) 616 H St N.E. Washington D.C.

20. FILED ..... 19.. .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1932 to Jan 10, 1932

(Last saw h.. alive on Jan 10, 1932) death is said to have occurred on the date stated above, at 1125 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acquired hemolytic jaundice	Oct. 1931
Kidney and liver, Benign	"
Diffuse sclerosis	1925
Chronic nephritis	1925
Other contributory causes of importance:	
Operation	1-8-32
Broncho pneumonia	1-9-32

Name of operation Exploratory laparotomy Date of 1-8-32

What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M Bloodgood M. D.

(Address) Johns Hopkins Hospital

AaCo. 5-R 1930

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75626

CERTIFICATE OF DEATH

94- E 75626

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1602 E Preston St. 8-17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank H. Lieder Jr

(a) Residence: No. 1602 E Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Lieder

6. DATE OF BIRTH (month, day, year) June 30 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Frank H. Lieder Sr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Ehoff

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Margaret Lieder
(Address) 1602 E Preston

18. BURIAL, CREMATION, OR REMOVAL.
Place Lakewood Cem. Date Jan 13 1932

19. UNDERTAKER John J. Schmidt
(Address) 200 Lanvale St

20. FILED JAN 13 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 30. 19 ... to Jan 9 1932
I last saw him alive on Jan 9 1932 death is said to have occurred on the date stated above, at 8.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis & Hypertension	
Angina Pectoris	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical ... an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? Not so, specify ...

(Signed) Wm. Geo Clegg M.D.

(Address) 5103 Harford Rd

1-36—M & T—100 B—501.

E 75627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-001

E 75627

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3903 E. Lombard ST. 76-37 WARD)

2-FULL NAME Joseph Snyder

(a) RESIDENCE NO. 3903 E. Lombard ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mr.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Snyder

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	61			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Samuel Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Finson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Isidore Snyder

(Address) 3903 E. Lombard St.

15 Filed JAN 7 1932 .192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxia, Gas Poisoning
Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. F. Herzog M.D. Coroner, M. D.

1/11, 1932 (Address) 1305 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew St. Carnel

DATE OF BURIAL 1-12 1932

20 UNDERTAKER Jack Levi Inc

ADDRESS 1434 E. Pratt St

From the original certificate. See instructions on back of certificate.

1-30—M & T—100 H—501.

E 75628

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75628

CERTIFICATE OF DEATH

1744

1-PLACE OF DEATH
CITY OF BALTIMORE: No. Provident Hosp St. 16-22 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Williams

(a) RESIDENCE No 1761 Mosher ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Williams

6 DATE OF BIRTH (month, day, and year) 1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Jamaica.

PARENTS
10 NAME OF FATHER
11 BIRTHPLACE OF FATHER (city or town) (State or country)
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant John Williams
(Address) 1761 Mosher

15 Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Homicide Hemorrhage due to Stab wound of Back
(duration) Instantaneous

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes Autopsy

What test confirmed diagnosis?

(Signed) [illegible] M. D.
Coroner
(Address) Dec 24 Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL ... 19
20 UNDERTAKER	ADDRESS

ATION is very important. See instructions on back of certificates.

Cor.—10-18-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75629

CERTIFICATE OF DEATH

173 E 75629

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital 7-24 Ward)

2-FULL NAME George Lee

(a) RESIDENCE NO. 580 St. Mary's St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Negro	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Jolue Dept
(Address) Balto. Md

15 Filed , 19 ... 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/31 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol-shot of brain

Homicide (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Augney Tulen, M. D.

1/8. 1932 (Address) 129 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL JAN 11 19
20 UNDERTAKER	ADDRESS

Important. See instructions on back of certificate.

Cor.—10-18-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75630

E 75630

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Camden Station St. 22-30 Ward)

2-FULL NAME Frank McDonald

(a) RESIDENCE NO. Unknown St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	White	Unknown

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	65			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Police Dept
(Address) Balto Md

15 Filed 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Feltzer M. D.

1/8, 1932 (Address) 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

ADDRESS

20 UNDERTAKER

JOHNS HOPKINS HOSPITAL

JAN 7 1932 MORGUE

important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

75631

CERTIFICATE OF DEATH

48 E 75631

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2310 Foster Ave. St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U.S. If of foreign birth? 24 yrs. mos. ds.

2. FULL NAME Ludwika . Pietruszka

(a) Residence: No. 2310 Foster Avenue St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Tomasz . Pietruszka

6. DATE OF BIRTH (month, day, year) December 13 1877

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	54		22 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Michael . Banasz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. Tomasz . Pietruszka
(Address) 2310 Foster Avenue

18. BURIAL, CREMATION, OR REMOVAL. Place St Stanislaus Cem. Date Jan 12 1932

19. UNDERTAKER Wm. B. Wecker
(Address) 421 N. Chester St

20. FILED 1-14-1932 C. HAMPSON JONES, M. D. Registrar
By C.B.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/9, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/10, 1931, to 1/9, 1932

I last saw her alive on 1/9 1932 death is said to have occurred on the date stated above, at 9a. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma
† Ray Burns

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? P.S. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Raymond St Fischer, M. D.

(Address) 3165 Pulaski Pl

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75632

CERTIFICATE OF DEATH

1931

E 75632

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital St. 4-25 Ward)

2-FULL NAME Geory Montague

(a) RESIDENCE NO. 410 State St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Negro	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Police Dept
(Address) Balto. Md

15 Filed ... 19 ... (Signature) ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said autopsy (inquest, autopsy or inquiry) find that said decreased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns of trunk & upper extremities - Probably accidental death Burned by coal oil Lamp (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Eugene Feltz M. D.

1/5. 1932 (Address) 139 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

HOPKINS HOSPITAL

DR. HAMPSON JONES M. D.

JAN 11 1932

Commissioner of Health.

1004

Important. See instructions on back of certificate.

AaCo. 5-11 1908

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75633

CERTIFICATE OF DEATH

E 75633

Registered No. 160

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Keenan

(a) Residence: No. [illegible] St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Color	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/25/31

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
			1 day	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Carroll Keenan
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Brown
16. BIRTHPLACE (city or town) (State or country) York

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

20. FILED 1-11-1932 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-8-, 1932 to 1-10-, 1932

I last saw h[illegible] alive on 1-10-, 1932 death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra cranial hemorrhage	B. 1-6
(Cause unknown)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. A. Washington, M. D.
(Address) Johns Hopkins Hospital

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75634

E 75634

CERTIFICATE OF DEATH

91-004

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hospital (Street) 3-4 (Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mrs. Elizabeth Connelly

(a) Residence: No. 516 East 23rd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas Connelly

6. DATE OF BIRTH (month, day, year) 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	37	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Lewis F Kitchen
14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER

15. MAIDEN NAME Mary E Carey
16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Augustus Connelly
(Address) 516 E 23rd St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 12 1932

19. UNDERTAKER Mary E Woodward
(Address) 1323 E Baltimore St

20. FILED Jan 13 1932 Registrar. CPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1932 to Jan 9, 1932
last saw her alive on Jan 9, 1932 death is said to have occurred on the date stated above, at 1.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute endocarditis	?
Other contributory causes of importance: Marked Secondary anaemia	2 wks
Toxemia	1 wk

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W Hampson Jones M. D.

(Address) St Joseph Hosp.

AACo. 5-31 250M

75635

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75635

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 719 E 37th - 9-47 St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward T. Clarke

(a) Residence: No. 719 E 37th St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Mamie Gibson

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days
	53	—	—

If LESS than 1 day, hrs. ..... or min. .....

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Clark

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen White

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mamie Clarke
(Address) 719 E 37th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Jan 12 1932

19. UNDERTAKER Thos. M. Redfield & Son
(Address) 2017 E 22nd St.

20. FILED JAN 11 1932 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 11th 1931 to Jan 9th 1932
I last saw h[illegible] alive on Jan 9th 1932 Death is said to have occurred on the date stated above, at 5:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Dec 1931

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Subarterial Ephedrin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo Gwynn Jones M.D. 1115 N. Eutaw St. M.D. 19
(Address)

Spec.—2-29-28—L. F. S.—500 Blks.

E 75636

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 75636

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 23-34

CITY OF BALTIMORE: (No. 1848 Light St ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Olive L. Poole

(a) RESIDENCE NO. 1848 Light st ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 37 mos. 6 ds. 21 How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A. Poole

7 DATE OF BIRTH (month, day, and year) June 18 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hagerstown Md.

PARENTS

10 NAME OF FATHER David M. Maugus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Susa M. Forrest

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Charles A. Poole
(Address) 1848 Light St.

15 Filed Jan 4 1932, 19 ATH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4th 1932.

17 I HEREBY CERTIFY, That I attended deceased from June 8 1932, to Jan 4th 1932

that I last saw her alive on June 8th 1932

and that death occurred, on the date stated above, at 6 P M.

The CAUSE OF DEATH was as follows:*

Acute Cardiac Dilatation

CONTRIBUTORY (duration) Cystitis 7 yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W T Hawkins M. D.

1/4, 1932 (Address) 1 E Randall St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hagerstown Md.

DATE OF BURIAL 1/12 1932

20 UNDERTAKER J. F. McCully

ADDRESS 130 E Fort

Spec.—9-30—A. & Co.—250 Rls

75637 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 75637

CERTIFICATE OF DEATH.

ST 9-17 WARD) 46

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
CITY OF BALTIMORE: (No 1526 N. Caroline ST.
2 FULL NAME Emma L. Kroeber
(a) RESIDENCE NO. 1526 N. Caroline ST.
(Usual place of abode)
Length of residence in city or town where death occurred 69 yrs. 10 mos. 5 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Widow
6 If married, widowed, or divorced
(or) WIFE of Frederick W. Kroeber
6 DATE OF BIRTH (month, day, and year) Mar. 5, 1862
7 AGE: Years 69 | Months 10 | Days 5 | If LESS than 1 day, hrs. or min.
8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS
10 NAME OF FATHER Jacob Kayler
11 BIRTHPLACE OF FATHER (city or town) (State or country): ---- Maryland
12 MAIDEN NAME OF MOTHER Mary Kolb
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant (Address): Mrs. Edna M. Chambers 1526 N. Caroline St.
15 [illegible] 1932 C. HAMPSON JONES, Registrar
17 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/10/32
17 I HEREBY CERTIFY, That I attended deceased from August 17, 1931, to Jan. 10, 1932
that I last saw h[illegible] alive on Jan. 9, 1932
and that death occurred, on the date stated above, at 1.15 A. m.
The CAUSE OF DEATH* was as follows:
Carcinoma of Colon
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.
18 Where was disease contracted if not at place of death? No Date of
Did an operation precede death? No
Was there an autopsy? Clinical examination
What test confirmed diagnosis? M. D.
(Signed) Frazier M. Settle
1/11, 1932 (Address) 2435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery
DATE OF BURIAL: 1/12 1932
20 UNDERTAKER: Henry H. Myers & Son
ADDRESS: 505 N. Calvert

AACo. 5-31 2500

75638 HEALTH DEPARTMENT CITY OF BALTIMORE 75638

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland Gen Hospital St., 15-67 (Ward) Registered No. 131
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred 30 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME John Breeden

(a) Residence: No. 3005 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E. Breeden

6. DATE OF BIRTH (month, day, year) May 8, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	71	7	12	13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 43
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER FATHER

13. NAME Richard A Breeden
14. BIRTHPLACE (city or town) (State or country) Calvert County Maryland
15. MAIDEN NAME Susan Hall
16. BIRTHPLACE (city or town) (State or country) St Marys County Maryland

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Solomons Island Date Jan 13, 1932

19. UNDERTAKER Walter J Hartman (Address) 222 W Fayette St.

20. FILED JAN 14 1932 C. EMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-11, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-31, 1931 to 1-11, 1932

I last saw h alive on 1-11 1932 death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	16 yrs
Chronic Nephritis	16 yrs.

Other contributory causes of importance:

acute dilation of heart 5 hrs.

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Otto J. Clemm, M. D.
(Address) U.S. General Hospital

AsCo. 5-31 2500

E 75639

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75639

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4311 Groveland Ave Ward 28-63

Length of residence in city or town where death occurred 15 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Nellie Hildebrandt

(a) Residence: No. 4311 Groveland Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed or divorced (or) WIFE of Chas. N. Hildebrandt

6. DATE OF BIRTH (month, day, year) Feb 9th 1888

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	43	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME Scott T. Fohnstock

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Minerva Sherman

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Chas N. Hildebrandt

(Address) 4311 Groveland Ave

18. BURIAL, CREMATION, OR REMOVAL. Plot Winchester Va Date 1/12/ 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

Jan 11 1932 by C. H. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 24 1927 to Jan 10 1932

I last saw her alive on Jan 10 1932 death is said to have occurred on the date stated above, at 2:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Type II	Jan 2/32
Rt side and lower left	

Other contributory causes of importance:

none

Name of operation None Date of

What test confirmed diagnosis? Sputum & Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W D Leatcher, M. D.

(Address) 12 Wager St

1-30—M. & T.—100 B—501.

75640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2 cpy 75640

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE (a) North Ave & Dukeland St. WARD 14 ST. 730

2-FULL NAME Harry S. Wolfersberger

(a) RESIDENCE NO 1604 Mt Royal Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~
HUSBAND of ~~(or) WIFE of~~ Rhoda L Wolfersberger

6 DATE OF BIRTH (month, day, and year) Feb 28nd 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	10	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Foreman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Balto City

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER William Wolfersberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Fanny Carr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Rhoda L. Wolfersberger

(Address) 1604 Mt Royal Ave

15 [illegible] 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Electric Car
Fractured Skull
(duration) yrs. Sudden

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? North Ave & Dukeland St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Reagley Coroner, M. D.

Jan 10 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rose Hill Hagerstown Md	1/12/1932
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

MCo. 1-31-1928

Pendleton

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75641

CERTIFICATE OF DEATH

13 V

Registered No. E 75641

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 Eutaw Place St. 11-20 Ward.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Pendleton

(a) Residence: No. 1600 Eutaw Place St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	White	Married

3a. If married, widowed, or divorced
HUSBAND of Ada Tinston
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 7, 1860.

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	72	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Virginia

FATHER

13. NAME James T. Pendleton

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Ann Maria Murphy

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs. Clark,
(Address) 1600 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER Wm. F. Nuttle
(Address)

20. FILED 1-21-1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1932 to Jan 9, 1932

I last saw him alive on Jan 4, 1932 death is said to have occurred on the date stated above, at 4 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis (indefinite).	

Other contributory causes of importance

Terminal pneumonia	Jan 4 32

Name of operation None Date of

What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J J Jungen, M. D.
(Address) 3321 Reads Ave

Spec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75642

E 75642

x 93-003

CERTIFICATE OF DEATH.

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (NO. N. Broadway ST., 6-9 WARD)

2-FULL NAME Mr. Archie Mumma

(a) RESIDENCE NO. Hyde, md, ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married.

5a If married, widowed, or divorced
HUSBAND of ~~or WIFE of~~ Celia F Mumma

6 DATE OF BIRTH (month, day, and year) Jan 4, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	0	8 5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machinist - 031
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER David Mumma

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Wolfe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Church Home & Infirmary
(Address) N. Broadway Balto Md

15 Filed ____ 19__ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12 - 1932.

17 I HEREBY CERTIFY, That I attended deceased from 1-9, 1932, to 1-12, 1932,
that I last saw h alive on 1-12, 1932,
and that death occurred, on the date stated above, at 12 a.m.

The CAUSE OF DEATH* was as follows:

Angina pectoris

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis, Chronic
(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Allyn B. Chase, M. D.
, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood.

DATE OF BURIAL Jan 15 1932

20 UNDERTAKER W. J. Tuckner Sons

ADDRESS North Ave.

Spec.—9-30—A. & Co.—250 lots

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75643

CERTIFICATE OF DEATH

E 75643

1 PLACE OF DEATH Lennedale

CITY OF BALTIMORE: (No 27-54 Ward) 92-0

REGISTERED No

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Solomon Bernstein

(a) RESIDENCE No Belvedere & Greenspring Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jennie

6 DATE OF BIRTH (month, day, and year) May 15 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Storekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER Jacob Bernstein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Jennie Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Mrs. Siegmund Feinblatt, Belvedere & Greenspring Ave

Filed JAN 12 1932 HARPER JONES, M. D. Registrar

No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-11-32

17

I HEREBY CERTIFY, That I attended deceased from 12-4, 1931, to 1-11, 1932

that I last saw h[illegible] alive on 1-11, 1932

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Ch. card. valvular disease

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary): Hemiplegia

(duration) 5 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edmund Levy M. D.

1/12, 1932 (Address) Levindale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Hebrew Cemetery

DATE OF BURIAL: 1/12 1932

20 UNDERTAKER: Sol Levinson & Bro

ADDRESS 1127 E Balto St

Spec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75644

CERTIFICATE OF DEATH.

108 E 75644

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 S. Eight St. 22-33 WARD)

2-FULL NAME Samuel Heyman

(a) RESIDENCE NO. 730 S. Eight St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carl Heyman

6 DATE OF BIRTH (month, day, and year) 3/21/1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocery 034

(b) General nature of industry, business, or establishment in which employed (or employer) Store —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cossowel Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Nathan Heyman 730 S Eight St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 | 11 | 32

17 I HEREBY CERTIFY, That I attended deceased from 1/5, 1932, to 1/11, 1932, that I last saw him alive on 1/11, 1932, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) David Krauskopf M. D.

1/11, 1932 (Address) 1214 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Washington 99

DATE OF BURIAL 1/12 1932

20 UNDERTAKER A. J. Levinson & Bro

ADDRESS 1127 E Baltimore St

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75645

CERTIFICATE OF DEATH

E 75645

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1139 N. Gilmor St. 16-27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ~~Hugh~~ Thomas Earle White

(a) Residence: No. 1139 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/7/32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Dakota, Dak.

FATHER

13. NAME Thomas White

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Fannie M. White

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Thomas White
(Address) 1139 N. Gilmor

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt. Auburn Cem. Date Jan 12th 1932

19. UNDERTAKER A. Jones
(Address) 1139 N. Gilmor St

20. [illegible] C. Hamilton Jones, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1932, to Jan 10, 1932

I last saw him alive on Jan 10, 1932, death is said to have occurred on the date stated above, at 7:54 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/9/32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.
(Address) 719 N. Gilmor

1-20—M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75646 | 173 | E 75646

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St. 14-28 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morton Johnson

(a) RESIDENCE NO 337 S. Monroe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 29, 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	5	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): do
(c) Name of employer: —

PARENTS

9 BIRTHPLACE (city or town) Laurel
State or country) Maryland

10 NAME OF FATHER David C. Johnson

11 BIRTHPLACE OF FATHER (city or town) Laurel
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha Scott

13 BIRTHPLACE OF MOTHER (city or town) Laurel
(State or country) Maryland

14 Informant Martha Johnson
(Address) Laurel, Maryland

15 Filed 1-12-1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 10th, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & autopsy (Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said inquest & autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Penetrating Wound of Left Back into Lung — Homicide
(duration) yrs. about 1 hour mos. ds.

CONTRIBUTORY (Secondary) Intra-thoracic Hemorrhage (duration) about 1 hour yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1846 McHenry St.
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical & Physical

(Signed) Guy M. Cromwell Sigma Coroner, M. D.
1/11, 1932 (Address) 263 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ivy Hill Cem Laurel Md — DATE OF BURIAL: Jan 13 1932

20 UNDERTAKER: A. Jones — ADDRESS: W. Laurel

A&Co. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75647

CERTIFICATE OF DEATH

46 E 75647

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Boston Industrial Hospital Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Mr. Anthony Charles Clause

(a) Residence: No. 928 N. Central Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) Oct 20, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipwright

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME John Clause

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Magdalena Smith

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna Walter

(Address) 928 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Holy Redeemer Date January 12 1932

19. UNDERTAKER Henry Wood & Sons, Inc.

(Address) 1301 E. Eager St.

FILED JAN 12 1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1932 to Jan 10, 1932

I last saw h— alive on Jan 10, 1932 death is said to have occurred on the date stated above, at 3.32 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Oesophagus with metastasis	4 mos
Syphilis, tertiary of Central Nervous System	32 yrs

Other contributory causes of importance:

Myocarditis Chronic

Name of operation None Date of —

What test confirmed diagnosis? History Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Samuel McCausland, M. D.

(Address) Union Memorial Hosp.

Spec.—1-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75648

46 E 75648

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~1447~~ 1247 Riverside Ave ST. 24-33 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Arona D. Cannon

(a) RESIDENCE NO. 1247 Riverside ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred 69 yrs. 9 mos. 14 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Columbus A. Cannon

7 DATE OF BIRTH (month, day, and year): Mar. 25 1862

8 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	14	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

11 NAME OF FATHER: Richard Cannon

12 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

13 MAIDEN NAME OF MOTHER: Annie Forrest

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

15 Informant: Mrs. Todd

(Address): 1247 Riverside Ave

Filed 1-12-1932 H. LAWSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 9/32

17 I HEREBY CERTIFY, That I attended deceased from Nov 6, 1932 to Jan 9, 1932, that I last saw h[illegible] alive on Jan 8 1932 and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

Symptoms about 6 mos

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Dance

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W Mebutler, M. D.

1/11, 1932 (Address) 314 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem

DATE OF BURIAL: 1/12 1932

20 UNDERTAKER: J. H. McCully

ADDRESS: 130 E. Fort

Spec.-7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 VE 75649

E 75649 REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. Provident Hospital St. 14-20 Ward)

2-FULL NAME John Henry Banks

(a) RESIDENCE NO. 59 Winters Avenue St. Colmwell Md Ward

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. 20 ds. How long in U. S. if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 (Single), Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 1893

7 AGE: Years 38 Months 1 Days _____ IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Store Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER: Wesley Banks

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: John W. Banks

(Address) 59 Winters Ave

15 Filed _____ 19__ _____ Registrar

By _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

1-10-32

17 I HEREBY CERTIFY, That I attended deceased from 12-20, 19 31, to 1-10, 19 32,

that I last saw him alive on 1-10, 19 32,

and that death occurred, on the date stated above, at 5 50 m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) ____ yrs. ____ mos. 14 ds.?

CONTRIBUTORY (Secondary) Chronic Nephritis 4½ yrs.?

Thrombosis Left Leg 3 Mos.?

(duration) ____ yrs. ____ mos. ____ ds.?

18 Where was disease contracted

If not at place of death? Colmwell Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Laboratory

(Signed) George McDonnell M.D.

1-11, 19 32 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Star Western Cemetery

Date of Burial: 1/13/32

20 UNDERTAKER: Mr Geo. A. Holland

ADDRESS: 1631 David Kirkwood

very important. See instructions on back of certificates.

1-30—M & T —100 B—60L

E 75650

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75650

CERTIFICATE OF DEATH

REGISTERED NO. 34

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1561 Leslie ST. 15-21 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laurence E. Holley

(a) RESIDENCE NO. 1561 Leslie ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 13 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		1	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Lee Holley

11 BIRTHPLACE OF FATHER (city or town) Wallaceton
(State or country) S. Dak.

12 MAIDEN NAME OF MOTHER Betty Boynton

13 BIRTHPLACE OF MOTHER (city or town) Columbia
(State or country) Miss.

14 Informant Elizabeth Holley

(Address) 1561 Leslie

15 Filed . 192 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 1 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Eczema

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) H. Brinson, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Jos X Auburn Cem	1/12 1932
20 UNDERTAKER Samuel T Hemsley	ADDRESS 518 N Bradd

AaCo. 5-31 250B

E 75651 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-002

CERTIFICATE OF DEATH

E 75651

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 N. Castle St. 6-9 (Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. If of foreign birth? 60 yrs. mos. ds.

2. FULL NAME Rose Musil

(a) Residence: No. 419 N. Castle st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Chas. Musil

6. DATE OF BIRTH (month, day, year) Mar. 15/1859

7. AGE Years 72 Months 9 Days 26 If LESS than 1 day hrs or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife at home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Jos. Mathaus

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT (Address) Anna Musil 419 N. Castle st.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Hill Date 1/14/1932

19. UNDERTAKER Philip Herwig (Address) 2016 Orleans St.

20. FILED 1/16/1932 Harry P. Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/11 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6 1932 to Jan 11 1932

I last saw her alive on Jan 11 1932 death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	?
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Kleinz M. D.

(Address) 2201 E. Monument st

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75652

E 75652

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 N. Kenwood Ave St. 6-10 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth yrs. mos. ds.

2. FULL NAME Chas. Edwin Bouchman Sr. (Life)

(a) Residence: No. 411 N. Kenwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Ida V. Bouchman

6. DATE OF BIRTH (month, day, year) Dec 25 68

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	63	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oyster Packer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Edwin Bouchman
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Kate Pfeltz
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Ida V. Bouchman
(Address) 411 N. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date Jan 12, 1932

19. UNDERTAKER Philip Myers
(Address) 200 Eden St.

20. FILED 19 [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1931, to Jan 9, 1932

I last saw him alive on Jan 8, 1932 death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hypertension	Feb 1931
Sr. Valvular Heart Disease	

Other contributory causes of importance:

Myocardial Insuff.	
Pulmonary Edema	Dec 1931

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. Ted S. Geyer, M. D.

(Address) 156 N. Milton Ave.

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75653

CERTIFICATE OF DEATH

E 75653

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. City Hosps. St. 26-37 Ward)

2-FULL NAME Albert A. Burkhardt

(a) RESIDENCE NO. 332 S. Macon St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie Burkhardt

6 DATE OF BIRTH (month, day, and year) Apr. 5, 1880

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	51	9	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) M. Clearing Dept
(c) Name of employer Balto City

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER John Burkhardt

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Charlotte Ann

13 BIRTHPLACE OF MOTHER (city or town) Penna
(State or country)

14 Informant Jesse Burkhardt
(Address) 332 S. Macon St.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cirrhosis of Liver

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 332 S Macon

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) B. A. Kenny M. D. M. D.

1/12, 1932 (Address) 1305 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn	1/13 19 32
20 UNDERTAKER Philip Herring	ADDRESS 2016 Eden

Important. See instructions on back of certificate.

AACo. 9-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75654 E 75654

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2624 St. Paul St., 12 Ward)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Melanie Carroll Boone

(a) Residence: No. 2624 St Paul St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE~~ of Late David A. Boone

6. DATE OF BIRTH (month, day, year) Febry. 12-1845

7. AGE Years	Months	Days	If LESS than 1 day hrs or min
86	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Little Rock, Ark.

FATHER

13. NAME Late David Williamson Carroll
14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Melanie A. Scull
16. BIRTHPLACE (city or town) (State or country) Little Rock, Ark

17. INFORMANT V. Sanchez Boone
(Address) 122 N. Calvert St. Baltimore

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Jany. 13, 1932

19. UNDERTAKER Henry V. Jenkins Son
(Address) 1101 Park Ave

20. FILED JAN 12 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 11th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 31st, 1931, to Jany 11th, 1932

I last saw h[illegible] alive on Jany 10, 1932 death is said to have occurred on the date stated above, at 3.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	
Cerebral Hemorrhage—	Dec 31, 31

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas W. Carroll M. D.
(Address) 327 Park Ave Balto Md

AaCo. 1-31-1928

HEALTH DEPARTMENT CITY OF BALTIMORE

E 4455 / 75655

CERTIFICATE OF DEATH X

119 E 75655

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-9 Ward)

Length of residence in city or town where death occurred ... yrs ... mos 1 da. How long in U. S. If of foreign birth? ... yrs ... mos ... da.

2. FULL NAME Baby Boy McGrady

(a) Residence: No. Fallston Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 2 1931

7. AGE Years	Months	Days	If LESS than 1 day ... hrs or ... min.
	-	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Cecil McGrady

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Nora Burkins

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Md Penn Date Jan 17 1932

19. UNDERTAKER Humbert & Sons
(Address) Baltimore Md

20. FILED ... 19 ...
... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1932, to Jan 11, 1932

I last saw her alive on Jan 11, 1932 death is said to have occurred on the date stated above, at 5 05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea and enteritis	Jan 6
Other contributory causes of importance:	
Prematurity	birth

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) R. O. G. Warren, M. D.

(Address) Johns Hopkins Hospital

Spec.—12-9-31—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

75656 — 131 ✓ E 75656

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 214- S. High Street St. 3-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pasqualina Pilli

(a) RESIDENCE NO. 214-- S. High Street St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 12 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Whit

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Domenico Pilli

6 DATE OF BIRTH (month, day, and year): 1/5/1898

7 AGE — Years: 33 — Months: - — Days: 6 — IF LESS than 1 day ....hrs. XXXXXX

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

031

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: John Liberto

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Adeleide (Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant (Address): Frank Della Voce 52-Yorick Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 11 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1932, to Jan 11, 1932, that I last saw her alive on Jan 11, 1932, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic nephritis. indefinite

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? same

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Cl of Phy Exam

(Signed) J J Kyper M. D.

19 (Address) 3321 Frankford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: 1/13/32

20 UNDERTAKER: Geo J Roth & Son — ADDRESS: 1730 Aliceanna

Spec.—12-9-25—A Co.—200 Blks.

E 75657

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75657

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1813-Harford Ave. St., 9-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Anna Feger

(a) RESIDENCE NO. 1813-Harford Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) 7/13/1924

7 AGE	Years	Months	Days	IF LESS than 1 day, hours or min.
	7	5	28	xxxxxxx

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None - Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER Fred. L. Feger

11 BIRTHPLACE OF FATHER (city or town) Baltimore, Md.

(State or country)

12 MAIDEN NAME OF MOTHER Mary A. Florin

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.

(State or country)

14 Informant (Address) Fred. L. Feger 1813-Harford Ave.

15 Filed 1/21/1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 10, 19 32

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10 1931 to Jan 10, 19 32

that I last saw h alive on Jan 10, 19 32

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows: Tonsillitis, Mitral Regurgitation Acute Rheumatism. Embolus of Lungs. Fatal Decompensation of Heart

(duration) yrs. 2 mos. 0 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) yrs. 2 mos. 0 ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? Yes Date of Nov 10 31

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos Fa Stevens, M. D.

1-11, 1932 (Address) 2878 Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial 1-13-32

20 UNDERTAKER George J. Roth Jr. ADDRESS 1730 Harford

Spec.—1-12-33—M&T—500 Blks.

E 75658

HEALTH DEPARTMENT—CITY OF BALTIMORE

93,003 E 75658

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3930-Park Heights Avest 15-58 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pasquale Biondo

(a) RESIDENCE NO. 3930-Park Heights Avest. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annna Catalano

6 DATE OF BIRTH (month, day, and year) 12/21/1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or XXXXX
	63	-	20	XXXXX

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Antonio Biondo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Frances (Unknown)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Anna Biondo

(Address) 3930-Park Heights Ave.

15 Filed JAN 12 1932, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 10, 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1931, to Jan. 10, 1932.

that I last saw him alive on Jan. 9, 1932

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows: Myocarditis (Chronic)

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Evan L. Pressman, M. D.

(Address) 5-14 Druid Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 1/14/32

20 UNDERTAKER George J. Burke Inc

ADDRESS 1133 Hanover

1-30—M & T—100 B—50L.

E 75659
Dw

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 001 16 E 75659

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 N. Milton Ave ST. 8-16 WARD)

2-FULL NAME Harry Heinbuch

(a) RESIDENCE NO. 1704 N. Milton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 5/1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	5	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER George Heinbuch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Susan E. Wheeler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Emma L. Heinbuch
(Address) 1704 N. Milton Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Cereoral Hemorrhage Fracture at base of skull. Accidently fell down stairs in residence. Jan 7/32

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hydrocephaleous

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. E. Weems, M. D.
Coroner

Jan 11/32 (Address) 502 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Jan. 13 19 32

20 UNDERTAKER: Vernon Keehner

ADDRESS 1532 Hollins St.

JAN 12 1932 HEALTH COMMISSIONER

AAC. 5-11-1928

75660 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 75660

131 v

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. 1200 - Eaton Avenue St. 16-67 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M Ludwig.

(a) Residence: No. 2921 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Adam Ludwig

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Weiss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Johns Hopkins Hospital
(Address) 1200 - Eaton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 1/14/1932.

19. UNDERTAKER John F. Cowen & Son
(Address) 400 Cathedral St.

20. FILED JAN 12 1932 C. Hilton Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/12/1932.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1927 to Jan. 9, 1932

I last saw her alive on 1/9 1932 death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Malignant Hypernephroma	9/27
2. Chr. Pyelonephritis	
3. Myoc. Deg. & Arteriosc.	

Other contributory causes of importance: Cachexia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Thomas S Anderson M. D.

(Address) St Joseph Hospital

AaCo. 5-11 2508

5661

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75661

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Joseph Hospital 127

CITY OF BALTIMORE: (No. Lexington & Calvert St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Richardson

(a) Residence: No. Forrest Hill Md St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Samuel Richardson

6. DATE OF BIRTH (month, day, year) Dec 6 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56		9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME Mc Ford

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Anna Davis

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Geo. Ford

(Address) Govans, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Jan 17 19 32

19. UNDERTAKER Geo. Ghrist Sons

(Address) Govans, Md.

20. FILED JAN 12 1932 H. L. HAMPTON JOHNS, M.D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-12- 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-2-32, 19, to 1-12-32, 19

I last saw h 4 alive on 1-12- 1932 death is said to have occurred on the date stated above, at 114 m.

The principal cause of death and related causes of importance were as follows:

Ruptured Gangrenous Appendix

Date of onset

Other contributory causes of importance:

Pneumonia

Name of operation Appendectomy Date of 1-7-32

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M B Hendrix M. D.

(Address) St Joseph Hospital

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75662

131 E 75662

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 19-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elsie Carpenter

(a) RESIDENCE NO. 1716 W Franklin St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min..
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town).

(State or country)

14 Informant Golden Pollard (daughter)

(Address) 1716 W. Franklin

JAN 12 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 32

1 — 9

17 I HEREBY CERTIFY, That I attended deceased from 12 — 7, 19 31 to 1 — 9, 19 32

that I last saw h E R alive on 1 — 9, 19 32

and that death occurred, on the date stated above, at 9 35 a.m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) ___ yrs. 3 mos ___ ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

Hypertension

Chronic myocarditis

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted

If not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab

(Signed) George McDonald M. D.

1-9-19 32 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Mt. Auburn Cemetery

Date of Burial Jan. 12, 1932

20 UNDERTAKER

Mrs. Katie R. Williams

ADDRESS 322½ Schroeder St.

very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75663 PLACE OF DEATH

108

REGISTERED No. C E 75663

CITY OF BALTIMORE (No. 1011 Brantley ave 16-76 ST. WARD)

(If married, widowed or divorced, write the word)

(If died in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Cannon

(Residence in Baltimore: No. 1011 Brantley ave St.: 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: [illegible], 1865 (Month) (Day) (Year)

7 AGE: 66 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: [illegible]

11 BIRTHPLACE OF FATHER (State or country): [illegible]

12 MAIDEN NAME OF MOTHER: [illegible]

13 BIRTHPLACE OF MOTHER (State or country): [illegible]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Gertrude Wright

(Address) 1011 Brantley ave

15 C. HAMPSON JONES, M. D.

Filed [illegible] 191 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan. (Month) 10 (Day), 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1932 to Jan 10, 1932 that I saw h[illegible] alive on Jan 10, 1932 and that death occurred, on the date stated above, at 1.50 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) yrs. mos. 6 ds

Contributory (SECONDARY): Arteriosclerosis

(Duration) yrs. mos. 5 ds.

(Signed) Charles N. Hanson M. D.

Jan 10, 1932 (Address) 712 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Md. Auburn DATE OF BURIAL: Jan 13 1932

20 UNDERTAKER: James A Hayes ADDRESS 142 [illegible]

AdCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

75664 | 107 E 75664

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 N. Luzerne Ave. St. 6-10 Ward)

Length of residence in city or town where death occurred 67 yrs. 6 mos. 15 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma L. A. Warfield

(a) Residence: No. 108 N. Luzerne Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph H. Warfield

6. DATE OF BIRTH (month, day, year) June 26, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Gottlieb C. Reichhardt
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Barbara L. Boehm
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph C. Warfield
(Address) 2807 Riggs Ave.,

18. BURIAL, CREMATION, OR REMOVAL. Place Cedar Hill Date Jan 13 1932

19. UNDERTAKER Peter F. Dorsey & Son
(Address) 515 Light St

20. FILED JAN 12 1932, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1931, to Jan 10, 1932

I last saw h[illegible] alive on Jan 10 1932 death is said to have occurred on the date stated above, at 4.35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	
Myocardial Failure	
Edema, Lungs	
Other contributory causes of importance	Jan 32
Myocardial Failure	
Edema Lungs	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.
(Address) 1561 N. Mulberry

AdCo. 4-H 2M-8

E 75665 HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-90

E 75665

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 840 N. Chester St. 5-17 Ward)

Length of residence in city or town where death occurred 7 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Eliza L. Cook

(a) Residence: No. 840 N. Chester St., Ward

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph R. Cook

6. DATE OF BIRTH (month, day, year) April 27 1857

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	74	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Morgan Co W. Va.

MOTHER FATHER

13. NAME Charles W. Caldwell

14. BIRTHPLACE (city or town) (State or country) W. Va

15. MAIDEN NAME Sarah A. Fortheney

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT Natorah Ctony

(Address) 840 N. Chester

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn W Va Date Jan 13 1932

19. UNDERTAKER Fahey & Denny

(Address) 1 E Eager St

20. 1-11-32 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1930 to Jan 10 1932

I last saw her alive on Jan 10 1932 death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemmorhage	1-9-32

Other contributory causes of importance General Arterio Sclerosis yrs

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) James L. Ashhurst M. D.

(Address) 401 N Park Ave Balto

A&Co. 5-31 2500

75666 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 01 75666

CERTIFICATE OF DEATH

92-33

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 E Montgomery St. 92-33 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M. B. Young

(a) Residence: No. 120 E Montgomery St. Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret J Young

6. DATE OF BIRTH (month, day, year) Feb 11 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME Jno Young
14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER

15. MAIDEN NAME Virginia Lemmon
16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT Mrs Margaret J Young
(Address) 120 E Montgomery St

18. BURIAL, CREMATION, OR REMOVAL.
Place Greenmount Cem Date Nov. 13 1932

19. UNDERTAKER John Armstrong
(Address) 115 Light St

20. FILED JAN 12 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1932 to June 11th 1932

I last saw him alive on June 11th 1932, death is said to have occurred on the date stated above, at 5.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis, Bronchial asthma & paralytic ileus	Jan 14 1932
Acute regurgitation of heart	about 1½ year before death
Other contributory causes of importance: Acute dilatation of heart	Immediate

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C Harry Keller M. D.
1/12/32 (Address) 1224 26 Hanover St

AACo. 5-31 2508

75667 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH

13 | E 75667

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 Harlem Av St. 16-76 Ward)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hester Ball

(a) Residence: No. 1103 Harlem Av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel H. Ball

6. DATE OF BIRTH (month, day, year) Aug 7, 1841

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
85	86	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private City
10. Date deceased last worked at this occupation (month and year) 1925 ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Prospect City Md

MOTHER FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME Harriet Lander
16. BIRTHPLACE (city or town) (State or country) Talbot County Md

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19

19. UNDERTAKER
(Address)

JOHNS HOPKINS HOSPITAL
JAN 12 1932
Baltimore, Md.

Filed JAN 12 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932 to Jan 11, 1932

I last saw H alive on Jan 11 1932 death is said to have occurred on the date stated above, at 10.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis & Nephritis	1929 ?

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, when?

(Signed) H. Bayley ... M. D.
(Address) 1315 Eutaw St

1-20—M. & T.—100 B—50L

E 75668

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75668

CERTIFICATE OF DEATH

107-001

REGISTERED NO. 27-55

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 516 Dumbarton St. WARD

2-FULL NAME Hanna Beckett.

(a) RESIDENCE NO. 516 Dumbarton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 27-1922

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	9	10	16	14

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School-child
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Howard Beckett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Genevieve Dixon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Howard Beckett

(Address): 516 Dumbarton Street

15 Filed 1 2 1932 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/11 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

19 (Address) 3632 Bloodson

*Give the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lebanon Cem

DATE OF BURIAL: 1-13 1932

20 UNDERTAKER: Geo R. A. Gibson

ADDRESS: 1735 Druid Hill Ave

Spec.—9-30—A. & Co.—250 Blks.

75669 HEALTH DEPARTMENT—CITY OF BALTIMORE 75669

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2611 E. Preston St. 8-12 WARD 1

2 FULL NAME Catherine T. McMahon

(a) RESIDENCE NO. 2611 E. Preston ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? 55 yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick J. McMahon

6 DATE OF BIRTH (month, day, and year) May 17, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	75	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ----- Ireland

PARENTS

10 NAME OF FATHER ------ Quinlivan

11 BIRTHPLACE OF FATHER (city or town) (State or country) ---- Ireland

12 MAIDEN NAME OF MOTHER Ellen Collins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ---- Ireland

14 Informant Catherine V. McMahon

(Address) 2611 E. Preston Street

15 Filed JAN 21 1932, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 11, 1932.

17

I HEREBY CERTIFY, That I attended deceased from January 7, 1932, to January 11, 1932.

that I last saw her alive on January 10, 1932

and that death occurred, on the date stated above, at 1:30 A. M.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage.

(duration) ___ yrs. ___ mos. 3 ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) ___ yrs. ___ mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms.

(Signed) Albert E. Bingwald M. D.

1/11/32 (Address) 1613 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 1/14 19 32

20 UNDERTAKER: Henry U. Meade & Son — ADDRESS: 805 N. Calvert

1-20—M. & T.—100 B—501.

E 75670

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75670

CERTIFICATE OF DEATH

131

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

6

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 Pine ST. 1-22 WARD)

2-FULL NAME George W. Williams

(a) RESIDENCE NO 305 Pine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Williams

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE — Years: 60 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. Wm. Savoy

(Address) 660 Hall St.

15 Filed 2 1932 C. E. LEMPSON JONES, M. D. Registrar

Par ATH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis (duration) yrs. mos. da

CONTRIBUTORY (Secondary) Acute edema of lungs (duration) yrs. mos. da

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Gilbert, M. D. Coroner

1/11. 1932 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Lion Cemetery

DATE OF BURIAL: Jan 14, 1932

20 UNDERTAKER: Mrs Katie R. Williams

ADDRESS 322 N Schroeder St

Spec.-7-17-26—A Co.—200 Blks.

(La Bruze)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75671

E 75671

CERTIFICATE OF DEATH

106

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 321 Carrollton Ave St. 18-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lacey LaBruze

(a) RESIDENCE NO. 321 Carrollton Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12-17-31

7 AGE Years ~~Months~~ ~~Days~~ IF LESS than 1 day ~~hrs.~~ or ~~min.~~

~~Born dead~~ ~~22~~

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) Brother

(c) Name of employer Baltimore

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Vernon Layne

11 BIRTHPLACE OF FATHER (City or town) Pittsburgh

(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Rachel Smith

13 BIRTHPLACE OF MOTHER (City or town) Baltimore

(State or country) Maryland

14 Informant Mrs. Rachel Layne

(Address) 321 Carrollton Ave

15 Filed ~~Jan 13 1932~~ ~~C. Emerson Jones M.D.~~ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

1-10-32

17 I HEREBY CERTIFY, That I attended deceased from

Jan 8, 1932, to Jan 11, 1932

that I last saw he alive on Jan 9, 1932

and that death occurred, on the date stated above, at 3:20 a m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis and Congenital Asthenia

(duration) 1 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Congenital Asthenia

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

. 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lion Cemetery

Date of Burial Jan. 13, 1932

20 UNDERTAKER Mrs. Lulu R. Williams

ADDRESS 3227 Edmondson Ave.

Very important. See instructions on back of certificates.

-30—M. & T.—100 B—50L.

75672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 - 81 ✓ E 75672

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Md. Deaf & Dumb ST. 1-3 WARD)

2-FULL NAME Lillie M. Weyer

(a) RESIDENCE NO. Supts Home-Patterson Park WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. H. Weyer

7 DATE OF BIRTH (month, day, and year) Jan. 1, 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	57	0	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Westminster Md.

10 NAME OF FATHER Jerome Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Caroline

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. John E. Weyer

(Address) Supts Home Patterson Park

Filed JAN 21 1932, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs mos da

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted, if not at place of death? Chronic Nephritis

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) H. E. Funk, M. D.

Jan 12 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Jan 15, 1932
20 UNDERTAKER	ADDRESS
Wm Fickus & Sons	Norfolk Va

Spec.—9-30—A. & Co.—250 Blks.

75673 HEALTH DEPARTMENT—CITY OF BALTIMORE

V.

E 75673

CERTIFICATE OF DEATH

REGISTERED NO. 13

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1804 W. Fayette St. 20-27 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Richard Beer

(a) RESIDENCE NO. 1804 W. Fayette St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Elizabeth Beer

6 DATE OF BIRTH (month, day, and year): Sept 7 1851

7 AGE: Years 80; Months 4; Days 7; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Marine Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 0 30

(c) Name of employer

9 BIRTHPLACE (city or town) (state or country): Frog Co Md

PARENTS

10 NAME OF FATHER: Simon Beer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frog Co Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (state or country): Unknown

14 Informant (Address): Mrs Elizabeth Beer 1804 W. Fayette St.

Filed JAN 21 1932 19 A. F. S. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 11 1932

17 I HEREBY CERTIFY, That I attended deceased from July 1 1926 to Jan 11 1932

that I last saw h— alive on Jan 10 1932

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous nephritis; myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (secondary): Uremia Edema and Bronchopneumonia (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernard S. Francis M. D.

(Address) 2329 Annandale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

20 UNDERTAKER: D. J. Simmons Sons

DATE OF BURIAL: Jan 13 1932

ADDRESS: N. Y. Pa.

-20--M. & T.—100 B—50L

E 75674

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75674

CERTIFICATE OF DEATH

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 134 N. Port ST. 6-10 WARD)

2-FULL NAME Katherine Hartman

(a) RESIDENCE NO 134 N. Port ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Hartman

6 DATE OF BIRTH (month, day, and year) Aug 11 1855

7 AGE: Years 76; Months 4 S; Days 28 27; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Mueller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Indiana

14 Informant: Mrs. Lula Polson

(Address) 137 N. Chester St.

Filed 2 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9-10/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Possible Tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. W. Haines, M. D. Coroner

Jan 12/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Jan 1932

20 UNDERTAKER: W. J. Miltner ADDRESS: North & Pa

AACo. 1-41 2508

E 75675 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75675

CERTIFICATE OF DEATH

Registered No. 93 003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 311 S Fremont St. 15-67 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosella Rutherford

(a) Residence: No. 311 S Fremont St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 16, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME William H Rutherford
14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER

15. MAIDEN NAME Isabell Patterson
16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Mrs Lonzo Rutherford
(Address) 1524 Glenmore Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 1/15 1932

19. UNDERTAKER W M Cooper
(Address) 1611 E Lanvale St

20. FILED 1/21 1932 W. P. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/12 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1932, to Jan 12 1932

I last saw h alive on Jan 11 1932 death is said to have occurred on the date stated above, at 6:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilitation of heart	Jan 9/32
Hypostatic pneumonia	Jan 10/32

Other contributory causes of importance

Myocarditis from history about 1 yr ago

Name of operation none Date of

What test confirmed diagnosis? typical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Walter Hebbett M. D.

(Address) 2220 Garrison Ave

AaCo. 9-31 1908

75676 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 75676

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 26-37 St. 34 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Wilcoxen

(a) Residence: No. no home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 12, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 040

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

MOTHER FATHER

13. NAME Theodore Wilcozen

14. BIRTHPLACE (city or town) (State or country) ? Md.

15. MAIDEN NAME Mary Dwyer

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date 1/13/1932

19. UNDERTAKER Wm Cook
(Address) 27 St Paul st

20. FILED JAN 12 1932, 19 CARSON JOAS, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1931 to Jan. 11, 1932

I last saw him alive on Jan. 11, 1932 death is said to have occurred on the date stated above, at 9:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr.	1930

Other contributory causes of importance:
Syphilis Central Nervous System
Hypertension

Name of operation None Date of

What test confirmed diagnosis Clinical ? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas E. Arnold M. D.

(Address) Balto. City Hosp.

Form—1-12-B—M&T—500 Blks.

E 75677 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75677

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (a) No. 669 W Fayette ST. H-25 (WARD)

2-FULL NAME Maggie Schatt

(b) RESIDENCE No. 669 W Fayette ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	W.	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Dec 25 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	73		17 18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (City or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12th 1932

17

I HEREBY CERTIFY, That I attended deceased from Jan 15 , 19 31 , to Jan 12 , 19 32 ;

that I last saw h alive on Jan 4 , 19 32 ;

and that death occurred, on the date stated above, at 4:45 P m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Findings

What test confirmed diagnosis?

(Signed) Paul MacMurchy M. D.

1/12/1932 (Address) 2427 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant (Address) Geo. E. Lovell 669 W. Fayette St

Filed JAN 12 1932 . M. C. HAMPSON JONES, M. D. Registrar

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland

DATE OF BURIAL June 13 1932

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul

AaCa. 5-11 2500

75678

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 75678

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1034 Ensor St. St., 10-14 Ward)

Length of residence in city or town where death occurred 21 yrs. 11 mos. 15 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret A. Drahle

(a) Residence: No. 1034 Ensor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert S. Drahle

6. DATE OF BIRTH (month, day, year) January 28 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	11	14 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME William H. Harms
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.
15. MAIDEN NAME Margaret Burrier
16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Leon Harms father
(Address) 1034 Ensor

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date June 15, 1932

19. UNDERTAKER Ernest W. Coughlin
(Address) 1300 Eastern Ave.

Date received JUN 21 1932 C. EDISON JONES, M. D.
C.P.H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1931 to January 12 1932

I last saw h alive on June 12 1932 death is said to have occurred on the date stated above, at 11:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb 1931

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Thos. A. Stevens, M. D.
(Address) 1878 Harwood Rd

AdCo. 5-31 2400

E 75679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Hudson & Glenmore Ward) 25-12

Registered No. 1932 E 75679

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos 18 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary Beck.

(a) Residence: No. 1414 Chesterfield Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John A. Beck

6. DATE OF BIRTH (month, day, year) Oct 3, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER'S NAME Hortense Mary Rose Hartman

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Rebecca Coulter

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Adelaide Baer

(Address) 128 Collins Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Druid City Date Jan. 14 1932

19. UNDERTAKER Easton Sons & Ellicott City

(Address)

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 24th 1931 to Jan 11th 1932

I last saw her alive on 1-11-32 death is said to have occurred on the date stated above, at 6 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolus	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Louis Levin, M. D.

(Address) St Agnes Hospital

AACo. 5-H 2108

75680 HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1734 E Fillmore St. 8-17 Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Elizabeth J. Gordon

(a) Residence: No. 1734 E. Fillmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: William L. Gordon

6. DATE OF BIRTH (month, day, year): Aug 14, 1873

7. AGE — Years: 58 | Months: 4 | Days: 29 | If LESS than 1 day hrs or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Watson Taylor

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Mary Pittman

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs. E. Taylor
(Address) 1734 E. Fillmore St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Olivet Date: 6/14 1932

19. UNDERTAKER: Gorsuch & Son
(Address) 1734 E. Fillmore St.

20. FILED: JUN 12 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 11, 1932

I HEREBY CERTIFY, That I attended deceased from August 15, 1931 to January 11 1932

I last saw her alive on January 11 1932 death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	June 1930
Other contributory causes of importance: Cardiac Dilatation	Jan 8, 1932

Name of operation: None Date of:

What test confirmed diagnosis: Physical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Allen Rawlings, M. D.

(Address) 2035 North Ave

1-30—M & T—100 M—501.

E 75681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 E 75681

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Enroute ST. Joseph Hospital 12-20 WARD)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hiram I. Myers

(a) RESIDENCE No. 2010 Maryland Ave ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dellie Myers

6 DATE OF BIRTH (month, day, and year) Oct 3/1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	3	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Flagman (formerly
(b) General nature of industry, business, or establishment in which employed (or employer) loco. Engineer)
(c) Name of employer Md & Penna R.R.

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Hiram Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Mary Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Mrs. Ruth McDonald
(Address) 2010 Maryland Ave

15 Filed 2 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) John Cain, Coroner, M. D.

Jan 12/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	1/14/1932
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

A&Co. 5-31 2500

Dr Bartlett V-129 E/3rd St

75682

HEALTH DEPARTMENT CITY OF BALTIMORE

108 E 75682

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 Frankford Ave St. 27-43 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wilbon Richard Howard

(a) Residence: No. 1900 Frankford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 4, 1931

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Howard Howard

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Lucile Grey

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Howard
(Address) 1900 Frankford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oakland Date 1/13 1932

19. UNDERTAKER J. M. Cook
(Address) 1217 E. Oral St

20. FILED 1-13-1932 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 1932

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1932 to January 11, 1932

I last saw h[illegible] alive on January 11, 1932 death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Double Lobar Pneumonia	1-9-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Allen S. Bartlett, M. D.

(Address) 3139 E. Baltimore St.

Spec.—1-12-23—MAT—500 Blks.

E 75683

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-E 03 75683

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2017 E Preston St. 8-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lizzie E. Leach

(a) RESIDENCE No. 2017 E Preston ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 8 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced, HUSBAND of ~~WIFE~~ of William Leach

6 DATE OF BIRTH (month, day, and year) May 22, 1866

7 AGE Years 65 yrs Months 8 mos Days 20 ds

If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Geo. Wilson England

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Susan Drury

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Mary Co. Maryland

14 Informant Annie Keller

(Address) 2023 Ellamont

15 FILED 2 1932

HAMPSON JONES, M. D.

By A. H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/11/1932

17 I HEREBY CERTIFY, That I attended deceased from Jany 7 1929 to Jan 11 1932

that I last saw her alive on Jan 11 1932

and that death occurred, on the date stated above, at 10.35 p m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the heart

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis, arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? No.

What test confirmed diagnosis? Findings on examination

(Signed) M. MacMurtrie M. D.

1/12, 1932 (Address) 2147 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL 1/14/1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St.

A&Co. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75684

CERTIFICATE OF DEATH

82-09 E 75684

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

28-63
Ward

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4400 Penhurst Ave. St.,

Length of residence in city or town where death occurred 1 yrs 8 mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Christina Pfeffer

(a) Residence: No. 4400 Penhurst Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of August Pfeffer

4. DATE OF BIRTH (month, day, year) December 7, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	81	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER FATHER

13. NAME George Ehrmold
14. BIRTHPLACE (city or town) Germany
(State or country)
15. MAIDEN NAME Katherine Bender
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mr. Herbert A. Pfeffer
(Address) 4400 Penhurst Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Jan. 13" 1932

19. UNDERTAKER Ronald Cook
(Address) 1002 E. Baltimore St.

20. FILED JAN 13 1932, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec-3-, 1931, to Jan-11-, 1932

I last saw her alive on Jan-10, 1932 death is said to have occurred on the date stated above, at 6.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Asthenia-Edema of both Lungs Hemorrhage and Failure of Left Ventricle of Heart	
Duration 5 hrs 20 m	
Cardiac and Respiratory Failure	1-10-32

Other contributory causes of importance:
Arteriosclerosis, Chronic Interstitial Nephritis and Chronic Myocarditis.

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible], M. D.

(Address) 2202 Garrison Blvd.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75685 — 1801 — E 75685

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) South Baltimore Gen'l Hospital (St.) ..... (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles H. Primrose

(a) Residence: No. Jamaica (Usual place of abode) New York Ward. ..... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Primrose

6. DATE OF BIRTH (month, day, year) — — 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wolff

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wolff Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

13. NAME Chas. Primrose

14. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

15. MAIDEN NAME Beaumont

16. BIRTHPLACE (city or town) (State or country) Staten Island N.Y.

17. INFORMANT Mary Dupont (Address) 230 Fifth Ave N.Y.

18. BURIAL, CREMATION, OR REMOVAL. Place Brooklyn N.Y. Date Jan 17. 1932

19. UNDERTAKER Thos. J. Tennyson (Address) 5 Eighth St. N.Y.

20. FILED ..... 1932 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1931 to Jan 12, 1932

I last saw he alive on Jan 12, 1932 death is said to have occurred on the date stated above, at 1:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of skull	11-28-31
Cerebral Hemorrhage	
Pneumonia	

Other contributory causes of importance:

Exploratory Craniotomy

Name of operation ..... Date of 12-7-31

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm J Sullivan M. D.

(Address) So Baltimore Gen Hosp

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75686

CERTIFICATE OF DEATH

87-001

E 75686

1—PLACE OF DEATH

CITY OF BALTIMORE (No.) 530 N Gary ST. 14-26 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Buckner

(a) RESIDENCE NO. 530 N. Gary St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 30 1865

7 AGE — Years: 66 — Months: 3 — Days: 10 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Laboring work

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: Peter Buckner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Eliza Carey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Wm J Buckner

(Address) 2429 McCulloh St

15 Filed JAN 13 1932 CHARLES H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 10, 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1932, to , 19 ; that I last saw him alive on Jan 9, 1932; and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. K. Barnickle, M. D.

, 19 (Address) 526 N. Gary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary Cem Franklin Town	1/13/32
UNDERTAKER	ADDRESS
Samuel B Kennedy	478 N Eutaw

AACo. 5-11 2500

E 75687 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 75687

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital — Registered No. ____
CITY OF BALTIMORE: (No.) 4002 St. Paul St., (Ward) 17 — (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mr. Ralph C. Hudson

(a) Residence: No. 4002 St. Paul St. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (~~or WIFE~~ of) Mrs. Ralph C. Hudson

6. DATE OF BIRTH (month, day, year) Oct. 21, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	2 mos.	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Troy, N.Y.

MOTHER FATHER
13. NAME William C. Hudson
14. BIRTHPLACE (city or town) (State or country) N.Y.
15. MAIDEN NAME Jennie Wells
16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 1/14 1932

19. UNDERTAKER Kenly W. Mears & Son
(Address) 505 N. Calvert St.

FILED JAN 19 1932 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1931 to Jan. 12, 1932
I last saw him alive on Jan 12 1932 death is said to have occurred on the date stated above, at 4:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aplastic Pernicious Anemia	

Other contributory causes of importance:

Name of operation Splenectomy Date of 1/4/32
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Richard France, M. D.
(Address) Union Memorial Hosp.

Spec—B 20—A. & Co.—250 Blks

E 75688 E 75688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals 82-001

CITY OF BALTIMORE: (No Balto Md St 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Blanche Hammett

(a) RESIDENCE NO 1910 E. Federal ST. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (Write the word)
Female	White	Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 29, 873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	13 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer) Factory

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Daniel R. Hammett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Missouri Little

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Herbert Hart
(Address) Balto City Hosp.

15 DATE RECEIVED 1/3 1932 C. HAWSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/12/32

17

I HEREBY CERTIFY, That I attended deceased from 11/7/, 1924, to 1/12/, 1932

that I last saw her alive on 1/12/, 1932

and that death occurred, on the date stated above, at 7.30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cirrhosis Kidneys

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) Mary Wasson M. D.

1/12 1932 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westminster, Md	Jan 14, 1932
UNDERTAKER	ADDRESS
J. Francis Rose	Westminster Md

AaCo. 5-B 2501

75689 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 75689

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH Balto City Hospitals — (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

CITY OF BALTIMORE: (No. 4940 Eastern Ave St. 20-27 (Ward)

Length of residence in city or town where death occurred 54 yrs 0 mos 9 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME James Hill

(a) Residence: No. 1811 Vine St St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosetta Hill

6. DATE OF BIRTH (month, day, year) Dec 31- 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55 56			9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Shyvester Hill

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Ann Scott

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place mt auburn Date [illegible] 13 1932

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St

20. FILED 1-13 1932 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-23 1931 to 1-9 1932

I last saw him alive on 1-9 1932 death is said to have occurred on the date stated above, at 2:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal cell Epithelioma of left leg-	1927
Bronchopneumonia	1-4-32

Name of operation Biopsy leg Date of 6-25-31

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Curtis E. Little M. D.

(Address) Balto. City Hospitals

1-30—M. & T.—100 B—501.

E 75690

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75690

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2801 W. Garrison Ave. ST. 15-61 WARD)

2-FULL NAME Thomas J. Cowie

(a) RESIDENCE No 2801 W. Garrison Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. / mos ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Medora A. Cowie

6 DATE OF BIRTH (month, day, and year) June 22 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	6	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Govt. Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Charles S. Cowie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Iowa

12 MAIDEN NAME OF MOTHER Margaret Garrett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Louisianna

14 Informant Lieut. Franklin G. Cowie

(Address) Quantico, Virginia

Filed JAN 13 1932, 192 C. HAMPSON JONES, M. D. Registrar

By .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Died from exposure & shock

Left Ohest

Surgeon

(duration) ..... yrs. ..... mos ..... ds

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) E. L. Thompson, M. D. Coroner

1/13, 1932 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Arlington Cemetery, Virginia	Jan. 13, 1932
UNDERTAKER E. Leroy Stoffler, Inc.	ADDRESS 1258 North Ave.

AaCo. 5-31-1930

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75691

93-E 75691

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 13-52 Ward .....

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caleb Watts

(a) Residence: No. 846 W. 37th St. St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian Watts

6. DATE OF BIRTH (month, day, year): Feb. 12, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Anne Arundle Co. Md.

FATHER

13. NAME: Samuel Watts

14. BIRTHPLACE (city or town) (State or country): Anne Arundle Co. Md.

MOTHER

15. MAIDEN NAME: Julia Anderson

16. BIRTHPLACE (city or town) (State or country): Anne Arundle Co. Md.

17. INFORMANT (Address): Records of Belto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL. Place Laurel Md. Date 1/15/32

19. UNDERTAKER (Address): Floyd Runge Laurel Md.

JAN 13 1932.

HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1921 to Jan. 12, 1932

I last saw him alive on Jan. 12, 1932 death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Hemorrhage~~ Myocarditis, chr.	3 months
(Other contributory causes of importance) Hemorrhage into Cerebrum Contracture	1914

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas Clinard Jr. M. D.
(Address) City

3-pur—9 30—A & Co—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75692

75692

CERTIFICATE OF DEATH

107-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE, (No. Sinai Hospital St. 6-9 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Samuel Rubinstein

(a) RESIDENCE NO. 230 N. Chester St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 15 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Isaac Rubinstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Leah Bass

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Interment

(Address) 230 N. Chester St

1-12-1932 E. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-12-32

17

I HEREBY CERTIFY, That I attended deceased from 1-9, 1932, to 1-12, 1932

that I last saw him alive on 1-12, 1932

and that death occurred, on the date stated above, at 10:12 P. M.

The CAUSE OF DEATH* was as follows:

Septicemia (Streptococcic)

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Pneumonia (Streptococcic) Empyema.

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood + pus cultures.

(Signed) M. B. Kirsh M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Intern Int. Cemet — DATE OF BURIAL: 1-13- 1932

20 UNDERTAKER: Dor. Levin, Inc. — ADDRESS: 1439 E. Baltimore

AaCo. 5-11-2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75693

CERTIFICATE OF DEATH

108 E 75693

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp (If not in hospital, street and number) 1/2 3rd (Ward)

Length of residence in city or town where death occurred yrs mos 1 ds. How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mr Wm. H Glenn

(a) Residence: No. Forest Hill Harford Co. Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mrs Wm. H Glenn

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md

FATHER

13. NAME John Glenn

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Margaret Glenn

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Ray V. Glenn, (Address) Forest Hill Md

18. BURIAL, CREMATION, OR REMOVAL. Place Rock Spring Date Jan 15 1932

19. UNDERTAKER E G Kurtz & Son (Address) Forest Hill Md.

131932 [illegible], M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-12-32 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1932 to Jan. 12, 1932

I last saw him alive on Jan. 12, 1932 death is said to have occurred on the date stated above, at 11.35 pm.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R Franca, M D

(Address) Union Mem. Hosp

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75694

CERTIFICATE OF DEATH

93-003

E 75694

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 110 S. Addison ST. 18-29 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Augustus Wild

(a) RESIDENCE NO. 110 S. Addison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Wild

7 DATE OF BIRTH (month, day, and year) Sept 21 1838

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	16	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Baltimore Md

11 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Julia Schuster

(Address) 110 S Addison St

15 FILED JAN 13 1932 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/11/32

17 I HEREBY CERTIFY, That I attended deceased from 11/23/, 1931, to 1/11/, 1932.

that I last saw h— alive on 1/11/, 1932.

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

hyp cardiac
art. sclerosis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(duration) yrs. 1/2 hr. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Levy, M. D.

1/12/, 1932 (Address) 410 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL
Western Cemetery	Jan 14 1932
20 UNDERTAKER F Vernon Kellner	ADDRESS 1552 Hollins

E 75695

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration District No. E 75695

1 PLACE OF DEATH

County

Village or City Baltimore (No.) 634 W North Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Elizabeth Logan (Wife)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, DIVORCED (Write the word) Single

6 DATE OF BIRTH Mar 27 1857

7 AGE 74 yrs. 10 mos. 15 ds. (If LESS than 1 day hrs. or min.)

8 OCCUPATION
(a) Trade, profession or particular kind of work none
(b) General nature of industry business, or establishment in which employed or (employer) none

9 BIRTHPLACE (State or country) Baltimore City Md

PARENTS

10 NAME OF FATHER Robert W. Logan

11 BIRTHPLACE OF FATHER (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Clotworthy

13 BIRTHPLACE OF MOTHER (State or country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jamie L. Dushane

(Address) 634 W North Ave

Filed C. HERBERT JONES, M. D. Registrar

31932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan (Month) 12 (Day) 32 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Jan 9 1932 to Jan 12 1932

That I last saw her alive on Jan 12 1932

and that death occured on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH * was as follows:

Cerebral Hemorrhage
(Right Hemiplegia)

(Duration) yrs. mos. 4 ds.

Contributory Secondary

(Duration) yrs. mos. ds.

(Signed) Jennie Thompson M. D.

Jan 13 1932 (Address) 700 West N Ave,

*State the Disease Causing Death, or, in deaths from Violent Cause, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mt Olivet Baltimore DATE OF BURIAL Jan 15 1932

20 UNDERTAKER George J. Smith ADDRESS 1532 Hoffman St

Baltimore Md

If more space is needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

AACo. 5-31-2M

E 75696 **HEALTH DEPARTMENT CITY OF BALTIMORE** 13/E 75696

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 E. Fort Ave S. 24-34 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nora Dougherty

(a) Residence: No. 527 E. Fort Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry A. Dougherty

6. DATE OF BIRTH (month, day, year) June 19. 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Port Deposit Md

MOTHER FATHER

13. NAME James Wheeler

14. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md

15. MAIDEN NAME Catherine Lecount

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Henry A. Dougherty
(Address) 527 E. Fort Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Jan 14 19-31

19. UNDERTAKER George W. Zirkle
(Address) 1737 E. Eager St.

JAN 13 1932 ANDREW JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 25th, 1931, to Jan 10, 1932

I last saw h.e alive on Jan 10 1932 death is said to have occurred on the date stated above, at 8-6p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Heart Disease	1920

Other contributory causes of importance:

Chronic Interstitial Nephritis	1920

Name of operation None Date of —

What test confirmed diagnosis Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sidney F. Stuart, M. D.

(Address) 430 E. Fort Ave.

Spec—1-12-23—M&T—500 Rls.

E 75697 HEALTH DEPARTMENT—CITY OF BALTIMORE 53 ✓ E 75697.

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 S. Patterson Park Ave ST., 1-3 WARD)

2-FULL NAME Edwin L. Christ

(a) RESIDENCE NO. 220 S. Patterson Park ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 8 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Musician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John a christ

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Diecon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Louisa christ (Address) 220 S. Patterson Park ave

15 Filed — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 12 1932

17

I HEREBY CERTIFY, That I attended deceased from July 6, 1931, to January 12, 1932, that I last saw him alive on January 12, 1932, and that death occurred, on the date stated above, at 4.20 a.m.

The CAUSE OF DEATH* was as follows:

fibro SARCOMA - Rt Thigh

(duration) 4 yrs. 9 mos da.

CONTRIBUTORY (Secondary) Hepatic + adominal Metastasis (duration) yrs. 9 mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 5 operations 6 months apart last one August 1931

Was there an autopsy? No. Biopsy

What test confirmed diagnosis? Biopsy

(Signed) J M Miller, M. D.

1/12, 1932 (Address) 1613 E Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ebenezer Cemetery

DATE OF BURIAL Jan. 15 1932

20 UNDERTAKER George W. Zickler

ADDRESS 1737 E. Eager st

AACo. 5-41 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

75698

CERTIFICATE OF DEATH

95062

E 75698

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3430 Hickory Ave. St., 13 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Edward Parsons

(a) Residence: No. 3430 Hickory Ave. St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence M. Parsons

6. DATE OF BIRTH (month, day, year): Feb. 18-1870

7. AGE: Years 61 | Months 10 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stationary Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Incinerator
10. Date deceased last worked at this occupation (month, year): Feb. 1930
11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Md

FATHER

13. NAME: James A. Parsons
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Elizabeth Deaver
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Mrs. Florence M. Parsons 3430 Hickory Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Date Jan. 15 1932

19. UNDERTAKER (Address): Horace A. Bruce 3631 Falls Road

1-31-1932 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 12. 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1930 to Jan 12, 1932

I last saw h in alive on June 24, 1931 death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hypertension	
Cardiac Renal disease.	2

Other contributory causes of importance: Cardiac dilitation

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) [illegible] M. D.

(Address) 8429 Chestnut Ave

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75699 001

E 75699

CERTIFICATE OF DEATH

1 PLACE OF DEATH 1117 N. Bond St. 28.64 Registered No. 186

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Ward)

2 FULL NAME Mrs. anna Volz

(a) RESIDENCE No. 5311 Belair Rd (Usual place of abode) St. Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Volz

6 DATE OF BIRTH (month, day, and year) Nov 9. 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
79		2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): York Pa.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant George N. Kispert

(Address) Oakleigh Parkway

15 Filed JAN 13 1932 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/11/32

17

I HEREBY CERTIFY, That I attended deceased from 12/22, 1931, to 1/11 1932

that I last saw h[illegible] alive on 1/11 1932

and that death occurred, on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (secondary) Fracture of neck, Femur

(duration) yrs. mos. 20 ds.

Was there disease contracted if not at place of death? Home - fall

Did an operation precede death? No Date

Was there an autopsy?

What confirmed diagnosis?

(Signed) M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Jan 14 1932

20 UNDERTAKER: Mrs. Mrs. John W. Teufel & Son — ADDRESS: 801 W. Fayette

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75700

CERTIFICATE OF DEATH

108 E 75700

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 672 W Lexington St. 425 Ward)

2-FULL NAME Patrick H. McHale

(a) RESIDENCE NO. 672 W Lexington St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Feb 5- 1888

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	43	11	8	6

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Ireland

PARENTS

10 NAME OF FATHER Harry McHale

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Nora Murphy

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Mrs Bessie Johnson
(Address) 2252 Pleasant Ave

15 FILED G. HAMPSON JONES M. D. Registrar
1/3 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Jetter, M. D.

1/13 1932 (Address) 1119 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Philadelphia Pa	1/13 1932
20 UNDERTAKER	ADDRESS
William Cook	1217 Edmondson Ave

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

75701 HEALTH DEPARTMENT—CITY OF BALTIMORE 75701

CERTIFICATE OF DEATH

1 PLACE OF DEATH Sinai Hosp. REGISTERED NO. 107-E

CITY OF BALTIMORE (No. 1-13 St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Samuel Lazaron

(a) RESIDENCE NO. Pikesville Md. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced, HUSBAND of (or) WIFE: Alice de Castro Lazaron

6 DATE OF BIRTH (month, day, and year): Aug. 3, 1857

7 AGE: Years 74 | Months 5 | Days 9 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Attorney
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Atlanta, Ga.

PARENTS

10 NAME OF FATHER: Moris S. Lazaron

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Bertha Montrouge

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Robert M. S. Lazaron (Son)
(Address): Baltimore

15 JAN 31 1932 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 12, 1932

17 I HEREBY CERTIFY, That I attended deceased from April 26, 1929, to Jan. 12, 1932, that I last saw h alive on Jan. 9, 1932, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:
Cerebral Arterio Sclerosis
Senile Arteriosclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchio-Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. B. Krug M. D.

. 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew Cem. | DATE OF BURIAL: 1/14/1932

20 UNDERTAKER: Harid Sondheimer Son | ADDRESS: 1902 Eutaw Place

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75702

CERTIFICATE OF DEATH.

159 E 75702

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 N Haven ST., 26 WARD) 39

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm H. Clough

(a) RESIDENCE NO. 114 N Haven ST., 26 WARD 39

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1-11-32

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	0	0	0	3

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER Wm Clough

11 BIRTHPLACE OF FATHER (city or town) (State or country): Boston Mass

12 MAIDEN NAME OF MOTHER Kennedy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Uncle (Address) 114 N Haven

15 Filed _____, 19__ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-11 19 32

17

I HEREBY CERTIFY, That I attended deceased from 1-11, 1932 to 1-11, 1932

that I last saw ~~alive~~ on 1-11, 1932

and that death occurred, on the date stated above, at 8 40 a.m.

The CAUSE OF DEATH* was as follows:

Prevalent Glaucoma

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Ophthalmoscopic Examination

(Signed) C. H. Clemson M. D.

Jan. 12, 1932 (Address) 3701 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL
JAN 12 1932

Spec.—9-30—A A Co—250 Blks

E 75703 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75703

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospt 107-001

CITY OF BALTIMORE: (No. Balto Md St. 10-W (WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Maggie Cooper

(a) RESIDENCE NO. 849 Cole Street St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE Years 54 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Records Balto City Hosp

15 Filed JAN 13 1932, 19 E. EMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-11-32

17
I HEREBY CERTIFY, That I attended deceased from 1-9, 19 32 to 1-11, 19 32
that I last saw h alive on 1-10, 19 32
and that death occurred, on the date stated above, at 9:30A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholic Delirium

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical findings

(Signed) Mary Gleaves M. D.
1/12, 19 32 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL DATE OF BURIAL JAN 13 1932, 19

20 UNDERTAKER [illegible] ADDRESS

For Fee, See Reverse

AaCo. 5-31 2500

E 75704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 75704

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hospital St. 7-26 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Phillip Peters

(a) Residence: No. 719 N. Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Wid

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Peters

6. DATE OF BIRTH (month, day, year) 1846

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	86	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

MOTHER FATHER

13. NAME Chris Peters

14. BIRTHPLACE (city or town) (State or country) Greece

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Date JAN 13 1932 19

19. UNDERTAKER
(Address)

20. FILED JAN 13 1932 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/10 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-7 1931 to 1/10 1932

I last saw h[illegible] alive on 1/10 1932 death is said to have occurred on the date stated above, at 5:[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Neck (left) Esophageal Obstruction.	about 2 yrs.

Other contributory causes of importance:

Bronchopneumonia	1/10

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Fullerton Leitch M. D.

(Address) Balto City Hospitals

AACo 5-31 2500

75705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159E 75705

1. PLACE OF DEATH Womans Hospital — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St. 27-53 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Baby Girl Green

(a) Residence: No. 4607 Wilmslow Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 12, 1932

7. AGE	Years	Months	Days	If LESS than 1 day 12 hrs or ____ min.
	—	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Geo. Allen Green
14. BIRTHPLACE (city or town) (State or country) Baltimore
15. MAIDEN NAME Mildred L. Gorsuch
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Mildred L. Green
(Address) 4607 Wilmslow Rd.

18. BURIAL (CREMATION) OR REMOVAL
Place ____ Date JAN 13 1932

19. UNDERTAKER ____
(Address) ____

JAN 13 1932 19 ____ C. HARRISON JONES, M. D. Registrar

UNIVERSITY OF MARYLAND

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1932 to Jan 13, 1932
I last saw her alive on Jan 13, 1932 death is said to have occurred on the date stated above, at 1.55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 6½ mos.	

Other contributory causes of importance:

Nephritis Toxemia (mother)	Sept 1, 1931

Name of operation Cesarean Section Date of Jan 12, 32
What test confirmed diagnosis? Clin. - Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
How injury occurred ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Marion P. Johnson M. D.
(Address) Womans Hospital

A&Co. 5-31 1908

75706

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75706

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 17-24 31

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ophelia Driver

(a) Residence: No. 1121 Argyle Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) May 22, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day's work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Va.

MOTHER FATHER

13. NAME Robert Driver

14. BIRTHPLACE (city or town) (State or country) ? Va.

15. MAIDEN NAME Virginia ?

16. BIRTHPLACE (city or town) (State or country) ? Va.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL JAN 13 1932
Place ..... Date 19

19. UNDERTAKER
(Address)

20. FILED 1-13-1932 19 ..... Registrar.

JOHNS HOPKINS HOSPITAL
HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1931 to Jan. 9, 1932

I last saw her alive on Jan. 9, 1932 death is said to have occurred on the date stated above, at 1:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	

Other contributory causes of importance: Hypertension — Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Jas. D. Lumsden, M. D.

(Address) Balto. City Hosp.

AdCo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

75707

93-E 75707

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 18-16

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas E. Miller

(a) Residence: No. 768 W. Lexington St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Elizabeth

6. DATE OF BIRTH (month, day, year) May 20, 1858

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	73	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Factory work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Md. ?

MOTHER

15. MAIDEN NAME Rachel Gist

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
[illegible] HOPKINS HOSP
Date 19

19. UNDERTAKER (Address) [illegible] C. Harper Sims, M.

20. FILED 1-3 1932 By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1931 to Jan. 10, 1932 I last saw him alive on Jan. 10, 1932 death is said to have occurred on the date stated above, at 4:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chr	Aug 1931

Other contributory causes of importance:

Arteriosclerosis Chronic
Uremia Records

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Jas G Arnold Jr M. D.

(Address) Balto. City Hosp.

AAC. 5-31-1928

75708 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 75708

CERTIFICATE OF DEATH

Registered No. 157-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 Bloomsbery St. 24th Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Freuger

(a) Residence: No. 115 Bloomsbery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan. 11-32

7. AGE — Years: — Months: — Days: 2 — If LESS than 1 day: hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER FATHER

13. NAME: Robert A. Kreuger
14. BIRTHPLACE (city or town) (State or country): Pa.
15. MAIDEN NAME: Sarah A. Gregor
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Robert A. Freuger
(Address) 115 Bloomsbery St.

18. BURIAL, CREMATION, OR REMOVAL: Holy Cross Cem. Co. Date Jan 14 1932

19. UNDERTAKER: Maynard L. Hymen
(Address) 1427 Light St.

1 31 1932 — BAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/13/1932

22. I HEREBY CERTIFY, That I attended deceased from 1/11/1932 to 1/13/1932

I last saw h[illegible] alive on 1/12 1932 death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

Patent Foramen Ovale — Duration of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) D. J. Thewlis M. D.

(Address) [illegible]

Spec.—1-12-23—M&T—500 Blks.

E 75709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 E 75709

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1153 N. Carey ST. 16-23 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Horace Washington

(a) RESIDENCE NO. 1153 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Octavia Washington

6 DATE OF BIRTH (month, day, and year) Dec. 25, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	62	0	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cafe & Restaurant

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER George Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant Octavia Washington (wife)

(Address) 1153 N. Carey St

15 Filed JAN 1932, 19..

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 11 " 1932

17

I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1931, to Jan 11, 1932, that I last saw h[illegible] alive on Jan 11, 1932, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. 4 mos. 6 ds.

CONTRIBUTORY (Secondary) Contracted Tobacco

pneumonia (duration) yrs. [illegible] mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum examination

(Signed) Charles W. D. Jones, M. D.

, 19 (Address) 1701 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery

DATE OF BURIAL: Jan. 14, 1932

20 UNDERTAKER: John McJohnson

ADDRESS 2358 Madison Av.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75710

E 75710

CERTIFICATE OF DEATH.

REGISTERED NO. 46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 809 S. Freeze St. WARD 32-30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Jane Handy

(a) RESIDENCE NO. 809 S. Freeze St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Greenbury Handy

6 DATE OF BIRTH (month, day, and year): Jan (3) 1877

7 AGE: Years 54 Months 11 Days 5

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Kent Co. Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Rosella Berry 809 S. Freeze St

15 JAN 3 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 12 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 7. 1932. to Jan 12. 1932.

that I last saw h alive on Jan 11. 1932.

and that death occurred, on the date stated above, at 2.35 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

(duration) about 6 mos (?) yrs mos ds.

CONTRIBUTORY (Secondary) Anemia & Nephritis (duration) unknown yrs mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical Signs

(Signed) John M. Johnson M. D.

. 19 (Address) 615 S. Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carvalry Cemetery DATE OF BURIAL Jan 15 1932

20 UNDERTAKER: John M. Johnson ADDRESS 2228 Madison Ave

1-30—M. & T.—100 B—60L.

E 75713

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75713

CERTIFICATE OF DEATH

12-50 175

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. St. 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Macklin.(C)

(a) RESIDENCE NO 2209 1/2 Hunter Al. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

(Length of residence in city or town where death occurred 30 yrs. ---------- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed or divorced HUSBAND of XXXXXXXX Mollie Macklin.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER David Macklin.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Lula Johnson.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Queen Drumgoole.(C) cousin.

(Address) 913 Argyle Ave.

15 1/31932 192 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 31, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of the skull. Struck and knocked down to the pavement. Broncho pneumonia. Homicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? In front of 220 E. 23rd December 24, 1931

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquest

(Signed) Otto M. Steinhardt Coroner, M. D.

1/12/32 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL Jan 7 1932

20 UNDERTAKER T E Nelson

ADDRESS 1330 E. Fairmount

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

75712

CERTIFICATE OF DEATH

131 E 75712

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2435 E Federal St. 8-16 Ward)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Dreginsky

(a) Residence: No. 2435 E Federal St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Bertha Dreginsky

6. DATE OF BIRTH (month, day, year): Oct. 8, 1826

7. AGE: Years 05 | Months 3 | Days 4 | If LESS than 1 day hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tailor shop
10. Date deceased last worked at this occupation (month and year): 1931
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: William Dreginsky
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Theresa Wiesmann
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Bertha Dreginsky
(Address) 2435 E Federal

18. BURIAL, CREMATION, OR REMOVAL.
Place: Greenmount Date: Jan 5 1932

19. UNDERTAKER: John C. Smith
(Address) 2425 E Baltimore St

Jan 3 1932 C. HAMPSON JONES, M.D. Registrar
By RKD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 12, 1932

I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1931 to Jan. 12, 1932

I last saw him alive on Jan 12 1932 death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis Indefinite	1/2/31
Other contributory causes of importance: Uremia	1/10/32

Name of operation: None Date of
What test confirmed diagnosis: Clinical Was there an autopsy? No

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. K. Campbell M.D.
(Address) 1644 Hanover St

Spare—1-30—M. A T.—250 Blks.

E 75713

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75713

CERTIFICATE OF DEATH.

REGISTERED NO. 107-32

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 355 S. Bentalou ST. (WARD) 20-69

2-FULL NAME Herbert Lloyd Willingham

(a) RESIDENCE NO. 355 S. Bentalou ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 21-1929

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
2	5	20 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Howard C. Willingham

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Theresa Eakes

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.
(State or country)

14 Informant Howard C. Willingham
(Address) 355 S. Bentalou St.

15 Jan 3 1932, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 11-1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1932, to Jan 11, 1932,

that I last saw him alive on Jan 11, 1932,

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
Secondary Acute

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Harry E. Thiele, M. D.

(Address) 3157 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Jan. 14 1932

20 UNDERTAKER George L. Schwab — ADDRESS 1401 Eutaw Ave

rec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75714

CERTIFICATE OF DEATH.

75714

Registered No. 1001

1-PLACE OF DEATH

City of BALTIMORE: (No. 21. Booth St. 20-69 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Iris Ann Lohr

(a) Residence No. 2111 Booth St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. white

5-Single, ~~Married, Widowed, or Divorced~~? (Write the word.) Sing.

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) August 29-1931

7-AGE. — yrs. 4 mos. 15 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. none.

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Raymond C. Lohr

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER. Mabel Forster

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Baltimore Md.

14- (Informant) Raymond C. Lohr.

(Address) 2111 Booth St.

15- 3 1932 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) January 13-1932

17- I HEREBY CERTIFY, That I attended deceased from January 9 1932 to January 13-1932.

that I last saw h-r alive on January 11- 1932.

and that death occurred, on the date stated above, at 8:00 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Myocarditis heart

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Chester Rula, M. D.

1-13-1932 (Address) 2532 Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Westview Cemetery DATE OF BURIAL. Jan. 15 1932

20-UNDERTAKER. George L. Schwab ADDRESS 201 Eutaw St.

Spec.—7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75715

CERTIFICATE OF DEATH

E 75715

REGISTERED NO. 24 51754 E

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nellie Frances Weeks

(a) RESIDENCE NO. 925 McCulloh St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 Years How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Divorced~~ Child

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min.
	6			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) N. C.

(State or country)

PARENTS

10 NAME OF FATHER Simond Fikes

11 BIRTHPLACE OF FATHER (City or town)

(State or country) South Carolina

12 MAIDEN NAME OF MOTHER Mrd. MacNeil

13 BIRTHPLACE OF MOTHER (city or town) Guthrie NC

(State or country)

14 Informant Simona Fikes

(Address) 539 Mary St

Filed JAN 14 1932 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1932

17 I HEREBY CERTIFY, That I attended deceased from 5-15, 1931, to 1-11, 1932, that I last saw h alive on 1-11, 1932, and that death occurred, on the date stated above, at 8.50 P. m.

The CAUSE OF DEATH* was as follows:

Intercutaneous Abscess

(duration) Yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death? Unknown

Did an operation precede death? Yes Date of 6/24/31

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Benj. Hance M. D.

1/13, 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mount Calvary Cemt 1/14 1932

20 UNDERTAKER — ADDRESS

Charles H. Alexander 1406 Druid Hill Ave

very important. See instructions on back of certificates.

1-30—M & T—100 B—561.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75716 (1)

E 75716

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospitals ST. (or) WARD) 37-9

2-FULL NAME Florence Lee

(a) RESIDENCE NO 627 N Dallas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER John Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER Francis Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant John Lee

(Address) 627 N Dallas

15 JAN 4 1932 H. LEWIS JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. mos ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 627 N Dallas

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. P. Stevens M. D. Coroner

1/13, 1932 (Address) 3105 N Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park, Co. Va. DATE OF BURIAL Jan 14 1932

20 UNDERTAKER John W Henderson & Maumant

ADDRESS 1502

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75717

CERTIFICATE OF DEATH

131 E 75717

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 N Bond St St., 7-9 Ward)

Length of residence in city or town where death occurred 30 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Silas Dimmond

(a) Residence: No. 610 N Bond St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma L. Dimmond

6. DATE OF BIRTH (month, day, year) unknown abt 1886

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	45	—	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry, business in which work was done, as silk mill, saw mill, bank, etc. Furniture truck
10. Date deceased last worked at this occupation (month and year) 6 mos
11. Total time (years) spent in this occupation 22 yr

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Vernon Dimmond (son)
(Address) 610 N Bond st.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Jan 14 1932

19. UNDERTAKER [illegible] Henderson
(Address) 1022 E Monument st

20. FILED 1-14-32 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/11 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/16 1931 to 1/11 1932
I last saw him alive on 1/10 1932 death is said to have occurred on the date stated above, at 5:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	6 mos
Chr. Parenchymatous Nephritis & Arteriosclerosis and generalized Anasarca	6 mos

Other contributory causes of importance

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R J Young M. D.
(Address) 1429 E Monument st

Spec.—2-29-28—L. P. S.—600 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 75718

CERTIFICATE OF DEATH

REGISTERED NO. E 75718

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 716 E Biddle ST. 10-14 (WARD)

2—FULL NAME Bridget Flemmy Nagle

(a) RESIDENCE NO. 716 E Biddle ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced WIFE of (or) HUSBAND of: late Husband

6 DATE OF BIRTH (month, day, and year): Not Known

7 AGE: Years: 75 about; Months: ; Days: ; If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ireland

10 NAME OF FATHER: John Flemmy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bonnie Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Interment: Johny C Nagle

(Address) 108 N Belnord Ave

15 Filed JAN 14 1932, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 13th 1932

17 I HEREBY CERTIFY, That I attended deceased from August 1, 1931, to January 13, 1932

that I last saw her alive on Jan 12, 1932

and that death occurred, on the date stated above, at 12 10 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chr Myocarditis

Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What (test confirmed diagnosis? Usual

(Signed) F J Kirby, M. D.

Jan 13, 1932 (Address) 110 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Jan. 16 1932

20 UNDERTAKER: Henry Horch Sons Inc — ADDRESS: 1301 E Eager St

A4Co. 5-31 2508

3450 Apol.

E 75719 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

94-E 75719

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2821 Hilldale Ave St. 15-58 Ward 8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Nathan Levy

(a) Residence: No. 2821 Hilldale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosa Levy

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper**, etc. Designer

9. Industry or business in which work was done, as **silk mill, saw mill, bank**, etc. Cloaks

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Jacob David Levy

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unger

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Max Levy
(Address) 2821 Hilldale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Lurel Cem Date 1-14- 1932

19. UNDERTAKER Jack Levin Inc
(Address) 1439 E. Baltimore St.

JAN 14 1932 HAN[illegible] JOHNS, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-13- 1932

22. I HEREBY CERTIFY, That I attended deceased from 1930 to 1-13 1932

I last saw h[illegible] alive on 1-13 1932 death is said to have occurred on the date stated above, at 10 P. m.

The **principal cause of death** and related causes of importance were as follows:

Date of onset

Angina Pectoris

Other contributory causes of importance:

Arteriosclerosis

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Isidor J. Levy M. D.

(Address) 2324 Eutaw Place

AdCo. 5-11 2'08

75720 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 75720

Registered No. .....
(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 N. Caroline St. 7-9 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds How long in U.S. If of foreign birth? yrs. mos. ds

2. FULL NAME Leah Rebecca Rosenberg

(a) Residence: No. 501 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): ~~Married~~ Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ~~Isaac~~ Rosenberg

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 60 | Months | Days | If LESS than 1 day hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER
13. NAME Rosenberg
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Levinson
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Minnie Rosenberg
(Address) 674 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 1-12- 1932

19. UNDERTAKER Isaac Kaufman Inc
(Address) [illegible]

JAN 14 1932 JAN 12 1932
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1931 to Jan 10 1932

I last saw her alive on Jan 10 1932 death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Hemorrhage	Nov 20

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) A. L. Hartman, M. D.

(Address) 733 Mosher St

E 75721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47 E 75721

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital ST. 69 (WARD)

2 FULL NAME Benjamin Jaffe Goffe

(a) RESIDENCE NO. 1824 E. Fairmont ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Mn.	W.	M.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Gretta Goffe

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Bernard Goffe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Sinai Hospital

(Address) 2402 Callow ave

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13, 1932

17

I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1931, to Jan 13, 1932

that I last saw h[illegible] alive on Jan 13, 1932

and that death occurred, on the date stated above, at 4.10 P. M.

The CAUSE OF DEATH* was as follows:

Neoplasm of the lung

(Duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Lung abscess

(Duration) yrs. 4 mos. ds.

18 Where was disease contracted If not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Milton B. Kirsh M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Hebrew Hebrew Rom

DATE OF BURIAL. 1-14 1932

20 UNDERTAKER Jack Levinson

ADDRESS 1376 Bath st

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75722

E 75722

CERTIFICATE OF DEATH

108

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST. 3-4 WARD)

2-FULL NAME Isaih Lee

(a) RESIDENCE No. 230 S. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	col	widower

5a If married, widowed, or divorced (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 63			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Henry Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Harriett Stanley

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Mary E. Woolford

(Address): 230 S. Caroline St

15 Filed JAN 14 1932 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John H. Weiss, Coroner, M. D.

Jan 13/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lauriraly Md. — DATE OF BURIAL: Jan 15 1932

20 UNDERTAKER: Edward Bryan — ADDRESS: 1431 orleans st

AaCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

75723

75723

CERTIFICATE OF DEATH

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 Forrest St 10-14 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John McDonnell

(a) Residence: No. 1005 Forrest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bridget Agnes McDonnell

6. DATE OF BIRTH (month, day, year) Mar 17/1865

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	66	9	26.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME Patrick McDonnell

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. B. McDonnell

(Address) 1005 Forrest St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 16, 1932

19. UNDERTAKER Rita Wakefield

(Address) 914 Greenmount Ave

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1932 to 1/13, 1932

that I last saw him alive on 1/12, 1932 death is said to have occurred on the date stated above, at a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Arteriosclerosis	Indefinite

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dr Bernard Lotts M. D.

(Address) 1216 E Calvert St

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75724

CERTIFICATE OF DEATH

59 Lawrence Ave. Balto. M.

Registered No. E 75724

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 S Clinton St., 26 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Martin Polp

(a) Residence: No. 302 S Clinton St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Polp

6. DATE OF BIRTH (month, day, year) April 2 - 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Christopher Polp

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lucinda Polp (wife)
(Address) 302 E Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Sepulchre Date Jan 5. 1932

19. UNDERTAKER Lilly Funeral Home
(Address) 1336 Druid Hill Ave.

FILED JAN 7 1932 HARRY H. JONES Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7 1927 to January 4 1932

I last saw him alive on January 4 1932 death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Diabetes Mellitus	1929
Gangrene of foot	
b.	
c.	
d.	

Other contributory causes of importance

Myocarditis

Name of operation None Date of None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury None 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Schneider M. D.

(Address) 302 S Clinton

AACo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75725 V 82 E 75725

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. .....) St., (or Ward) #63

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Druschel

(a) Residence: No. 236 S. Duncan St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Matilda

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	63?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer 63
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Amer. Label Co.
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Louis
14. BIRTHPLACE (city or town) (State or country) ? ?
15. MAIDEN NAME Louise ?
16. BIRTHPLACE (city or town) (State or country) ? Germany

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Calvel Date 1/16/32
19. UNDERTAKER (Address) Kelly-Zeider Inc. 403 S. Broadway

20. FILED JAN 14 1932 C. HAVEN JOHNS Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1932 to Jan. 11, 1932
I last saw him alive on Jan. 11, 1932 death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into cerebrum	1-9-32
Other contributory causes of importance: Myocardial failure	One day

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Jas. Sherwood M. D.
(Address) Balto. City Hosp.

A4Ca. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108-E 75726

E 75726

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 Leadenhall St. 77-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Donald Wilson

(a) Residence: No. 804 Leadenhall. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) June 30 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Harry Wilson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Elsie Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Ida Smith

(Address) 804 Leadenhall St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/15/32

19. UNDERTAKER Isaiah L Burns Son

(Address) 108 N Montgomery St

FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1932 to Jan 13, 1932

I last saw h alive on Jan 13, 1932 death is said to have occurred on the date stated above, at 6.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	Jan 8
Other contributory causes of importance:	
As above.	Jan 8

Name of operation None Date of —

What test confirmed diagnosis? Gram Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify —

(Signed) C. H. Flowlee, M. D.

(Address) 712 S. Mary Ave

Spec.—7-17-26—A Co.—200 Bks.

E 75727

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75727

CERTIFICATE OF DEATH

✓107-001

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 4-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jerome Washington

(a) RESIDENCE-NO. 706½ W Lexington St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years — Months: 5 — Days — IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Jerome Washington

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mable White

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mabel Mathews

(Address): 632 W Conway St

FILED JAN 14 1932 C. HARVEY JONES, M. Registrar

By _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1 — 12 — 1932

17 I HEREBY CERTIFY, That I attended deceased from 1-6, 1932 to 1-12, 1932

that I last saw h'm alive on 1-12, 1932

and that death occurred, on the date stated above, at 1.45 P.m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Henry McDonald M. D.

1-19-1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Ct — Date of Burial 1/15/1932

20 UNDERTAKER: Braid & Brown — ADDRESS 108 N Monty

Very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

75728

CERTIFICATE OF DEATH

97 ✓ E 75728

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 207 N. Port St (St.) 6-10 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alexander William Stolinski

(a) RESIDENCE NO. 207 N. Port St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? 57 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Stolinski

6 DATE OF BIRTH (month, day, and year) Aug 30 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinest

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer John B. Gill

9 BIRTHPLACE (city or town) (State or country) West Preston Germany

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Stolzyber

(Address) 207 N. Port St

15 Filed ... 19 ... HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13th 1932

17

I HEREBY CERTIFY, That I attended deceased from June 9, 1932, to July 13th, 1932, that I last saw h[illegible] alive on July 13th, 1932 and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

Cannot say Definitely

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. L. Blicker M. D.

July 14, 1932 (Address) 4900 Belair Road

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Emmanuel Cem	7/16 1932
20 UNDERTAKER Louis Steinau	ADDRESS 32 S Broadway

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75729

CERTIFICATE OF DEATH

1641 E 75729

REGISTERED NO. 1001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2-3-4 Hanover Market. ST. 12-50 WARD)

2-FULL NAME William P. Wray.

(a) RESIDENCE NO 3010 Abell Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, HUSBAND of Edith Dashiell Wray.

6 DATE OF BIRTH (month, day and year) February 20, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	62	10	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Commission merchant.
(b) General nature of industry, business, or establishment in which employed (or employer): Produce
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Shelby, N.C.

PARENTS

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do not know.

14 Informant: Edith Dashiell Wray. (wife)
(Address) 3010 Abell Ave.

15 Filed 1 4 1932, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) January 12, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating gas poisoning.
Suicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

1/18/32 (Address) 917 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Johns P.E. Church Cem. Waverly

DATE OF BURIAL: Jan 14 1932

20 UNDERTAKER: John G. Denny

ADDRESS: 715 Light St

AdCo. S-H 2908

75730 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 75730

CERTIFICATE OF DEATH

Registered No. 92-51

1. PLACE OF DEATH Union Memorial Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3rd & Calvert St. 12 Ward)

Length of residence in city or town where death occurred 54 yrs 10 mos 16 ds How long in U. S. if of foreign birth? yrs mos ds

2. FULL NAME Mrs. Mary Mc Cowan

(a) Residence: No. 211 Huntington Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of the late James D. Mc Cowan

6. DATE OF BIRTH (month, day, year) Mar. 24, 1874

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
57	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER FATHER

13. NAME Jos. Seybold.
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Laura Hardesty
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Margaret Mc Cowan
(Address) 324 W. 28th St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Date 1/14/1932.

19. UNDERTAKER John J. Cowan & Son
(Address) 901 Fallsway St.

FILED JAN 14 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1931, to Jan 13, 1932

I last saw her alive on Jan 15, 1932 death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease c mitral stenosis & insufficiency. Decompensation, Auricular Fibrillation.	1929

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Frame, M. D.
(Address) Union Mem. Hosp.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75731

E 75731

CERTIFICATE OF DEATH.

1317

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1653 N Fulton Ave ST. 15-71 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Ann Glen

(a) RESIDENCE NO. 1653 N Fulton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of James Glen

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 85; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER Robert L Reed

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER Caroline Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Interment Mon Glen

(Address) 1653 N Fulton

~~Embalmed~~

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1932

17

I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ 1, 1927, to Jan 12, 1932.

that I last saw ~~her~~ alive on Jan 12, 1932,

and that death occurred, on the date stated above, at 6.20 P m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Fred C Jewett, M. D.

, 19 (Address) 2516 Penn Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Jan 15 1932

20 UNDERTAKER: Josiah Lyon Hooper & North Co

ADDRESS

JAN 14 1932

C. HAMPSON JONES, M. D.

Registrar

AdCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

256 E 75732 — 107-E 75732

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Deaver

(a) Residence: No. Cardy Hill St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 11-1931

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Samuel Deaver
14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Edith Keys
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dolla Pa Date Jan 15, 1932

19. UNDERTAKER W. J. Fickling & Sons
(Address) North & Penna Ave

20. FILED C. H. [illegible] JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1932 to Jan 13, 1932
I last saw him alive on Jan 13, 1932 death is said to have occurred on the date stated above, at 5.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	1-8-32
Empyema	

Other contributory causes of importance:

Name of operation Empyema Drainage Date of 1-13-32
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) J. Pickering Jr. M. D.
(Address) Johns Hopkins Hosp.

Spec—1-12-21—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 75733

CERTIFICATE OF DEATH.

93-003

E 75733

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 446 N. Bridle St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Austin Green

(a) RESIDENCE NO. 446 N. Bridle ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Green

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
62	62	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (City or town) (State or country) Va

PARENTS

10 NAME OF FATHER Lewis Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Minnie Green

(Address) 446 N. Bridle

15 Filed 1932 H. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1932

17

I HEREBY CERTIFY, That I attended deceased from Sept 15 1931 to Jan. 11 1932

that I last saw h alive on Jan. 11 1932

and that death occurred, on the date stated above, at 7 40 p m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 2 yrs — mos — ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Physical

(Signed) Edw. D. Whiteley M. D.

Jan 17. 1932 (Address) 1230 Druid Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Nat. Zion Cem. Green	1/17/32
20 UNDERTAKER	ADDRESS
Edward A. Stemley	1118 N. Bridle

1-30—M. & T.—100 B—661.

75734

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75734

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 26-37 WARD)

2-FULL NAME Mary A. Hitzelberger.

(a) RESIDENCE NO Oriole Ave Essex ST. Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Hitzelberger

6 DATE OF BIRTH (month, day, and year) Aug 4 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
36	36	5	8 9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER George Younger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Dora Nagel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant James A Hitzelberger (Address) Oriole Ave (Essex)

15 Filed JAN 13 1932 C. H. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Peritonitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Ruptured Appendicular Abscess

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Oriole Ave

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) C. H. Harrison Jones, M. D.

1/13, 1932 (Address) 303 N Patterson Park Ave (number)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL Jan 16 1932

20 UNDERTAKER M. W. E. Dysplat Inc

ADDRESS 3 Lem

1-30- M. & T.—100 B—50L.

E 75735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x131 ✓

E 75735

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 9-17 WARD)

2-FULL NAME Gustav A. Goth

(a) RESIDENCE NO ... Stemmer's Run, Md ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Martha B. Goth

6 DATE OF BIRTH (month, day, and year) Mar 7/1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	10	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Wood carver
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Anthony Goth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Martha Goth

(Address) Stemmer's Run, Md

FILED JAN 14 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Jan13/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Che Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? ~~Clinical~~

(Signed) J. H. Parker, M. D. Coroner

Jan 14/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL Jan. 16 1932

20 UNDERTAKER Wm C Miller & Son ADDRESS 2334 Jefferson St.

Spec.—9-30—A. & Co.—250 Blks.

E 75736

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75736

CERTIFICATE OF DEATH

54

1 PLACE OF DEATH

CITY OF BALTIMORE (No 3124 Harview Ave WARD) 27-43

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Hannah M. Young.

(a) RESIDENCE No 3124 Harview Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	married

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of William Young

6 DATE OF BIRTH (month, day, and year) Feb 14 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	74	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10 NAME OF FATHER Robert Moss.

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Lou Young.
(Address) 3124 Harview

15 Filed 1-14 1932 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 13-32

17

I HEREBY CERTIFY, That I attended deceased from Aug 1- 1931 to Jan 13 1932

that I last saw her alive on Jan 13 1932

and that death occurred, on the date stated above, at 3.45 P m.

The CAUSE OF DEATH* was as follows:

Diabetic Gangrene (Right Leg)
Myocarditis

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) yrs. 5 mos. 13 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? Yes. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Urinalysis

(Signed) Thos. La Stevens M. D.

1-16 1932 (Address) 2878 Hartford Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem

DATE OF BURIAL 1-16 1932

20 UNDERTAKER Robert Brooks & Son

ADDRESS Baltimore Md

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75737

CERTIFICATE OF DEATH.

93-203

E 75737

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. 20-69 Fayette St Calhoun ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. William Hudson

(a) RESIDENCE NO. 2107 Pennsdale ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Myrtle Hudson

6 DATE OF BIRTH (month, day, and year): Jan 26-1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist 631

(b) General nature of industry, business, or establishment in which employed (or employer): B & O RR

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Wm R Hudson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Emma Hinton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Myrtle Hudson (Address) 2107 Pennsdale

15 Filed JAN 14 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-14 1932

17 I HEREBY CERTIFY, That I attended deceased from 1-12-, 19 32 to 1-14, 19 32

that I last saw h[im] alive on 1-14, 19 32

and that death occurred, on the date stated above, at 2:35 A m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(Probably rheumatic origin)

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) H. O. Schuster M. D.

Jan 19 32 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: 1/19 19 32

20 UNDERTAKER: Robert Brooks & Son

ADDRESS: Calhoun Hollins

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75738

E 75738

1. PLACE OF DEATH If Jews Hospital

CITY OF BALTIMORE: (No. Lawrence & Oakfield St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occ[illegible] yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Mullaney

(a) Residence: No. 2815 Hudson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Mullaney

6. DATE OF BIRTH (month, day, year) June 11 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	#	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) U.S.

FATHER

13. NAME John Lyons

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Christina East

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Mullaney 2815 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL. Place Oaklawn Date Jan 16, 1932

19. UNDERTAKER John F. Moran (Address) 3000 E. Balto St.

FILED JAN 14 1932 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-12-32

22. I HEREBY CERTIFY, That I attended deceased from 1-3-32, 19..., to 1-12-32 19...

I last saw h[illegible] alive on 1-12-32 19... death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the Stomach	

Other contributory causes of importance:

Cachexia

Name of operation None Date of No

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) M. McKendrie M. D.

(Address) Jews Hospital

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75739

CERTIFICATE OF DEATH

X 89-98 E 75739

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Bearry

(a) Residence: No. 813 East Lafayette Ave. Md

(Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Sept 13 1923

7. AGE: Years 8 Months 4 Days 29 If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Spring Gr. Md.

MOTHER FATHER

13. NAME: Edw. E. Bearry

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Oborag ant H. Brady

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Edw. E. Bearry

(Address) 813 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer 1/15 1932

19. UNDERTAKER: J. Inman

(Address) 3600 E. Baltimore St.

20. FILED JAN 17 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1932, to Jan 12, 1932

I last saw h[illegible] alive on Jan 12, 1932 death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Otitis Media (1)	Jan. 2
Other contributory causes of importance: Meningitis (Pneumococcic)	Jan. 11

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify —

(Signed) [illegible] M. D.

(Address) University Hospital

Spec.—5-29-28—L. F. S.—500 Blks.

E 75740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-01

E 75740

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2300 Race St ST. 23-32 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Augusta Effort

(a) RESIDENCE NO. 1512 S. Charles St ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick Effort

6 DATE OF BIRTH (month, day, and year) Mar. 4 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

PARENTS

14 Informant Mr. Fredrerick Effort

(Address) 1512 S. Charles St

Filed JAN 14 1932 C. [illegible]SON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-12-1932

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1931, to Jan 12, 1932, that I last saw h[illegible] alive on Jan 11, 1932 and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) General edema

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lab + physical

(Signed) Wm. L. Stifler, M. D.

19 (Address) 319 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem.	1/15 1932
20 UNDERTAKER	ADDRESS
J. F. McCully	130 E Fort

1-30—M & T—100 B—5vL

E 75741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75741

REGISTERED NO. 59

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Mod Gen Hosp ST. 24-34 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norman C. Roley

(a) RESIDENCE NO. 817 Covington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anne E. Roley

6 DATE OF BIRTH (month, day, and year) Dec 17 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	30	3	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Patterned

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF Edwin Roley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF Bertha Whitcomb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

PARENTS

14 Informant Anne E. Roley

(Address) 819 Covington

15 Filed Apr 3, 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows: Diabetes Mellitus

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Glucose

(Signed) A. Gerald Smith, M. D.
Coroner

19 (Address) Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ced. Hill

DATE OF BURIAL Apr 16 1932

20 UNDERTAKER A. Geo. McCully

ADDRESS 130 E. Fort

1-30—M & T—100 B—60L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75742 (Gas Suicide) E 75742

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 75742

1-PLACE OF DEATH

CITY OF BALTIMORE, Bird Gen Hosp. ST 11-24 WARD)

LEGAL NAME Joe Zinetski

(a) RESIDENCE NO. Betty Boy Laun ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? 10 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of me

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Poland

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Wm Gen Hosp Russ

(Address)

Filed JAN 14 1932, 192 A. P. [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Rock fell down Hill on head

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Betty Boy Laun,

Did an operation precede death? Yes Date of Jan 11-32

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. Smith, M. D.
(Coroner)

Jan 13 1932 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross R.C. Cem. DATE OF BURIAL Jan 16-32

20 UNDERTAKER F. A. Schaum & Son ADDRESS 703 Hanover

ADCo. 5-31 1908

75743 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 1 V

E 75743

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital Registered No. 91 - E 75743

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fulkerson Station St. 25-72 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Vernon Price

(a) Residence: No. Eldridge Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maud Pierce

6. DATE OF BIRTH (month, day, year) Dec 12, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 116

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Mr Vernon Price

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Mary Best. (Address) 245 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Holt Cemetery Date Jan 16, 1932

19. UNDERTAKER (Address)

20. FILED Jan 16 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1932 to January 13, 1932

I last saw him alive on January 12, 1932 death is said to have occurred on the date stated above, at 2.00 P.m.

The principal cause of death and related causes of importance were as follows:

acute Endocarditis.
Pulmonary Embolism

Date of onset not known

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? P. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) St Agnes Hospital

AdCo. 5-11 2500

75744

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-E 75744

CERTIFICATE OF DEATH

Registered No. 13-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2523 Brookfield Ave. St., ... Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Max Weinberg

(a) Residence: No. 2523 Brookfield Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Weinberg

6. DATE OF BIRTH (month, day, year) Jan. 30, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Water Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Gabriel Weinberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ------- Nusbaum

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Harry Lazarus
(Address) Riviera Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Date Jan. 15, 1932

19. UNDERTAKER Levi Sonnheim's Son
(Address) 1902 Eutaw Place.

D. HARRIS JONES M. D.
Registrar

Jan 14 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1930 to Jan 12, 1932

I last saw h alive on Jan 11 1932 death is said to have occurred on the date stated above, at P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Sclerosis -	
myocarditis	
Other contributory causes of importance:	
angina Pectoris	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Emma S. Reagan, M. D.

(Address) Esplanade Apts.

AaCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75745 E 75745

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore Md

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Registered No. 127

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Mr Solomon L. Rose

(a) Residence: No. 3805 Edgecliff Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced

HUSBAND of (or) WIFE of Bertha Cohen Rose

6. DATE OF BIRTH (month, day, year) Mar 22, 1871

7. AGE Years	Months	Days	If LESS than 1 day hrs or min
60	—	22.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Saw Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph Rose

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Levy

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

(Name of cemetery) Date Jan 15 1932

19. UNDERTAKER J. Chas. Linhardt & Son

(Address) 1300 Eutaw Pl.

20. FILED Jan 16 1932 by [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1932, to Jan 13, 1932

I last saw h[illegible] alive on Jan 1, 1932 death is said to have occurred on the date stated above, at 8 25 PM.

The principal cause of death and related causes of importance were as follows:

Emphysema & gallbladder

Pulmonary thrombosis.

Date of onset

Other contributory causes of importance:

Bronchopneumonia

with pulmonary embolism

Name of operation Cholecystotomy Date of Jan 2, 1932

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert E. Chenoweth M. D.

(Address) Md. General Hospital

1-30—M. & T.—100 B—501.

E 75746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75746

8-16 164-901

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2442 E. Oreston ST. WARD)

2-FULL NAME Robert E. Wagner

(a) RESIDENCE NO 2442 E. Preston ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Wagner

6 DATE OF BIRTH (month, day, and year) May 30/1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	7	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Penna. R.R.

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER George Wagner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington, D.C.

12 MAIDEN NAME OF MOTHER Laura Kell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey

14 Informant Emma Wagner
(Address) 2442 E. Preston St

15 4 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Poisoning

Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Collins, M. D. Coroner

Jan 14 1932 (Date) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Jan 15 1932

20 UNDERTAKER: Thos. E. Jones Inc — ADDRESS: 1st N. Bradley

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-75747

CERTIFICATE OF DEATH

121 E 75747

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. ..... Ward)

Length of residence in city or town where death occurred 22 yrs ... mos ... ds How long in U.S. if of foreign birth? ... yrs ... mos ... ds

2. FULL NAME Hallings John L.

(a) Residence: No. 2512 W. Balto St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~
HUSBAND of ~~WIFE of~~ Minnie Hallings

6. DATE OF BIRTH (month, day, year) July 26th 1886

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
45	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Minnie Stallings
(Address) 2512 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 1/16 1932

19. UNDERTAKER C. Elmer Jones, Jr.
(Address) 2112 Eastern Ave.

1/4 1932. 19 ... C. ELMER JONES, JR. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1932, to Jan 13, 1932

I last saw h.. alive on Jan 12, 1932 death is said to have occurred on the date stated above, at 3:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	1/3/32
Diffused Peritonitis	1/4/32.
Other contributory causes of importance:	
Paralytic Ileus.	1/5/32
Myocardial Failure	

Name of operation Laparotomy Date of 1/4/32

What test confirmed diagnosis? Surg. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Millard H. Sprecher M. D.
(Address) Univ. Hospital

Spec.—9-30—A. & Co.—250 Blks

Bristow ✓

E 75748 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 75748

CERTIFICATE OF DEATH

1 PLACE OF DEATH West Baltimore General Hospital. 131

CITY OF BALTIMORE: (No. 27 ST. WARD 42) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mr. John O Bristow,

(a) RESIDENCE NO. 3905 Fleetwood Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mrs. Bristow

6 DATE OF BIRTH (month, day, and year): Oct. 3 - 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
44		3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Daniel Bristow

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Ella Forsythe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Interment (Address): W Lo 3905 Fleetwood

15 Jan 14 1932 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/14/32

17 I HEREBY CERTIFY, That I attended deceased from Jan. 9 1932 to Jan 14 1932

that I last saw him alive on Jan 13 1932

and that death occurred, on the date stated above, at 3:20 P M.

The CAUSE OF DEATH* was as follows:

Hypertension & Cardiovascular Renal disease

Contributory (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ——

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) John T Gibbs M. D.

1/14 1932 (Address) W B & A Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

20 UNDERTAKER: W M Cook

DATE OF BURIAL: 1/16 1932

ADDRESS: 1217 Druid Pk

Spec.—12-8-25—3 Co.—200 Bks.

E 75749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-001 E 75749

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 521 Wyeth Ward 21-29

2-FULL NAME Joseph F Davis.

(a) RESIDENCE NO. 521 Wyeth St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

3a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Mary G. Davis

6 DATE OF BIRTH (month, day, and year) Apr 22nd 1870

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
61	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Carpenter

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Washington D.C.

PARENTS

10 NAME OF FATHER Joseph F. Davis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs Carrie Harple

(Address) 818 Carroll St

15 FILED 1/4 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 13th 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 7 1932 to Jan 13 1932

that I last saw him alive on Jan 13 1932 and that death occurred, on the date stated above, at 8.45 p.m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Auricular Fibrillation

(duration) yrs. 1½ mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No Phys Exam

What test confirmed diagnosis? —

(Signed) Harry Gale —, M. D.

1/13/1932 (Address) 523 Scott St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westview Cemetery Date of Burial 1/16/1932

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

very important. See instructions on back of certificate.

AaCo. 5-11-2M

HEALTH DEPARTMENT CITY OF BALTIMORE

75750

CERTIFICATE OF DEATH

131 F 75750

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2848 Rayner Ave 46-68 (Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William W. Wenderoth

(a) Residence: No. 2848 Rayner Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~single, married,~~ widowed, ~~or divorced~~ HUSBAND of ~~WIFE of~~ Mary O'Brien Wenderoth

6. DATE OF BIRTH (month, day, year) Aug 21st 1867

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
64	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME John Wenderoth

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Keziah German

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Wenderoth 2848 Rayner Ave
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Cathedral Cem Date 1/16 1932

19. UNDERTAKER Wm Cook 1217 E. Fort Ave
(Address)

JAN 14 1932 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26 1931 to Jan 13 1932

I last saw h[illegible] alive on Jan 13 1932 death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease	?

Other contributory causes of importance:

decompensated heart	Dec 26 31
Chronic Nephritis	Jan 3 32

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Anthony V Buchanan M. D.
(Address) 3[illegible] E. Hoffman St

AaCo. 1-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

75751

CERTIFICATE OF DEATH

93-D E 75751

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 N. Decker Ave) (Ward) 7-H

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Benjamin F. Tall

(a) Residence: No. 606 N. Decker Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

6a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~WIFE of~~: Mollie E. Tall

6. DATE OF BIRTH (month, day, year): Mar 15th 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
81	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as ~~spinner, weaver~~, sawyer, bookkeeper, etc.: Ship Joiner 015

9. Industry or business in which work was done, as ~~cotton mill~~, saw mill, bank, etc.: Marine Railway Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

MOTHER FATHER

13. NAME: Richard Tall

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Annie Navy

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: J. F. Tall

(Address): 606 N. Decker Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Trinity Cemetery Catonsville, Md Jan 15 1932

19. UNDERTAKER: Wm Cook

(Address): 1217 E. Fayette St

1-4-1932 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 12th, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5.15.30, 19 , to Jan 12, 1932

I last saw him alive on Jan. 12 1932 death is said to have occurred on the date stated above, at 8.30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	1 day
Chronic Rheumatism	10 yrs.

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip B. Tourier M. D.

(Address) 1432 William St.

Spec.—9-30—A. & Co.—250 Blks

75752

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75752

92-001

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 103 W. 39th St. WARD 12-49

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Harriett L. Triplett Russell

(a) RESIDENCE NO. 103 W. 39th St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 If Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Stanislaus Russell

6 DATE OF BIRTH (month, day, and year) Dec 18 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53		25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Home Duties
(b) General nature of industry, business, or establishment in which employed (or employer): 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: William H Triplett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Harriett Templeman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Stanislaus Russell
(Address) 103 W 39th St

15 JAN 4 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13. 1932

17
I HEREBY CERTIFY, That I attended deceased from May 30 1921, to June 13 1932
that I last saw h[illegible] alive on June 13 1932
and that death occurred, on the date stated above, at 2 25 P m.

The CAUSE OF DEATH* was as follows:
Mitral insufficiency & Stenosis
(Rheumatic heart disease)
(duration) 36 yrs. ! mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency (arteriosclerosis)
(duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? —

(Signed) Louis P Hamburger M. D.
June 15 1932 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Druid Ridge Cemetery DATE OF BURIAL: 15 1932

20 UNDERTAKER: Pine O. Mitchell & Sons ADDRESS: Eutaw Place

AACo. 5-31 250B

Dr B. Sgrakari 1403 Park Ave Mad 6958 ✓

75753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107 E 75753

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 N. Calvert St. 11-15 Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ann Eliza Henry

(a) Residence: No. 1109 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ ~~husband~~ (or) WIFE of John Campbell Henry

6. DATE OF BIRTH (month, day, year) June 16th 1840

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91	06	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER FATHER

13. NAME James Bushrod Lake

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

15. MAIDEN NAME Louise Cooper Craig

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Orloff Henry
(Address) 1109 N. Calvert st

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 1/15/1932

19. UNDERTAKER Wm Cook
(Address) 127 St Paul st

1-14-1932 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932 to Jan 13, 1932 that saw h[illegible] alive on 13, 1932 death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	1/10/32

Other contributory causes of importance: Senility

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) [illegible] M. D.

(Address) 1403 Park

AdCo. 5-31 250B

E 75754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 E 75754

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Lyde Lane Hospital 2-4 Ward)

Length of residence in city or town where death occurred yrs. 11 mos. 26 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Douglas Simms

(a) Residence: No. 407 S. Washington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/18/31

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Albert Simms
14. BIRTHPLACE (city or town) (State or country) Va.
15. MAIDEN NAME Minnie Castle
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Albert Simms
(Address) 407 S. Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Jan 15 1932

19. UNDERTAKER Edward C. Miller
(Address) 2 [redacted] Md.

1 4 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/11/32, 19, to 1/13/32, 19

I last saw him alive on 1/13/32 19 death is said to have occurred on the date stated above, at 11:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal Diphtheria	1/8/32
Mongolian Idiocy	Lif.

(Other contributory causes of importance:)

Name of operation Date of

What test confirmed diagnosis Culture an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. V. Jackson, M. D.
(Address) Lyde Lane Hospital.

A&Co. 5-31 250B

75755

HEALTH DEPARTMENT—CITY OF BALTIMORE

75755

CERTIFICATE OF DEATH

117-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 350 or Dennison Road) (Or Hospital, Institution, etc.)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Claude Worthington

(a) Residence: No. 350 or Dennison Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of ~~Mrs.~~ Anna F. Worthington

6. DATE OF BIRTH (month, day, year) April 6-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 56

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance Agent

10. Date deceased last worked at this occupation (month, year) 1926

11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (city or town) (State or country) Frederick Co., Md.

FATHER

13. NAME Nicholas Worthington

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sarah Anderson

16. BIRTHPLACE (city or town) (State or country) Frederick Co., Md

17. INFORMANT Mrs Chas R Colston

(Address) 3727 Bateman Ave

18. BURIAL, CREMATION, OR REMOVAL

Annapolis Jct., Md Date Jan 15 1932

19. UNDERTAKER Wm F. Lucas & Son

(Address) Woodbine, Md

1-4-1932 19 A. F. Hopp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 23, 1931, to January 12, 1932

I last saw him alive on Jan. 12 1932 death is said to have occurred on the date stated above, at 5:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arthritis	14 yrs
Chronic cystitis	6 yrs
Pulmonary oedema & Circulatory failure	3 days.
Other contributory causes of importance:	
gastric ulcer with hemorrhage and accompanying anemia	2 wks.

Name of operation None Date of

What test confirmed diagnosis? Clinical symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Maurice E. Shamer M. D.

(Address) 3300 N. Charles St

AACo. 5-31 2108

75756 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 75756

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 N Fulton St., 10-22 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Ann Dowell

(a) Residence: No. 1014 N Fulton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 3 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER FATHER

13. NAME Benjamin McDowell
14. BIRTHPLACE (city or town) (State or country) Calvert Md
15. MAIDEN NAME Mary Ann Hall
16. BIRTHPLACE (city or town) (State or country) Calvert Co.

17. INFORMANT Pius Talbert Anderson
(Address) 1014 N Fulton

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 15 1932

19. UNDERTAKER H. Hudson Lee
(Address) 2400 E. Lan

20. [illegible] C. HAMPSON JONES, M. D.
Registrar

41932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-11, 1932, to 1-13, 1932

I last saw her alive on 1-13, 1932 death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Not Known.

(Other contributory causes of importance:

None.

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas. E. Conner M. D.

(Address) 1101 N. Fulton Ave

1-30—M. & T.—100 B—50L

E 75757

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75757

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 4110 Hayward ST., 28-63 WARD)

2-FULL NAME John H. Pilert

(a) RESIDENCE NO. 4110 Hayward ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Pilert

6 DATE OF BIRTH (Month) July 15 (Day) (Year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	62	5	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Pilert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Josephine Battalee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Edgar F. Pilert

(Address) 4107 E. Lafayette

Jan 14 1932 FRANCIS JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month) January (day) 13th (year) 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental Asphyxia Gas

Contusion of head (duration) yrs. mos. ds.

COMPLICATIONS (See Circular) Fell on head. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Blush M. D.

Jan 13 1932 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Jan 15 1932

20 UNDERTAKER Wm. J. Tickner & Son

ADDRESS N. Paca

Spec—12-23-31—E.B.P.S.—400 Blks

E 75758

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75758

CERTIFICATE OF DEATH.

54

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2217 Hargrove Alley St. 12-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wallace Taylor

(a) Residence No. 2217 Hargrove Alley St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Garnet Pearson T.

6-DATE OF BIRTH (month, day and year): March 31 1896.

7-AGE: 35 yrs. 36 mos. 8 ds. 13

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Alexandria, Virginia

PARENTS

10-NAME OF FATHER: Henry Taylor

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Baltimore Maryland

12-MAIDEN NAME OF MOTHER: Lucy Wanson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Alexandria Virginia

14- (Informant): Mrs Lucy Blackston

(Address): 2217 Hargrove alley

15- Filed 1 4 1932

C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan. 13, 1932

17- I HEREBY CERTIFY, That I attended deceased from ....., 1929, to Jan 13, 1932

that I last saw him alive on Jan 12, 1932

and that death occurred, on the date stated above, at 7-20 A m.

The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac Failure

(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. J. Fulton M. D.

, 19 (Address) 2011 St. Paul Street.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Com

DATE OF BURIAL: 1/15 1932

20-UNDERTAKER: Kaysar Sanders

ADDRESS: 1413 Preston St

AdCo. 5-11 2508

75759

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75759

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 4-20 S. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos 2 ds How long in U.S. if of foreign birth? ... yrs ... mos ... ds

2. FULL NAME Anna Marie Miller

(a) Residence: No. South Road, Randallstown, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Carroll L. Miller

6. DATE OF BIRTH (month, day, year) Oct 1, 1908.

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	23.	3	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME Harry L. Riddle
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Hattie Frock.
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Joshua H. Riddle
(Address) 3435 Dunbourt Ave Arlington

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Md. Date Jan. 16, 1932.

19. UNDERTAKER J. Stultz Davis
(Address) 324 E Fredrick Ave

Jan 14 1932, 19 ... Registrar. R.T.H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1932 to Jan 14, 1932

I last saw h alive on 1/14/32, 19 ... death is said to have occurred on the date stated above, at 8.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Glomerulitis + Endothelosis	12/31/31?

Other contributory causes of importance:
Shock

Name of operation Cystogastrotomy Date of 1/13/32

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry A. Shelley, M. D.
(Address) University Hospital

A&Co. 1-11 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75760 93-005760

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals St. 11-24 Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 17 yrs. mos ds. How long in U.S. if of foreign birth? ? yrs mos ds.

2. FULL NAME Mary Dixon

(a) Residence: No. 426 Moore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) May 17, 1868

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	63	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Indies

FATHER

13. NAME Robert Hall
14. BIRTHPLACE (city or town) (State or country) West Indies

MOTHER

15. MAIDEN NAME Elizabeth Charles
16. BIRTHPLACE (city or town) (State or country) West Indies

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 1/15/32

19. UNDERTAKER Wm. Jas. H. Holland
(Address) for Daniel Hill

20. FILED 1-5-1932 C. Pearson Jones, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1928 to Jan. 13, 32

I last saw h alive on , 19 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr.	Aug 1930
Other contributory causes of importance: Bronchopneumonia	10 days

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. H. Arnold, M. D.
(Address) Balto. City Hosp.

A4Co. 5-H 3909

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75761

CERTIFICATE OF DEATH

E 75761

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 Cypress St. Ward) 25-77

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 26 yrs. ... mos. ... ds.

2. FULL NAME Frank Spinner [illegible] Adomaitis

(a) Residence: No. 520 Cypress St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

3a. If married, widowed, or divorced
HUSBAND of Valeria Adomaitis
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 11 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maryland Dry Dock
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

13. NAME Barbara Kuedis

14. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

15. MAIDEN NAME Frances Adomaitis

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Anna Adomaitis
(Address) 520 Cypress St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan. 16. 1932

19. UNDERTAKER John J. Williams & Son
(Address) 423 S. Eden St.

20. FILED Jan 18 1932 C. HAMPSON JONES, M. D. Registrar
By ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8 1932 to Jan. 13 1932
I last saw h[illegible] alive on Jan 12 1932 death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 7 32
(Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. T. Smith M. D.
(Address) 481 E Pennsylvania Ave

Spec.—2-29-28—L. P. S.—500 Blks.

E 75762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

198 E 75762

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Maryland Penitentiary 10-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Thomas Blackson

(a) RESIDENCE NO. Baltimore Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	B	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Robison

6 DATE OF BIRTH (month, day, and year) 3-15-1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sailor 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Jamaica West Indies

PARENTS

10 NAME OF FATHER ? Blackson

11 BIRTHPLACE OF FATHER (city or town) Jamaica (State or country) West Indies

12 MAIDEN NAME OF MOTHER Lilli Wilmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) United States

14 Informant Celia Gardner

(Address) Portsmouth, Va.

JAN 15 1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-15-32

17 I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...,

that I last saw him alive on January 15, 1932

and that death occurred, on the date stated above, at 12 10 A m.

The "CAUSE OF DEATH" was as follows:

Dislocation of fifth Cervical Vertebrae

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hanged by Order of Court.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy?

What test confirmed diagnosis? Usual.

(Signed) John J. Ambury M. D.

19 (Address) 3012 Northway Drive

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 1/15 1932

20 UNDERTAKER John J. Fahey, Jour.

ADDRESS 1918 Light

A4Co. 5-31 250F

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 E 75763

75763

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1007 S Charles 23-33 St., Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie O'Greer

(a) Residence: No. 1007 S Charles St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alexander S O'Greer

6. DATE OF BIRTH (month, day, year) July 27-1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
45	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Robert L Holzbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katie Shortell

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs Agnes Kramlehn

(Address) 1212 Montana Ave Richmond Va

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Jan 15. 1932

19. UNDERTAKER John G. Denny

(Address) 715 Light St.

20. FILED Jan 15 1932 HARRY JOHNS M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1932 to January 13, 1932

I last saw her alive on January 13, 1932 death is said to have occurred on the date stated above, at 11.20 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage

Date of onset Jan 12/32

Other contributory causes of importance:

Hypertension and Arteriosclerosis.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry F Buettner M. D.

(Address) 1319 Light St.

AACo. S-H 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

131 E 75764

E 75764

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2340 Edmondson Av. St. 16-49 Ward)

Length of residence in city or town where death occurred 72 yrs. 5 mos. 3 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Henry Betz

(a) Residence: No. 2340 Edmondson Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (WIFE) Carrie A. Betz

6. DATE OF BIRTH (month, day, year) Aug. 10 1859

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	72	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired (ret.)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron Moulder

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME August Betz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Heine

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Carrie A. Betz
(Address) 2340 Edmondson Av.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 15, 1932

19. UNDERTAKER John F. Denny
(Address) 715 Light St.

20. FILED C. Hampson Jones, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1931, to Jan 3, 1932

I last saw h— alive on Jan 3 1932 death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Dec 31

Other contributory causes of importance:
Interstitial nephritis

Name of operation Date of

What test confirmed diagnosis? C Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Bell Funkhouser M. D.

(Address) 2329 Arunah Ave

AACo. 5-31 2108

E 75765 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 93-B-3

CERTIFICATE OF DEATH 93 E 75765

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 N Milton Ave St., 7-10 Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elisha P. Holland

(a) Residence: No. 526 N Milton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Williamanna Holland

6. DATE OF BIRTH (month, day, year) Dec 7 1853

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	78	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mariner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 49

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Don't Know.

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Williamanna Holland
(Address) 526 N Milton

18. BURIAL, CREMATION, OR REMOVAL
Place Princess Anne Date Jan 16 1932

19. UNDERTAKER John Elliott
(Address) 2606 Eutaw St

20. FILED Jan 16 1932 C. HARTLEY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1931 to Jan 18, 1932
I last saw him alive on Jan 13 1932 death is said to have occurred on the date stated above, at 6-A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arteriosclerosis	6 mos.
Ant. Myocarditis	
Other contributory causes of importance:	
Acute Cardiac Dilation	1 day

Name of operation ... Date of ...
What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. Hartley Jones M. D.
(Address) 1561 N. Milton Ave

1-30—M & T—100 B—5CL

E 75766

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75766

93-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals ST., 6-9 WARD)

2-FULL NAME Abraham Pollack

(a) RESIDENCE NO. 32 N. Chester ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellie

6 DATE OF BIRTH (month, day, and year) 12/- 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	51	1	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Produce
(c) Name of employer Self

PARENTS

9 BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER David

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Fanni Pollack

(Address) 32 N. Chester St.

15 Filed ..... S. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

CONTRIBUTORY (Secondary) Acute Alcoholism (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 32 N Chester

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. J. Nevin M.D. Coroner

1/16 1932 (Address) 1305 N Patterson Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

20 UNDERTAKER Jack Lewis Inc

DATE OF BURIAL 1/15 1932

ADDRESS 1442 E. Baltimore St.

Spec.—2-29-28—I. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-001

E 75767

CERTIFICATE OF DEATH

E 75767

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 937 S. Clinton ST. 26-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Patrick J. Regan

(a) RESIDENCE NO. 937 S. Clinton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie Regan

6 DATE OF BIRTH (month, day, and year) Feb 15, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	62	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland, Md

PARENTS

10 NAME OF FATHER John Regan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant John Regan
(Address) 937 S. Clinton

15 Filed JUN 5 1932 19 H. MAN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1932

17 I HEREBY CERTIFY, That I attended deceased from May 12 1931, to June 13 1932

that I last saw h alive on June 13 1932

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of rectum

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Luther, M. D.

6/17, 1932 (Address) 715 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem	June 16 1932
20 UNDERTAKER	ADDRESS
Geo W. Smith & Son	811 N. Howard

AACo. 5-31 250M

E 75768

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75768 256547

CERTIFICATE OF DEATH

1042002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL S. 14-20 Ward)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Brown

(a) Residence: No. 1442 Brunt St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Bessie Waters

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT JOHNS HOPKINS HOSPITAL Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lauchen Date Jan 15 1932

19. UNDERTAKER Daniel Easton & Co
(Address) 2462 E. Pratt St.

FILED JAN 15 1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1932 to Jan 13, 1932

last saw h im alive on Jan 13, 1932, death is said to have occurred on the date stated above, at 1030 p m.

The principal cause of death and related causes of importance were as follows:

Acute pneumonitis
Basilar meningitis
Subarachnoid hemorrage

Date of onset
Jan 2nd 1932
Jan 11th 1932
Jan 13th

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? lumbar puncture. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas Turner M. D.

(Address) Johns Hopkins Hospital

1-30—M. & T.—100 B—501.

E 75769

Sarah Barron

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75769

CERTIFICATE OF DEATH

82-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1404 Rutter ST. 14-20 WARD

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah J. Barron

(a) RESIDENCE NO. 1404 Rutter ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harvey Barron

6 DATE OF BIRTH (month, day, and year) Jan 27 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Andrew Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Elizabeth Redmond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant William Barron

(Address) 1404 Rutter

15 Filed JAN 15 1932 REGISTRAR

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows

Cerebral Hemorrhage Sudden

(duration)

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ..... M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	1-15 1932
20 UNDERTAKER	ADDRESS
Edward Foster	624 Ave

A&Co. 5-31 250R

E 75770 HEALTH DEPARTMENT CITY OF BALTIMORE 131 E 75770

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 S. Ann Street St., 2-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U.S. If of foreign birth? 51 yrs. mos. ds.

2. FULL NAME John . Urbanski

(a) Residence: No. 408 S. Ann Street St., 2 Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maryanna . Urbanski

6. DATE OF BIRTH (month, day, year) July 10 1854

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	77	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Maryanna . Urbanski
(Address) 408 S. Ann Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date Jan. 16 1932

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/23, 1931, to 1/12, 1932

I last saw h[illegible] alive on 1/12 1932 death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac sclerosis, chronic diffuse nephritis, & uremia	12/23 1931+

Other contributory causes of importance:

Bronchopneumonia & senile fracture. Four days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.

(Address) 1623 E Monument

Spec.—9-30—A. A. Co.—250 Blks.

E 75771

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75771

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospts — REGISTERED NO. 34

CITY OF BALTIMORE (No) Balto Md (St) (Ward) 17424

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Louanna Bannister

(a) RESIDENCE NO 1122 Druid Hill Ave (St) (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Alfred Wiggins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Eliza Kane

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Records Balto City Hospts.

15 Filed 19 By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/11/32

17 I HEREBY CERTIFY, That I attended deceased from 6/22/, 1930, to 1/11/, 1932

That I last saw h[illegible] alive on 1/11/, 1932

and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Failure, Myocardial degeneration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arterial Sclerosis, Senile

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ?

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry Robertson M. D.

1/12 1932 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: JAN 15 1932

20 UNDERTAKER: [illegible]

ADDRESS

JAN 15 1932

AaCo. 5-31 2500

Trombetta

75772 HEALTH DEPARTMENT CITY OF BALTIMORE 001

CERTIFICATE OF DEATH

VOTE 75772

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 234 Albemarle St. 3-5 Ward)

Length of residence in city or town where death occurred yrs. mos. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vincent N. Trombetta

(a) Residence: No. 234 Albemarle St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Christ. 16. 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41. 11.	9.	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

MOTHER FATHER

13. NAME Bonaventure Trombetta
14. BIRTHPLACE (city or town) (State or country) Italy
15. MAIDEN NAME Maria Vitz
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Maria Trombetta
(Address) 234 N. Albemarle St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 16 1932

19. UNDERTAKER Wendell A. Heppel
(Address) 300 S. Eden St.

JAN 15 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1931, to Jan 13, 1932

I last saw him alive on Jan 12, 1932 death is said to have occurred on the date stated above, at 3.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia from Abscess teeth	Dec 29
Other contributory causes of importance: Bronchopneumonia	Jan 9

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Scagnetti M. D.

(Address) 1724 W Lombard St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

75773

CERTIFICATE OF DEATH.

97 E 75773

REGISTERED NO. C

1-PLACE OF DEATH 3321 Mobb Ave

CITY OF BALTIMORE: (No. 3321 Mobb Ave ST. 26th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Isaak Kirby

(Residence in Baltimore: No. 3321 Mobb Ave St. 85 yrs., 6 mos. 28 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. (W)

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH. July 13, 1847 (Month) (Day) (Year)

7-AGE. 85 yrs. 6 mos. 28 da.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Balto. City

PARENTS.

10-NAME OF FATHER. Richard Kirby

11-BIRTHPLACE OF FATHER (State or Country). Balto City

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Rose Cross

(Address) 3321 Mobb Ave.

15-

Filed JAN 15 1932

C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan 13, 1932 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 18 1931, to Jan 12 1932, that I saw h[illegible] alive on Jan 12 1932, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Uremia Nephrosis

(Duration) Unknown yrs. mos. da.

CONTRIBUTORY (Secondary) Bronchial Asthma

(Duration) Unknown yrs. mos. da.

(Signed) William Deas M. D.

1/13 1932 (Address) 1901 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cemetery

DATE OF BURIAL. Jan. 16 1932

20-UNDERTAKER Henry Sander & Sons, Inc.

ADDRESS Baltimore St & Broadway.

N 15 1932

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~675774~~ 82-675774

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (10-9)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Brawner

(a) Residence: No. 1610 Mullikin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

3a. If married, widowed, or divorced
HUSBAND of ?
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as optomer, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Charles Co.
(State or country) Md.

FATHER
13. NAME Joe
14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER
15. MAIDEN NAME Mary ?
16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. ~~BURIAL~~, CREMATION, OR REMOVAL
Place New Cathedral Date Jan 16 1932

19. UNDERTAKER Mrs. R. D. Elliott
(Address) 1715 Pennsylvania Ave.

20. FILED JAN 16 1932
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1932 to Jan. 13, 1932
I last saw him alive on Jan. 13, 1932 death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into Cerebrum	1926
Recurrent Hemorrhage into Cerebrum	1931

Other contributory causes of importance:
Hypertension
Arteriosclerosis

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

M. D.
(Signed)
(Address) Balto. City Hosp.

AaCo. 5-31 2500

E 75775

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75775

53

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

CITY OF BALTIMORE: (No. St., 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mertine Johnson

(a) Residence: No. 1913 Riggs Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mace

6. DATE OF BIRTH (month, day, year) Dec. 16, ?

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Essex Co. Va.

FATHER

13. NAME Cambridge Holmes
14. BIRTHPLACE (city or town) (State or country) ? Va.

MOTHER

15. MAIDEN NAME Rose Wahington
16. BIRTHPLACE (city or town) (State or country) ? Va.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date June 1932

19. UNDERTAKER (Address) Mrs. K. O. Elliott 1125 Eastlandave.

20. FILED JAN 15 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1932 to Jan. 12, 1932

I last saw her alive on Jan. 12, 1932 death is said to have occurred on the date stated above, at 9:06 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Bladder

Duration: Between one and two months

Other contributory causes of importance: Hypertension, Chronic Anemia, Secondary

Name of operation None Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos Blumberg Jr M. D.

(Address) Balto. City Hosp.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75776

CERTIFICATE OF DEATH

151-E 75776

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 19-27 (Ward)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Lipscomb

(a) Residence: No. 1717 W Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 10, 1931

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Lamena V. Lipscomb
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Lewis Ford
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Lamena Lipscomb
(Address) 1717 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt Olivet Date Jan 16, 1932

19. UNDERTAKER William Cook
(Address) 1217 St Paul street

20. FILED ... 19 ... Registrar

JAN 15

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2. 1932. to Jan 14, 1932
I last saw h[illegible] alive on Jan 14 1932 death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tong. Internal Hydrocephalus	

Other contributory causes of importance:
Pneumonia

Name of operation Ventricular puncture Date of 1/3/32
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Milford H. Sprechen M. D.
(Address) University Hospital

AaCo. 5-31 250M

75777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 E 75777

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 443 N Milton ave, 6-10 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Peter J Fleckenstein

(a) Residence: No. 443 N Milton ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Teresa

6. DATE OF BIRTH (month, day, year) May 10 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Picker boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Sebastian Fleckenstein
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Fleckenstein
(Address) 443 N Milton ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 18 1932

19. UNDERTAKER M. H. E. Deppe & Son
(Address) 3 E Lan[illegible]

21 Jan 1932 C. E. [illegible] M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1931 to Jan 14 1932

I last saw h/m alive on Jan 14 1932 death is said to have occurred on the date stated above, at 5 A 53 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1927
Cardio-Renal Disease	Nov 1930
Cardiac Decompensation	Dec 1931
Infarct of lung	Dec 1931
Large infarct of lung	Jan 14 '32

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Phy. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ralph T Stein, M. D.

(Address) 1321 E North Ave

Spec.-7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75778 ✓ 108 E 75778

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital 12-49 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Carter

(a) RESIDENCE NO. 3509 Greenway St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Carter

6 DATE OF BIRTH (month, day, and year) April 1883

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	48	9		

8 OCCUPATION OF DECEASED 070

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Unknown

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant (Address) Mrs. Howard Salisbury N. C.

Registrar

5 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 — 14 1932

17 I HEREBY CERTIFY, That I attended deceased from 1 — 1, 1932, to 1 — 14, 1932, that I last saw her alive on 1 — 14, 1932, and that death occurred, on the date stated above, at 5:40 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Respiratory failure

(duration) yrs. mos. 6 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Baltimore Md.

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical history

(Signed) George M. Howard, M. D.

1-17 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Salisbury N. C.	1/15/1932

20 UNDERTAKER Mrs. Geo. H. Holland ADDRESS 1631 Druid Hill Ave

very important. See instructions on back of certificates.

AdCo. 5-11 2MB

E 75779 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

97 E 75779

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2400 E Fayette st 90-69 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Frederick Rappold

(a) Residence: No. 2400 E Fayette st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna P Rappold

6. DATE OF BIRTH (month, day, year): Mar 20 th 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Automobile dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: retired 10 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: John L Rappold

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mary Ziegenfeld

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs Anna Rappold 2400 E Fayette st

18. BURIAL, CREMATION, OR REMOVAL

Place Lutherwood Cem Date Jan 18, 1932

19. UNDERTAKER (Address): John Ulrich 2008 E Oliver

1.5.1932, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 14 th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1932 to Jan 14, 1932

I last saw h[illegible] alive on Jan 14, 1932 at 11 am, and that death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation Heart	1 day
	1/14/32

Other contributory causes of importance:

Chronic Valvular Heart Disease Arterio Sclerosis	2 yrs.

Name of operation: None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G N Mayer M.D.

(Address) 1520 E Baltimore St

Spec.—2-29-28—L. F. S.—500 Blks.

E 75780

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75780

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2817 Buchanan St. 27-45 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Wm Young

(a) RESIDENCE NO. 2817 Buchanan ST. WARD Louisa Co. Va.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 6 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ella Mary Young

6 DATE OF BIRTH (month, day, and year) Jan 10 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79		5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Louisa Co. Va.

PARENTS

10 NAME OF FATHER Joseph Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Charles W. Young Jr.
(Address) 2705 Woodbrook Pkwy.

15 Filed Jan 18 1932 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 15. 1932.

17 I HEREBY CERTIFY, That I attended deceased from Jan 14 1932 to Jan 15 1932

that I last saw h— alive on Jan 15 1932

and that death occurred, on the date stated above, at 4 15 9r m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Claud Timms M. D.

Jan 15. 1932 (Address) 4708 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Jan 18 1932

20 UNDERTAKER Harry N. Armacost & Son

ADDRESS 4204 Ridgewood Ave

AACo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75781

CERTIFICATE OF DEATH

19 E 75781

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sydenham Hospital St. 19-27 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. 28 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Solomon Brooks

(a) Residence: No. 324 N. Gilmor St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/16/20

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph L. Brooks

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Virgie Randall

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Jos. L. Brooks
(Address) 324 N. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date Jan. 16 1932

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 Schroeder St.

5 1932 C. HAWSON JONES, M. D.
C. O. F. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13/32. 19

22. I HEREBY CERTIFY, That I attended deceased from 1/10/32, 19..., to 1/13/32, 19...

I last saw h[illegible] alive on 1/13/32, 19... death is said to have occurred on the date stated above, at 9:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis	1/4/32
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Spinal puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. V. Jackson M. D.

(Address) Sydenham Hospital.

AdCo. 5-31 250B

75782

HEALTH DEPARTMENT—CITY OF BALTIMORE

75782

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1627 W Lexington St. 19-27 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Louisa Fisher

(a) Residence: No. 1627 W Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Jeremiah Fisher

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

PARENTS

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

13. NAME William Brown

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Fannie ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hattie V. Washington

(Address) 1627 W Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Jan. 17 1933

19. UNDERTAKER Mrs. Katie R Williams

(Address) 323 N Arlington Ave

20. Filed 1933 Jan 19 1933 A. C. H. Registrar

51332

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1933 to Jan 12 1933

I last saw her alive on Jan 12 1933 death is said to have occurred on the date stated above, at 2 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 10 1933
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

1-30—M & T—100 B—50L

E 75783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75783

REGISTERED NO. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2514 W. Franklin ST. 70-69 (WARD)

2-FULL NAME Victor Lauca Jr.

(a) RESIDENCE NO 2514 W. Franklin ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 23, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Victor Lauca Sr.

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Catherine Fagane

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Victor Lauca Sr.

(Address) 2514 W. Franklin St.

15 1-5-1932 H. HANSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Guy N. Bromwell, M. D.
Coroner

1/15 1932 (Address) 703 Fidelity Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	1/16 1932
UNDERTAKER A. Jones	ADDRESS 111 S. Eutaw St

THIS IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

AoCo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75784

CERTIFICATE OF DEATH

48 E 75784

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St. 7-11 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bridget Peters

(a) Residence: No. 508 N Streeper St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Wid.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Peters

6. DATE OF BIRTH (month, day, year) Aug 24, 884

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	47	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER FATHER

13. NAME Thomas Boyle

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Margaret Kinney

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT H of H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Piedmont W. Va Date 1/16 1932

19. UNDERTAKER no. 9 Mason
(Address) Baltimore Md

1-5-1932 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/4 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-21 1931 to 1/4 1932

I last saw her alive on 1/1 1932 death is said to have occurred on the date stated above, at 10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix Uteri & Lymph Metastasis. Hydronephrosis Bilateral	14 Mo.
Other contributory causes of importance: Uremia	10 Da

Name of operation No Date of —

What test confirmed diagnosis? Clinical and autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Leonard Price M. D.
(Address) Balto City Hospitals

AaCo. 5-H 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75785

CERTIFICATE OF DEATH

31 E 75785

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 Mulliken St. 6-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Susie Myers

(a) Residence: No. 1722 Mulliken St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced (of) WIFE of Morris Myers

6. DATE OF BIRTH (month, day, year) Feb 24 1870

7. AGE	Years	Months	Days	If LESS than 1 day... hrs or ... min.
	61	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Adolet Collins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary (Collins) ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hes A. Myers (Son) (Address) 1722 Mulliken St

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Clinton Date 1/16/32

19. UNDERTAKER (Address) 1515 McElderry St

1 JAN 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1931 to Jan 13, 1932

I last saw h e alive on Jan 12 1932 death is said to have occurred on the date stated above, at 7.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	1/10/32
Mitral Insufficiency, Hypertension and Nephritis	Dec 10/31

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. J. Myers, M. D.

(Address) 1424 Eutaw Place

Bpcs.—7-17-24—A Co.—200 Blks.

E 75786

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75786

CERTIFICATE OF DEATH

52

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 344 University Parkway St. 17-41 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine E. Evans

(a) RESIDENCE NO. 344 University Parkway St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life time yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles F. Evans

6 DATE OF BIRTH (month, day, and year): Sept 11- 1857

7 AGE — Years: 74 Months: 4 Days: 4

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: George Spence

11 BIRTHPLACE OF FATHER (City or town): Ireland

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Ann Reilly

13 BIRTHPLACE OF MOTHER (city or town): Ireland

(State or country)

14 Informant: Geo. F. Evans

(Address): 1128 N. Mt. Royal Ave.

15 Filed Jan 15 1932, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 January 15-1932

17 I HEREBY CERTIFY, That I attended deceased from April 21, 1931, to Jany 15, 1932.

that I last saw h er alive on Jany 15, 1932.

and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Face

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastasis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 1930

Was there an autopsy? No

What test confirmed diagnosis? Clinique

(Signed) Geo. F. Glaubitz M. D.

Jan 15/32 (Address) 3013 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — Date of Burial: Jan 18 1932

20 UNDERTAKER: Geo. F. Evans — ADDRESS: 1128 N. Mt Royal Ave

very important. See instructions on back of certificate.

1 5 1932

AACo. 5-31 250B

75787 HEALTH DEPARTMENT—CITY OF BALTIMORE

256201

CERTIFICATE OF DEATH

124E 75787

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 2744 S. Ward)

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sophie Johnson

(a) Residence: No. 4325 Harford Rd (Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct-9-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N-W
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (37)
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Isaac Knight
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Elizabeth Nebergal
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 1/18/1932

19. UNDERTAKER J. M. Cook
(Address) 217 E. Fayette St

20. FILED ..., 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932 to Jan 14, 1932
I last saw her alive on Jan 14 1932 death is said to have occurred on the date stated above, at 11 35 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
cirrhosis of liver	2 wks
hepatic insufficiency	
	"
	"
Other contributory causes of importance:	
bronchopneumonia	24 hrs prior

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John E Howard, M. D.
(Address) Johns Hopkins Hospital

1-30—M. & T.—100 B—50L

E 75788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75788

1-PLACE OF DEATH Mansion House

CITY OF BALTIMORE: (No.) Druid Hill Park (St.) 13-59 (WARD)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Altschul

(a) RESIDENCE NO. Mansion House Druid Hill Park WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Florence L. Altschul

6 DATE OF BIRTH (month, day, and year) Aug 29th 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	4	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Confectionery
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Williamsburg Va.

PARENTS

10 NAME OF FATHER Adolph Altschul

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Mary Heuberger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Florence Altschul

(Address) Mansion House Druid Hill Park

15- Filed Jan 16 1932 . 192 . [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tubercular Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Montgomery Coroner, M. D.

1/15, 1932 (Address) 3631 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 1/18/1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—1-30—M. & T.—250 Bks.

75739

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75789

CERTIFICATE OF DEATH.

93-003

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home & Infirmary 9-18 Broadway ST., WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Julia Criss

(a) RESIDENCE NO. 506 E. 20th ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)
Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) About 1841

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 91	2.	2.	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS
10 NAME OF FATHER Aaron Criss
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant D. W. Proctor
(Address) 2403 N. Calvert st

15 JAN 5 1932 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-14-32.

17 I HEREBY CERTIFY, That I attended deceased from 1-8 , 1932, to 1-14 , 1932,
that I last saw h alive on 1-14 , 1932,
and that death occurred, on the date stated above, at 6 15 p. m.

The CAUSE OF DEATH* was as follows:
Bronchial pneumonia
(duration) yrs. mos 2 ds.
CONTRIBUTORY (Secondary) Chronic myocarditis and arterio-sclerosis (duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Allen B. Christ M. D.
, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery
DATE OF BURIAL 1/16/1932
ADDRESS

20 UNDERTAKER Wm Cook 1217 St Paul st

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75790

CERTIFICATE OF DEATH

131 E 75790

1. PLACE OF DEATH St. Agnes Hospital 1-22

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Waldheims Eaton Terrace St. 22 Ward)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Emma Lewis

(a) Residence: No. 916 N. Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) About 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	75	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winchester Va

FATHER

13. NAME Barnit Lewis
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Eliza (Unknown)
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Maynard
(Address) 8 Wed 26 St. Balt.

18. BURIAL, CREMATION, OR REMOVAL Mt Hebron Cem Date 1/16 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 5-1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/15 1932

22. I HEREBY CERTIFY, That I attended deceased from January 9 1932 to January 15, 1932
I last saw her alive on January 15, 1932 death is said to have occurred on the date stated above, at 1 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic interstitial nephritis	

Other contributory causes of importance:

Pneumonia - bronchial	1-14-32
~~Appendicitis~~ abscess (?)	
Peritonitis	

Name of operation Drainage of abscess Date of 1-9-32
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.
(Address) St. Agnes Hosp.

AdCo. 5-11 250B

219

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75791

CERTIFICATE OF DEATH

34 E 75791

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 15-23 Ward)

Length of residence in city or town where death occurred Life. yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dolina Marshall

(a) Residence: No. 1348 N. Fremont St., Cit. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced (or) WIFE of James Marshall

6. DATE OF BIRTH (month, day, year) 1901

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	31	30		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Nov. 1931
11. Total time (years) spent in this occupation 2

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Md
13. NAME George Miller
14. BIRTHPLACE (city or town) (State or country) S. Carolina
15. MAIDEN NAME Mary Hall
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT [illegible]
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cemetery Date Jan 18 1932

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pennsylvania Ave.

(Filed) JAN 19 1932 KEITH JONES, M. D. Registrar

51932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13 1932

22. I HEREBY CERTIFY, That I attended deceased from January 6 1932 to January 13 1932
I last saw her alive on Jan 13 1932 death is said to have occurred on the date stated above, at 4-15 m 32

The principal cause of death and related causes of importance were as follows:

Cardiac failure
General arteriosclerosis

Date of onset
Sept 1931
Dec 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) [illegible] M. D.

(Address) J. H. Hospital

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

66-E 75792

75792

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Hospital St. 15-21 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche Knox

(a) Residence: No. 1500 Baker St. Balt. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Knox

6. DATE OF BIRTH (month, day, year) Nov. 26, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	1	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fluvanna Co Va

FATHER
13. NAME John Ayers
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Hanna Bradford
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Edward Knox
(Address) 1500 Baker st.

18. BURIAL, CREMATION, OR REMOVAL
Interment Place Fluvanna Co Va Date Jan 17 1932.

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman st.

5 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1931 to Jan 15, 1932
I last saw her alive on Jan 15, 1932 death is said to have occurred on the date stated above, at 1A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Thyrotoxikosis	

Other contributory causes of importance:
Uremia
Arterio-Sclerotic Hypertension?

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. M. Bayne-Jardine M. D.
(Address) St. Joseph Hosp Balt.

AdCo. 5-11 250B

75793 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 4

CERTIFICATE OF DEATH × 122-E 75793

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital - 3 Ward)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U.S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Steve Biro

(a) Residence: No. Essex Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Lukacs

6. DATE OF BIRTH (month, day, year) Aug. 1887

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	45	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER FATHER

13. NAME Steve Biro
14. BIRTHPLACE (city or town) (State or country) Hungary
15. MAIDEN NAME Fador Julianna
16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Esther Biro
(Address) Stemmers Run

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 1-18 1932

19. UNDERTAKER John F. Connelly
(Address) Essex Md

C. HAMPSON JONES, M. D. Registrar

61932

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) 1/15/32, 19

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1932 to January 15, 1932
I last saw him alive on Jan 15, 1932 death is said to have occurred on the date stated above, at 9.50 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

Strangulated Inguinal Hernia — Date of onset 1/9/32

Other contributory causes of importance:

Name of operation Herniotomy Date of 1/12/32
What test confirmed diagnosis Operation Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) B. W. Goodhue, M. D.
(Address)

AaCo. 5-12 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75794

CERTIFICATE OF DEATH

56 E 75794

Registered No. 27-55

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp St., Ward.

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Virginia Bigney

(a) Residence: No. 522 Linden Heights Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 17 1922

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	9	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Hazel T. Bigney

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Hilda Bagley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mother
(Address) 522 Linden Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Jan. 17, 1932.

19. UNDERTAKER Butler & Young
(Address) 3 E. Lanvale St.

JAN 16 1932 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1931, to Jan 14, 1932

I last saw her alive on Jan 14, 1932 death is said to have occurred on the date stated above, at 9:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic fever	May 1st 1931
Rheumatic Heart disease	

Other contributory causes of importance:

Name of operation None Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Isaac D. Garey, M D

(Address) Union Memorial Hospital

Spec.—9-30—A. & Co.—250 Blks

E 75795 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 31 E 75795

CERTIFICATE OF DEATH

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 443 E. Fort ave. ST. 24-34 WARD)

2. FULL NAME Wm Schweikert

(a) RESIDENCE NO. 443 E. Fort ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 10 1861.

7 AGE — Years: 70 — Months: 4 — Days: 3 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED — Retired

(a) Trade, profession or particular kind of work: Grass Blanch

(b) General nature of industry, business, or establishment in which employed (or employer): 0 46

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Philadelphia Penna.

PARENTS

10 NAME OF FATHER Frederick Schweikert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER Mary Dever

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Charles Schweikert 4436 Fort ave

15 1 6 1932 19

HAMSON JOHNS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 13-32

17 I HEREBY CERTIFY, That I attended deceased from January 11, 1932, to January 13, 1932, that I last saw he alive on January 13, 1932, and that death occurred, on the date stated above, at 10 00 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia 3 days.
Mitral Regurgitation Decompensated (duration) yrs. mos. 3 ds.
CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Pneumonia

(Signed) Thos J. Storms M. D.

1-15 1931 (Address) 2078 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 1-16 1932

20 UNDERTAKER: J. Rauch

ADDRESS 5305 Harford

Spec.—9-30—A. & Co.—250 Blks.

E 75796 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 E° 75796

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital ST. 1-13 WARD I

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Katherine Petrick

(a) RESIDENCE NO. 44 Rossiter Ave. ST. WARD Yonkers, N.Y.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. mos. 4 ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Andrew Petrick

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Czecho Slovakia

PARENTS

10 NAME OF FATHER: Michael Kulick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Czecho Slovakia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Czecho Slovakia

14 Informant: Andrew Petrick

(Address): Yonkers N.Y.

15 1-6 1932 HARRY JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-15-32

17

I HEREBY CERTIFY, That I attended deceased from 1-12, 19 32, to 1-15, 19 32

that I last saw h[illegible] alive on 1-15, 19 32

and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into Cerebrum

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hotel Fayette Baltimore Md.

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. B. Kirsh M. D.

19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cutland Cem. Yonkers N.Y.	1/19/32
20 UNDERTAKER	ADDRESS
Jos. J. Henderson	156 Bryone Ave

1-30—M. & T.—100 9—561.

E 75797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

109 E 75797

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 25-77 WARD

2-FULL NAME William Clifford Schatz.

(a) RESIDENCE NO 1502 Olmstead St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 11 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced, HUSBAND of (or WIFE of) Estella Schatz.

6 DATE OF BIRTH (month, day, and year) January 16, 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	11	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Baltimore City Policeman.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Schatz.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Kate Dorr.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Raymond Schatz. (brother)
(Address) 403 Annabelle Ave.

15 1 51932 C. HAMPSON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) January 13, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) and inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Mitral Insufficiency.
Congestion of both Lungs.
Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1502 Olmstead St.

Did an operation precede death? No. Date of

Was there an autopsy? Yes. (Hospital)

What test confirmed diagnosis? Autopsy & inquiry

(Signed) Otto M. Reinhardt, M. D.
Coroner

1/15/32 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL 1/16 1932

20 UNDERTAKER J. J. Fahey & Sons — ADDRESS 1318 Light St.

1-30—M. H. T.—100 B—501.

E 75798

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75798

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 230 N. Carey ST. 14-76 WARD)

2-FULL NAME Vinnie Woods

(a) RESIDENCE NO 230 N. Carey ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of William Woods

6 DATE OF BIRTH (month, day, and year) ? ? 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	55	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Gloucester Co. Virginia

PARENTS

10 NAME OF FATHER William Curtis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Susan ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Lena Smith (Address) 230 N. Carey St.

15 JAN 1932, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 13th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry,) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

THE CAUSE OF DEATH* was as follows: Carcinoma of Tongue

(duration) ? yrs. mos ds

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds

18 Where was disease contracted if not at place of death? Virginia

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical findings

(Signed) Guy N. Thomas M. D. Coroner

1/15 1932 (Address) 203 Interstate, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery — DATE OF BURIAL Jan. 16, 1932

20 UNDERTAKER Mrs. Katie R. Williams — ADDRESS 32 21 Saratoga St

THIS IS VERY IMPORTANT! See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 75799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

E 75799

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 McCulloh St. WARD) 11-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mildred Wyatt

(a) RESIDENCE NO. 1224 McCulloh ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1860 —

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72	~~1~~	~~0~~	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Steam Laundry

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER John Hale

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant Mattie Jefferson (Address) 1224 McCulloh

15 Dec 6 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 32

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1931, to Jan 13, 1932

that I last saw her alive on Jan 12, 1932

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. 2 mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Hatcher, M. D.

1/14, 1932 (Address) 1715 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Paul Cross Road Essex Co, Va

DATE OF BURIAL: Jan. 16, 1932

20 UNDERTAKER: Mrs Peter R. Williams

ADDRESS 3221 Edmondson

AACo 5-41 2500

75800

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 - E° 75800

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 736 Wilkens St. 4-7a Ward)

Length of residence in city or town where death occurred yrs 55 mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Hannah Aquilla

(a) Residence: No. 736 Wilkens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. (a) Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: John A Aquilla
6. DATE OF BIRTH (month, day, year): 1873
7. AGE: Years 59 | Months | Days | If LESS than 1 day hrs or min

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bolto Co. Md.

FATHER
13. NAME: Tomas Stepney
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Blukcom
16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: John A Aquilla
(Address) 736 Wilkens St

18. BURIAL, CREMATION, OR REMOVAL: Cemetery Loudon Date 1/16 1932

19. UNDERTAKER: Bernard Stangaly
(Address) 528 N. Eden St.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1932 to Jan 12 1932

I last saw h[illegible] alive on Jan 12 1932 death is said to have occurred on the date stated above, at 2.10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 10 1932
Other contributory causes of importance:	
Hypertension	7 1

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.
(Address) 753 Eden St

AdCo. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

75801

CERTIFICATE OF DEATH

108 E 75801

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 15-24 Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Moses Joyce

(a) Residence: No. 1714 Freetman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Joyce

6. DATE OF BIRTH (month, day, year) ? 1857

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	75 ?	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junk shop

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. out of work

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Md. ?

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Md. ?

17. INFORMANT (Address) Records of Balto. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL. Place Date Jan 16 1932

19. UNDERTAKER (Address)

20. FILED 1932 C. H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1930 to Jan. 14, 1932

I last saw h ill alive on Jan. 14, 1932 death is said to have occurred on the date stated above, at 1:15 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

1 day

(Other contributory causes of importance)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.

(Address) Balto. City Hospitals

AdCo. 5-H 250B

75802

HEALTH DEPARTMENT—CITY OF BALTIMORE

75802

CERTIFICATE OF DEATH

95-007

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2640 Edmondson ave St. 16-69 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 87 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Hinkle

(a) Residence: No. 2640 Edmondson ave St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Hinkle

6. DATE OF BIRTH (month, day, year) Mar 10, 1844

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	87	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail Road
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foreman
10. Date deceased last worked at this occupation (month and year) 17 Jo 28
11. Total time (years) spent in this occupation 35 Jo

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Dont Know
14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs Annie Hinkle
(Address) 2681 Edmondson

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Am'n Day Jan 18 1932

19. UNDERTAKER John Ulrich
(Address) 2002 Pulaski St

Jan 18 1932 ... 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1930, to Jan 15, 1932

I last saw him alive on January 14, 1932, death is said to have occurred on the date stated above, at 8 7' a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart disease	unknown
Arteriosclerosis	unknown

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Curtis Reland, M. D.

(Address) 2532 Edmondson Ave.

Spec.—9-30—A. & Co.—250 Blks

E 75803 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 75803

1-PLACE OF DEATH

CITY OF BALTIMORE. (No 427 Lake Ave St. 27-48 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Virginia Grace Hebron

(a) RESIDENCE No. 427 Lake Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 17 1915

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James M. Hebron

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Virginia J. Carrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) James M. Hebron 427 Lake Ave

15 Filed 19 Registrar

6 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 15/32

17

I HEREBY CERTIFY, That I attended deceased from April 21, 1931, to Jan. 15, 1932

that I last saw h[illegible] alive on Jan. 15, 1932

and that death occurred, on the date stated above, at 2:30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Congenital Heart Disease

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Lewis B. Athey M. D.

(Address) 2504 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Shaws Burying Ground	Jan. 17, 1932

20 UNDERTAKER John O. Mitchell & Son ADDRESS 911 Eutaw Place

AdCo. 5-11 2'08

E 75804 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75804

256602

CERTIFICATE OF DEATH

53 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 16-32 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs 4 mos 4 ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Donald Wilson

(a) Residence: No. 711 N. Fulton Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 10 1908 Unknown

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	23	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James H Wilson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Suzanna Taylor

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT JOHNS HOPKINS HOSPITAL Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 1/16/ 1932

19. UNDERTAKER F. R. WIPPERT
(Address) 616 W. BALTIMORE, ST

20. FILED JAN 15 1932 G. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1932 to Jan 14, 1932

I last saw him alive on Jan 14 1932 death is said to have occurred on the date stated above, at 3:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - Right Cerebral Glioma Malignant	1926

Other contributory causes of importance:

None

Name of operation Right Craniotomy Date of 1-13-32

What test confirmed diagnosis? Operation Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

Signed Fred W Teich, M. D.

(Address) Johns Hopkins Hospital.

1-30—M. & T.—100 B—50L

E 75805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183 E 75805

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hanover St. Bridge. (ST.) 24-33 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Olla Oscar Airey.

(a) RESIDENCE NO 411 E. Hamburg St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ---mos.--- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married XXXXXXXXXXX Mary E. Airey.

6 DATE OF BIRTH (month, day, and year) January 5, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	0	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Pump man, Victor
(b) General nature of industry, business, or establishment in which employed (or employer): Pyle Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cambridge, Md.

PARENTS

10 NAME OF FATHER Lewis E. Airey.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cambridge, Md.

12 MAIDEN NAME OF MOTHER Mary Cavey.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co, Md.

14 Informant Mary E. Airey. (wife)
(Address) 411 E. Hamburg St.

15 1 6 1932 , 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 13, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) and inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Occicental fall from a pier.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquiry

(Signed) Otto M Reinhardt, M. D. Coroner

1/15/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Jan 18 1932

20 UNDERTAKER: John F Denny — ADDRESS: 715 Light St

AaCo. 5-11 250B

5806

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75806

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals 25-7-137 v

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4940 Eastern ave St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs ..... mos ..... ds. How long in U.S. If of foreign birth? ..... yrs ..... mos ..... ds.

2. FULL NAME Henry Branch

(a) Residence: No. 3829 Fourth Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 9-7-1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70	4	8 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NO

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Branch

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Caroline Forest

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Kate Poland
(Address) 3829 Fourth ave

18. BURIAL, CREMATION, OR REMOVAL
Place Edgewood Date 1/18 1932

19. UNDERTAKER J. M. Gohl
(Address) 1219 E Fort Ave

JAN 16 1932

E. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-16 1931, to 1-14 1932

I last saw him alive on 1-14 1932 death is said to have occurred on the date stated above, at 3.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic prostatis with benign Hypertrophy and Uremic retention	11-16-31
Uremia	1-5-32

Other contributory causes of importance:

Name of operation NO Date of .....

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Luther E. Linde M. D.

(Address) Balto City Hospitals

Spec.—2-29-28—L. F. S.—500 Blks.

E 75807 HEALTH DEPARTMENT—CITY OF BALTIMORE 93-003 E 75807

CERTIFICATE OF DEATH

1—PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. 915 N. Eilmor ST. 16-27 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E. Peters

(a) RESIDENCE NO. 915 N. Eilmor ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Wm Hamster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Sparrow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mary Wilson
(Address) 915 Eilmor St

15 Filed JAN 16 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/15/32

17 I HEREBY CERTIFY, That I attended deceased from 12/30/31 to 1/15/32

that I last saw her alive on 1/15/32

and that death occurred, on the date stated above, at 9.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) O. B. Hawkins, M. D.

1/16/32 (Address) 912 Eilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Norfolk, Va.	Jan. 19, 1932
20 UNDERTAKER	ADDRESS 322 N. Schroeder St
Mrs. Katie R. Williams	

Spec—12-22-21—Z.B.R.S.—400 Bks.

E 75808 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75808

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1927 N. Gay St. 8-16 47 Registered No.

City of BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Rauber

(a) Residence No. 1927 N. Gay Street St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. (if of foreign birth)? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa D. Rauber

6-DATE OF BIRTH (month, day and year) Sept. 24, 1862

7-AGE. 69 yrs. 3 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Butcher

(b) General nature of industry, business, or establishment in which employed (or employer). 0/3

(c) Name of employer. Schaeffer

9-BIRTHPLACE (city or town) (State or Country). Germany

PARENTS.

10-NAME OF FATHER. John Rauber

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Margaret Schneider

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) Rose D. Hemf

(Address) 1927 Belair Road

JAN 16 1932 HARRY JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) January 15-1932

I HEREBY CERTIFY, That I attended deceased from November 30 1931, to January 15 1932

that I last saw h in alive on January 15 1932

and that death occurred, on the date stated above, at 4.40 p.m.

The CAUSE OF DEATH* was as follows:

Epidermoid Carcinoma of Larynx

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What lesions were found? Clinical

(Signed) Wade H. A. Meyer, M. D.

1/15, 1932 (Address) 1031 N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. Jan. 19, 1932

20-UNDERTAKER. Frederick Leonhardt

ADDRESS 7401 Belair Rd.

AACo. 5-11 1930

E 75809

HEALTH DEPARTMENT—CITY OF BALTIMORE

23, E 75809

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 214 N. Broadway St., 6-9 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Savage

(a) Residence: No. 214 N. Broadway St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen Savage

6. DATE OF BIRTH (month, day, year) Feb. 9, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portsmouth Virginia

FATHER

13. NAME David Savage

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Alice Simmons

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Jan 18 1932

19. UNDERTAKER Eddy Lodge
(Address) 310 E Lanvale

FILED JAN 16 1932 C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1931 to Jan. 13, 1932

I last saw him alive on Jan. 13, 1932 death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute miliary tuberculosis	5 weeks
Other contributory causes of importance:	
Pulmonary tuberculosis	Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

Signed Laurence H. Sams, M. D.
(Address) Baltimore City Hospitals

Spec.—12-8-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75810

CERTIFICATE OF DEATH.

46 ✓ E 75810

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 408 South Robinson St., 10th Ward)

2-FULL NAME Charles W. Thornwood

(a) RESIDENCE NO. 408 South Robinson St. 10 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of: Mrs. Annie Thornwood

6 DATE OF BIRTH (month, day, and year): May 21st 1869

7 AGE: Years 63 | Months 7 | Days 25 | IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: George Thornwood

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER: Julia Shaffer

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country)

14 Interment (Address): Ellen Rawnsley 411 S. Robinson

JAN 16 1932

C. HAMPSON JONES, Registrar

By _____

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year): January 14 1932 19

16 I HEREBY CERTIFY, That I attended deceased from July 30 1931, to January 14, 1932, that I last saw him alive on January 14, 1932, and that death occurred, on the date stated above, at 6.15 P. m.

17 The CAUSE OF DEATH* was as follows: Inoperable Carcinoma of Pylorus End of Stomach

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Duration Widows Epilepsy

(duration) — yrs. 1 mos. — ds.

18 Where was disease contracted (if not at place of death)

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exploratory Incision

3 months previous

(Signed) Alfred A Bendetsen, M. D.

Jan 15. 1932 Address 2221 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lapelawn — Date of Burial: Jan 18 1932

20 UNDERTAKER: Kelly & Zeiler Inc — ADDRESS: 4308 Wolfe

Spec.—1-1021—MAT—1500 Blks.

E 75811. HEALTH DEPARTMENT—CITY OF BALTIMORE. E 75811

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Aged Women's Home

CITY OF BALTIMORE: (No. 1404 W Lexington St. 1927 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie E Farr

(a) RESIDENCE No. 1404 W Lexington ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 25, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Mary E Forestal 140 24 W Lexington

15 6 1932 C. HAMPSON JONES, M. D. A.H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6, 1932

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1927 to Jan. 15, 1932.

that I last saw h alive on Jan. 6, 1932

and that death occurred, on the date stated above, at 11 30 A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos 3 hrs.

CONTRIBUTORY (Secondary) Hypertension Arterio-Sclerosis (Duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P.E.

(Signed) Edwin B Jarrett M.D.

, 19 (Address) 1115 St. Paul St. City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Centreville Md	Jan 18 1932
20 UNDERTAKER George J Smith	ADDRESS 1932 Holl

FROM a very important See instructions on back of certificates.

Spec.—9-20—A. A. Co.—250 Blks.

75812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 75812

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 Woodlawn Road. 27-53 131 Ward

REGISTERED NO. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Virginia Canfield

(a) RESIDENCE NO. 106 Woodlawn Road. ST. ____ WARD ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ____

6 DATE OF BIRTH (month, day, and year) Sept. 10th. 1858

7 AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
	73	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William B. Canfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Conn.

12 MAIDEN NAME OF MOTHER Mary V. DeCornsis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Grace B. Canfield
(Address) 106 Woodlawn Road Roland Park.

15 JAN 16 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 15, 1932

17

I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1931 to Jan 15th, 1932

that I last saw her alive on Jan 15th, 1932

and that death occurred, on the date stated above, at 3.25 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis, Arterio-Sclerosis & Chronic Myo-Carditis

(duration) 2 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hiram Driver M. D.

1/16 1932 (Address) 846 W 36th St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Jan 18th 1932

20 UNDERTAKER Chas. F. Race & Son ADDRESS 118 W. Mt. Royal Ave

1-30—M & T—100 B—50L

E 75813

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75813

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 Penn ST., 4-23 WARD)

2-FULL NAME Gertrude Kerr

(a) RESIDENCE NO 3 Penn ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Kerr

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	52			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Catherine Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. M. E. Williams

(Address) 1 Penn St

15 C. HAMPSON JONES, M. D. Registrar

6 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Tillett, M. D. Coroner

1/15, 1932 (Address) 2759 Edmondson Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Jan 17, 1932

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St.

AaCo. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75814

E 75814

CERTIFICATE OF DEATH

119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 22-30 Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Leona Willie Webster

(a) Residence: No. 524 S. Exeter St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
	4 Mos	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Edward Webster

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Brooks

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Johns Hopkins Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place Date 19

19. UNDERTAKER
(Address)

20. FILED JAN 16 1932 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1932 to Jan 11, 1932
I last saw her alive on Jan 11, 1932 death is said to have occurred on the date stated above, at 11 08 a.m.

The principal cause of death and related causes of importance were as follows:

Diabetes & Enteritis — Date of onset 1-1-32

Other contributory causes of importance:

Pneumonia

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. O. G. Warner, M. D.
(Address) Johns Hopkins Hospital

JOHNS HOPKINS HOSPITAL JAN 16 1932

AACo. 4-11 250R

25653
E 75815

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH

119 E 75815

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Roy Fickus North Point Rd

(a) Residence: No. 2221 Kelson Ave St., 3rd Ward. 3rd Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	6 6 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT JOHNS HOPKINS HOSPITAL Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS HOSPITAL Date JAN 16 1932

19. UNDERTAKER

(Address)

JAN 16 1932 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1932, to Jan 13, 1932

I last saw h alive on Jan 13, 1932 death is said to have occurred on the date stated above, at 10 5/12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea and enteritis	Jan 4

Other contributory causes of importance:

Pneumonia	Jan 12
Prematurity	Birth

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. Brecht M. D.

(Address) Johns Hopkins Hosp

Spec.—1-30—M. & T.—250 Blks

E [redacted] ✓ E [redacted]

HEALTH DEPARTMENT—CITY OF BALTIMORE

75816

CERTIFICATE OF DEATH.

92-001 E 75816

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 WEST BALTIMORE AVE ST. [redacted] WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Davis

(a) RESIDENCE No. 1315 West Baltimore Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

5a If married, widowed, or divorced (HUSBAND of or) WIFE of the late Wm. B. T. Davis

6 DATE OF BIRTH (month, day, and year) Nov 13: 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant [redacted] (Address) [redacted] Baltimore Ave

[redacted] 1932 C. H. [redacted] JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14, 1932

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1931, to Jan 14, 1932, that I last saw her alive on Dec 20, 1932, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) ? 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Wm. A. Straus, M. D.

1/15, 1932 (Address) 1901 Griffis Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL 1/18/1932

UNDERTAKER John J. Cowan & Son

ADDRESS 901 Hollins Ave

Spec.—7-17-26—A Co.—200 Blks.

E 75817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

E 75817

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dolores Mary Johnson.

(a) RESIDENCE NO. 1723 Madison Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 25, 1930

7 AGE: Years 1 Months 9 Days 20

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER Rufus Johnson

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ga

12 MAIDEN NAME OF MOTHER Minnie Knox

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Minnie Knox

(Address) 1723 Madison ave

15 Filed 6 1932 L. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

1-15-32

17 I HEREBY CERTIFY, That I attended deceased from 1-2, 1932 to 1-15, 1932

that I last saw her alive on 1-15, 1932

and that death occurred, on the date stated above, at 1 00 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Pulmonary Edema

Acute Postmeasl Enterotoxemia (duration) yrs. mos 1 3 ds.?

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Bacteriological Examination

(Signed) [redacted] M. D.

1-15, 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial: Jan 18 1932

20 UNDERTAKER: Thomas E. Kelson — ADDRESS 1307 Freeman St

very important. See instructions on back of certificate.

AdCo. 5-31 2'08

75818 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

172 E 75818

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1828 N. Collington Ave St. 8-16 (Ward)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U.S. if of foreign birth 69 yrs. ... mos. ... ds.

2. FULL NAME Gottfried Gill

(a) Residence: No. 1828 N. Collington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dora Gill

6. DATE OF BIRTH (month, day, year) Oct 5 1842

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
89	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woodcarver
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME — — Gill
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Godfrey A. Gill
(Address) 1828 N. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Parkwood Date Jan 16 1932

19. UNDERTAKER Philip Herwig
(Address) 2016 Eutaw St.

20. FILED JAN 16 1932 C. HAMPSON JONES, M. D. Registrar
By ...

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 22, 1931, to January 13 1932.
I last saw him alive on January 13 1932, death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Tuberculosis Nephritis	Jan 1930
General Arteriosclerosis	Jan 1930

Other contributory causes of importance:

Strangulated Hernia	Jan 12 '32

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Elliott Donnelly, M. D.
1/15/32 (Address) 2025 E. Monument St.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75819

E 75819

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 7-9 WARD)

2-FULL NAME Elizabeth Smith

(a) RESIDENCE NO. Cor Roberts & Witers Aves., Catonsville, Md.
(Usual place of abode) ST., WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	Colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 7/32

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Catonsville, Md

PARENTS

10 NAME OF FATHER James Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Arkansas

12 MAIDEN NAME OF MOTHER Marie Pollock

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Arkansas

14 Informant Marie Smith

(Address) Catonsville, Md.

Filed JAN 7 1932, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tetaus (Neonatorium)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Infected Umbilical Cord

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at Hopkins Hospital

What test confirmed diagnosis?

(Signed) [signature] M. D.
Coroner

Jan 16/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Gilboa Cem DATE OF BURIAL Jan 17 1932

19a UNDERTAKER Burton Long ADDRESS Ellicott City

1-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001 E 75820

E 75820

CERTIFICATE OF DEATH

REGISTERED NO. _____

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2211 Rogers ave ST. 27-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marcus F. Keene

(a) RESIDENCE NO 2211 Rogers ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widower

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Wm. F. Keene

6 DATE OF BIRTH (month, day, and year): June 5th 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None (37)
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Wm F Keene

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Elizabeth Bott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Mrs Lindsay

(Address) 2211 Rodgers ave

15 Filed ~~Jan~~ 1932 1932 H. W. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/15 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis
Disease of
Heart

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) [illegible], M. D. Coroner

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park.	Jan 18 1932
20 UNDERTAKER	ADDRESS
Burian Glore	2224 N. Charles

Spec.—9-30—A. & Co.—250 Blks.

E 75821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 E 75821

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1039 E. Fulton Ave 6-22 WARD)

2. FULL NAME Flora E. Norris

(a) RESIDENCE NO. 1039 E. Fulton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 ~~Single, Married, Widowed,~~ or Divorced, (write the word) Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 27th 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER George W. Brown

11 BIRTHPLACE OF FATHER (city or town) Balto Md

(State or country)

12 MAIDEN NAME OF MOTHER Laura E. Lane

13 BIRTHPLACE OF MOTHER (city or town) Balto Md

(State or country)

14 Informant (Address) 1116 E. Fulton Ave

15 Filed JAN 7 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15th 1932

17 I HEREBY CERTIFY, That I attended deceased from July 10 1930, to Jan 15 1932

that I last saw h[illegible] alive on Jan 15 1932

and that death occurred, on the date stated above, at 11:50 a. m.

The CAUSE OF DEATH* was as follows:

I. Pneumonia

Sense cerebs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Uterus (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) L. E. Richardson M. D.

(Address) 117 W. 39th St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount DATE OF BURIAL Jan 18th 1932

20 UNDERTAKER Latham & Son ADDRESS

AsCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

75822

CERTIFICATE OF DEATH

131 E 75822

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1329 Park Ave St. 11-24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Virginia Smith

(a) Residence: No. 1329 Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/21/1859

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	72	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William P. Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Margaret A. Langrall

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Miss F. E. Reidel

(Address) 4110 Greenway

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 18 1932

19. UNDERTAKER Henry H. Jenkins & Co

(Address) Eutaw & Mulberry Sts

20. FILED JAN 17 1932 C. HARRISON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1929 to Jany 15, 1932

I last saw her alive on Jany 12, 1932 death is said to have occurred on the date stated above, at 4.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anaemia	June-1929.
Combined Degeneration Spinal Cord.	June-1929
Myocarditis —	1926 —
Chronic Nephritis.	1931

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. W. Lemmon M. D.

(Address) 137 Park Ave, Balto. Md

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75823 — 53 — E 75823

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2806 N. Calvert St. (or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Frauth

(a) Residence No. 2806 N. Calvert St., 12 Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): widow

6a. If ~~married~~, widowed, or divorced (or) WIFE of Samuel B. Frauth

6. DATE OF BIRTH (month, day, year): Oct. 29 1860

7. AGE: Years 71 | Months 3 | Days 18 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: Life

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: John H. Coleman

14. BIRTHPLACE (city or town) (State or country): Boston Massachusetts

15. MAIDEN NAME: Cecelia Niles

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Chas. Frauth

(Address) 2806 Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk. Date Jan. 15 1932

19. UNDERTAKER: Howard Hennegan Co

(Address) Calvert St.

20. FILED Jan 17 1932 HARRY JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 6 1932.

22. I HEREBY CERTIFY, That I attended deceased from December 20, 1928 to January 6 1932.

I last saw h alive on January 4 1932 death is said to have occurred on the date stated above, at 9:03 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder Metastasis to Liver, Exhaustion etc	December 20, 1928
Myocarditis, edema & Lungs	1932.

Other contributory causes of importance:

Name of operation: Cystoscopic Date of: No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis T. Galen, M. D.

(Address) 1129 Calvert St.

Spec.—1-10-31—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75824

CERTIFICATE OF DEATH.

131 E 75824

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (a) No. 2601 Manhattan Ave ST. 7-55 WARD

2-FULL NAME Sarah E. Ford

(a) RESIDENCE NO. 2601 Manhattan Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Isaac Ford

6 DATE OF BIRTH (month, day, and year): Aug 29 1850

7 AGE — Years: 81 — Months: 4 — Days: 17 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Howard Co Md

PARENTS

10 NAME OF FATHER: John Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Rebecca Chatterton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant (Address): Mrs Carrie Wright 2601 Manhattan Ave

15 Filed JAN 16 1932 W. C. HARRISON JONES, M. D. Registrar

ANT 71932.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 16 1932

17 I HEREBY CERTIFY, That I attended deceased from July 1 1931 to Jan 16 1932

that I last saw h[illegible] alive on Jan 16 1932

and that death occurred, on the date stated above, at 8:30 A. m.

The CAUSE OF DEATH* was as follows: Chronic Endocarditis Hypertrophy

(duration)— yrs 6 mos 15 ds.

CONTRIBUTORY (Secondary): Uraemic Coma

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Clinical

(Signed) S. R. Grant, M. D.

1/16 1932 (Address) 2601 Manhattan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: Jan 16 1932

20 UNDERTAKER: A. S. Marshall — ADDRESS: 3539 Fall Ave

FROM BACK OF CERTIFICATE. See INSTRUCTIONS on back of certificate

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75825

Registered No. 75825

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1204 W. 41 St. (Ward) 13-52

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Dears Howard Young

(a) Residence: No. 1204 W. 41 St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or WIFE of) Laura E. Young

6. DATE OF BIRTH (month, day, year) DEC 22 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. R. Conductor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME William Young

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Margaret Blosser

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Laura E. Young

(Address) 1204 W. 41 St.

18. BURIAL, CREMATION, OR REMOVAL. Date Jan 18 1932

Lorraine Cemetery

19. UNDERTAKER J. S. Marshall

(Address) 3337 Gwynn Oak Ave.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1929 to Jan. 15, 1932

last saw h[illegible] alive on Jan. 15 1932 death is said to have occurred on the date stated above, at 2.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Acute Cardiac Dilatation	

Other contributory causes of importance: Endocarditis. Mitral Regurgitation

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Linsalus, M. D.

(Address) 4037 Falls Road

E 75826

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75826

CERTIFICATE OF DEATH

1-PLACE OF DEATH U. S. Marine Hospital × 51

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 12-54 (WARD)

2-FULL NAME Robert H. Whitehurst

(a) RESIDENCE NO. Straits N. C. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Mrs. Robert H. Whitehurst

6 DATE OF BIRTH (month, day, and year) Oct. 21, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	67	2	25 16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Marine Capatain

(b) General nature of industry, business, or establishment in which employed (or employer) Shipping

(c) Name of employe.

9 BIRTHPLACE (City or town) Straits

(State or country) North Carolina

PARENTS

10 NAME OF FATHER Oliver Whitehurst

11 BIRTHPLACE OF FATHER (city or town)

(State or country) North Carolina

12 MAIDEN NAME OF MOTHER Maria Chadwick

13 BIRTHPLACE OF MOTHER (city or town) Beaufort

(State or country) North Carolina

14 Informant Records U. S. Marine Hospital

(Address)

15 Filed JAN 17 1932 H. [illegible] Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June. 16 19 32

17

I HEREBY CERTIFY, That I attended deceased from July 2 . 19 31 . to June 16 . 19 32 .

that I last saw him alive on June 16 . 19 32

and that death occurred, on the date stated above, at 4.00 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of prostate with metastasis to lungs

over 6 months

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? Yes Date of July 17, 1931.

Was there an autopsy? No

What test confirmed diagnosis Clinical laboratory

(Signed) E. Gildbolt. M. D.

. 19 (Address) U. S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Whitehurst Cem. Straits N Carolina

DATE OF BURIAL Jan 19 1932

UNDERTAKER Charles L. Stevens

ADDRESS 1801 E. Fast Av.

Filed JAN 17 1932 H. [illegible] Jones Registrar

Per _____

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75827

CERTIFICATE OF DEATH.

1-001 E 75827

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3108 Keswick Rd (St.) 13-51 (Ward)

2-FULL NAME Annie L Wilson

(a) RESIDENCE No. 3108 Keswick Rd St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of: Wm L Wilson

6 DATE OF BIRTH (month, day, and year) —

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 82				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Washington D.C.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER Washington DC

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant: Mrs Jennie Brown.
(Address) 706 Singer ave

15 Filed 1 7 1932 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15-th 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 11-th, 1932, to Jan 15-th, 1932.

that I last saw her alive on Jan 15-th, 1932.

and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Primary- Pneumonia.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchial colitis.

Senility, (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & clinical findings

(Signed) B A Tilden, M. D.

1/17, 1932 (Address) 3611 Four ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem	1/18/32
20 UNDERTAKER	ADDRESS
Franklin W Seitz	709 N 33rd St

AaCo. 5 H 2M8

E 75828 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 94-00 E 75828

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2527 St Paul St) (St. 17-50) (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3/12 yrs. mos. ds. How long in U.S. If of foreign birth 3 yrs. mos. ds.

2. FULL NAME Harris L Gardon

(a) Residence: No. 2527 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fannie L. Gardon

6. DATE OF BIRTH (month, day, year) Oct 14 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob Gordon
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sadie Snyder
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Joseph N. Gardon
(Address) 2527 St Paul St

18. BURIAL, CREMATION, OR REMOVAL
Mount Nebo Date 1-17-32, 19

19. UNDERTAKER Jack Levi Inc
(Address) [illegible]

FILED JAN 17 1932, 19 HAROLD JONES, M. D.

NTP 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16, 32

22. I HEREBY CERTIFY, That I attended deceased from Feb. 32, to Jan 16, 32

I last saw h[illegible] alive on Jan 15 32 death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	Many years

Other contributory causes of importance:

Arteriosclerosis	Years

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L Gehry — , M. D.

(Address) 622 N. Howard —

1-30—M & T—100 II—30L

E 75829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173 E 75829

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST. 17-24 WARD)

2-FULL NAME Bernard D. Mills

(a) RESIDENCE NO 1329 Argyle Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 11, 1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	7	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Helper in Market
(b) General nature of industry, business, or establishment in which employed (or employer): Assisting in packing goods in market
(c) Name of employer: do

9 BIRTHPLACE (city or town) (State or country): Island Creek Calvert Co. Maryland

PARENTS

10 NAME OF FATHER: Joseph C. Mills

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co. Maryland

12 MAIDEN NAME OF MOTHER: Eliza Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co. Maryland

14 Informant: Eliza Mills

(Address): 1329 Argyle Ave.

15 Filed JAN 7 1932

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 13th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest & autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Penetrating Wound of Chest thru heart and left lung - Homicide

(duration) 1 hour

CONTRIBUTORY (Secondary) Intra-Thoracic Hem-orrhage (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1130 Hollins St.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Guy N. Bromwell M. D. Coroner

1/16th 1932 (Address) 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL 1/17 1932

20 UNDERTAKER: Samuel D. Tensley

ADDRESS 718 Biddle

AACo. 5-11 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75830

CERTIFICATE OF DEATH

11 E 75830

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenhurst Hospital St. No-1 Ward)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 21 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Betty Jane Chaney

(a) Residence: No. 126 S. Bouldin St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/21/30

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Wm M Chaney

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Madeline Grist

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Wm M. Chaney
(Address) 126 S. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 1/19 1932

19. UNDERTAKER Wm Cook
(Address) 1217 E Fort Ave

FILED JAN 1 1932 HARRY JONES M.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/17/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1/11/32 . 19 . to 1/17/32 . 19

I last saw h.. alive on 1/17/32 19 death is said to have occurred on the date stated above, at 6:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal Meningitis	1/8/32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Spinal puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. V. Jackson M. D.

(Address) Lyndenhurst Hospital.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75831 ✓ 164-901 E 75831

CERTIFICATE OF DEATH

REGISTERED NO. 11-15

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 932 N.Calvert St. (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E.Peck.

(a) RESIDENCE NO 932 N.Calvert St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ---------- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, XXXXXXXXXXXXXX (or) WIFE of) Theresa M.Peck.

6 DATE OF BIRTH (month, day, and year) January 15th. 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	0	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Wire merchant.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Hugh Peck.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Theresa M.Peck.(wife)
(Address) 932 N.Calvert St.

15 Filed. [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 15th. 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating gas asphyxia.
Head in oven with gas on. Suicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible], M. D. Coroner

1/16/32 (Address) 1017 E.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: 1/19/1932

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

FRONT—Very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75832

CERTIFICATE OF DEATH

164 E 75832

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 335 N.Gay St. ST. 5-8 WARD)

2-FULL NAME Johanna Stunz.

(a) RESIDENCE NO 335 N.Gay St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city, or town where death occurred 75 yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a If married, widowed or divorced (husband or wife) of [redacted] WIFE of John Stunz.

6 DATE OF BIRTH (month, day, and year) December 4 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75	1	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Frederick Menkert.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Margaret Gutman.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Herman Stunz.(brother)

(Address) 335 N.Gay St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 15, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating gas asphyxia.
All stops of gas oven on and door of room stuffed. Suicide.

(duration) yrs. mos da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [redacted] Coroner, M. D.

1/16/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 1/18/1932

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

TION is very important. See instructions on back of certificate.

Spec.—1-30—H. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75833

E 75833

CERTIFICATE OF DEATH.

REGISTERED NO. 82

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 Pearl ST. 17-25 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wannie Carter

(a) RESIDENCE NO. 502 Pearl ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fe	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Dan Carter

6 DATE OF BIRTH (month, day, and year) Apr. 6. 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	39	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): General Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Howard Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Dan Carter (Address) 502 Pearl St.

15 Filed JAN 17 1932 HAROLD JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14, 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan. 4 1932 to Jan 14 1932

that I last saw h[illegible] alive on Jan. 14, 1932

and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows: Apoplexy

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Ex.

(Signed) R. Garland Thomas M. D.

(Address) 1534 - Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cemetery

DATE OF BURIAL: Jan 17 1932

20 UNDERTAKER: Mrs. L. A. Elliott

ADDRESS 1720 Madison Ave

F 75834

HEALTH DEPARTMENT—CITY OF BALTIMORE F 75834

CERTIFICATE OF DEATH

82-001

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4013 Roland Ave ST. 13-52 WARD

2. FULL NAME William E. Gladstone

(a) RESIDENCE NO. 4013 Roland Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Gladstone

6 DATE OF BIRTH (month, day, and year): Dec 8 1853

7 AGE: Years 78 Months 1 Days 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Engineer 30
(b) General nature of industry, business, or establishment in which employed (or employer): Cotton mill.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS
10 NAME OF FATHER: Reuben Gladstone
11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Mary E. Gladstone 4013 Roland Ave

Filed JAN 19 1932 K.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 16, 1932

17
I HEREBY CERTIFY, That I attended deceased from Dec 28, 1931, to Jan 16, 1932
that I last saw him alive on Jan 15, 1932
and that death occurred, on the date stated above, at 5:30 a m.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) yrs. mos 19 ds.

CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Routine
(Signed) W. Biedenbach M. D.
1932 (Address) 850 W 36 St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Hampden — DATE OF BURIAL: Jan 19 1932

20 UNDERTAKER: Chanswick & Son — ADDRESS: 1200 Shutter Ave

Spec.-7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75835 | 131 | E 75835

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3416 Dennison Ave St. 27-55 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Tyler Dorsey

(a) RESIDENCE NO. 3416 Dennison Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Dorsey

6 DATE OF BIRTH (month, day, and year): April 1869

7 AGE: Years 42 Months 9 Days

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: Basil Tyler

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Alice Mond

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

14 Informant: John Dorsey

(Address): 5416 Dennison ave

15 Filed 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 15 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 4 1932 to Jan 15 1932

that I last saw h-- alive on Jan 14 1932

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Chronic Pancreatitis

Nephritis

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) A. C. Bunnell, M. D.

(Address) Jan 18 1932 4509 Roberts Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Thomas Randallstown Date of Burial 1/18/1932

20 UNDERTAKER: Wm. Geo. H. Holland ADDRESS 1631 Druid Hill Ave

very important. See instructions on back of certificate.

HARRY S. BIRD REGISTRAR

AaCo. 5-31 1938

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

75836 — Registered No. 46 E 75836

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen'l Hospital Ward)

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. if of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME William N. Neal

(a) Residence: No. 1815 Jackson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Neal

6. DATE OF BIRTH (month, day, year) 1-6-1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Henry Neal.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Williams

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Neal. (Address) 1815 Jackson

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Date Jan 18, 1932

19. UNDERTAKER J. Fenw. McCully (Address) 30 E. Fayette St.

20. FILED Jan 18, 1932 Registrar.

NTC 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1932 to Jan 15, 1932

I last saw h. alive on Jan 15, 1932 death is said to have occurred on the date stated above, at 2:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma head of pancreas	6 months.

Other contributory causes of importance:

Cholecysto-Gastrostomy Date of 1-8-32

Name of operation PHYSICAL SIGNS Was there an autopsy? YES

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify.

(Signed) H. J. Sullivan M. D.

(Address) 1 E Balt Gen Hosp

1-30—M & T—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75837. 82-001 E 75837.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 540 E.Fort Ave. ST. 24-33 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel E.Meseke.

(a) RESIDENCE NO 540 E.Fort Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. 11 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If (married, widowed or divorced) (or) WIFE of Charles A.Meseke.

6 DATE OF BIRTH (month, day, and year) March 2,1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	10	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore,Md.

PARENTS

10 NAME OF FATHER J.Frank Seth.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore,Md.

12 MAIDEN NAME OF MOTHER Laura Warner.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Charles A.Meseke.(husband)
(Address) 540 E.Fort Ave.

15 Filed . 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 16,1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M.Hencken, M. D. Coroner

1/16/32 (Address) 1017 N.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem.

DATE OF BURIAL 1/19 19 32

20 UNDERTAKER J. Fen McCubby

ADDRESS 720 E Fort

TION is very important. See instructions on back of certificates.

A&Co. 5-31 250B

75838

HEALTH DEPARTMENT CITY OF BALTIMORE

46V E 75838

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 20-64 Ward)

Length of residence in city or town where death occurred 38 yrs. mos ds How long in U.S. If of foreign birth 38 yrs mos ds

2. FULL NAME Oscar Schulz.

(a) Residence: No. 2117 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Amanda T.

6. DATE OF BIRTH (month, day, year) July 18, 1867

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	64	6 5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Hamburg Germany

FATHER

13. NAME Henry Schulz

14. BIRTHPLACE (city or town) (State or country) Hamburg Germany

MOTHER

15. MAIDEN NAME Anna Ceppener

16. BIRTHPLACE (city or town) (State or country) ? Germany

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 1/23/ 1932
Cemetery

19. UNDERTAKER Walter S. Poulson
(Address) 2238 E Fayette Ave.

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1931 to Jan. 16, 1932

I last saw him alive on Jan. 16, 1932 death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ascending Colon	Past 6 months

Other contributory causes of importance:

Anemia Secondary	Unknown

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lee G. Hines Jr , M. D.

(Address) Balto. City Hosp.

AACo. 5-31 1500

Andrew Kurtz

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75839

CERTIFICATE OF DEATH

46 E 75839

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2542 Francis St. St. 13-59 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Andrew Kurtz

(a) Residence: No. 2542 Francis St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ...

19. UNDERTAKER Harry S. Lutz
(Address)

20. FILED ... 19...

... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1931, to Jan 15, 1932

I last saw h[e] alive on Dec 31, 1931 death is said to have occurred on the date stated above, at 1 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lower end of esophagus	

Other contributory causes of importance:

Name of operation Rubber feeding tube in stomach for inoperable cancer Date of July 10, 1931

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) W E Jones M. D.

(Address) 720 N. North Ave

AaCo. 5-31-1500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75840 — 45 — B 75840

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto (City) Hospitals W-16 Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Franklin A Grill

(a) Residence: No. 2525 E. Oliver St., Ward.
(usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Mar

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Gladys Grill

6. DATE OF BIRTH (month, day, year): 3-28-1896

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	35	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 031

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Rudolph Grill

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Bertha Wolfe

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs Gladys Grill
(Address) 2525 E Oliver St

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore County Date: 1/19 19 37

19. UNDERTAKER: Henry Lochbaum & Sons
(Address) 311 E Lanvale St

20. FILED ..., 19.., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/17 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-15 1937 to 1/17 1937

I last saw him alive on 1/17 1937 death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rt Breast with Regional metastases	4 yrs.
Laryngeal Obstruction Asphyxia	2 days

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Luther E. Little, M. D.
(Address) Balto. City Hospitals

AaCo. 1-31-1928

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75841

CERTIFICATE OF DEATH

'34

E 75841

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME [redacted] Tobes

(a) Residence: No. 1027 Lemon Ave. Ward.

(Usual place of abode) 25 yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	B	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Darella Jones

(Address) 202 W. 143, N.Y.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 18 1932

19. UNDERTAKER David Forbes

(Address) 216 Pa Ave.

20. FILED JAN 19 1932 C. HARRY JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1932 to Jan 15, 1932

I last saw him alive on Jan 15, 1932 death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hypertrophic with Dilatation	3 mos.
Fatal Cardio-Vascular Disease	7
Other contributory causes of importance:	
Pneumonia	1 wk.
Myocardial Failure	3 mos.

Name of operation ✓ Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify.

(Signed) [illegible] M. D.

(Address) St Joseph Hospital

AaCo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75842 ~~E 75842~~ ~~82-8~~ E 75842

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL 6-11 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U.S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William Wyatt

(a) Residence: No. 1 N Eutaw St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) Nov 29 72

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Wm Wyatt
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Jan 9 1932

19. UNDERTAKER Lilly & Riley Inc.
(Address) 222 E Baltimore St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1932 to Jan 15 1932
I last saw him alive on Jan 15 1932 death is said to have occurred on the date stated above, at 8 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Accident	1-7
Myocardial Failure	1-5
Pulmonary edema	1-7

Other contributory causes of importance:

Name of operation ~ Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm. Nicholson M. D.
(Address) Johns Hopkins Hospital

AaCo. 5-31 250B

E 75843 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75843

CERTIFICATE OF DEATH

23.

Registered No. 56-37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3809 Mt. Pleasant Ave St. Ward)

Length of residence in city or town where death occurred 0 yrs mos ds How long in U. S. if of foreign birth? yrs mos ds

2. FULL NAME Dr Luigia Tolore Martin

(a) Residence: No. 3809 Mt Pleasant Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced: HUSBAND of / (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 25 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	34	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md.

FATHER

13. NAME Philip J. Martin

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Slattery

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Philip J. Martin

(Address) 125 S Eaton st.

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz Cem Date 1/19 1932

19. UNDERTAKER John H. Mcnamara

(Address) 3000 E. Biddle St.

No. Filed N 13 1932 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1932 to Jan 16, 1932

I last saw him alive on Jan 14 1932 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intussusception of Jejunum	Week
Other contributory causes of importance: Acute Pharyngitis	1/10/32

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip J. Martin, M. D.

(Address) 311 S. Fremont Ave.

Spec.—2-29-28—L. F. S.—500 Blks.

E 75844

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75844

CERTIFICATE OF DEATH

23

1—PLACE OF DEATH 1317 W. Mulberry REGISTERED NO. 19-76

CITY OF BALTIMORE: (No. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Amelia Johnson

(a) RESIDENCE NO. 1317 W. Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: 7

4 COLOR OR RACE: A. Col

5 Single, ~~Married~~, Widowed, or Divorced, (write the word)

~~WIFE of~~ ~~HUSBAND of~~ Isaac Johnson

6 DATE OF BIRTH (month, day, and year) 4/19/13

7 AGE: Years 18; Months 8; Days 2728; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New Port News Virginia

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

PARENTS

14 Informant Isaac Johnson

(Address) 1317 W. Mulberry St

Filed 1-9, 1932, 19... H. M. ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16, 32

17 I HEREBY CERTIFY, That I attended deceased from 1/17/10, 1932, to 1/16, 1932

that I last saw h[illegible] alive on 1/16, 1932

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows: Pulmonary Phthisis

(duration) yrs. 9 mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unk

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Carson C. Johnson, M. D.

, 19 (Address) 632 Baker

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Jan 19 1932

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Pressman St

Rec.—2-20-25—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75845

CERTIFICATE OF DEATH

146 E 75845

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 East 20th ST. 9-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME WILLIAM A. CHILCOAT

(a) RESIDENCE NO. 326 E. 20th ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Chilcoat

8 DATE OF BIRTH (month, day, and year): August 27, 1865

7 AGE: 66 Years | 4 Months | 19 Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Turntable Operator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Penn. R.R.

9 BIRTHPLACE (city or town) (State or country): Balto. Co.

PARENTS

10 NAME OF FATHER: Francis A. Chilcoat

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mollie Hale

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs Emma Chilcoat

(Address): 326 E. 20th.

15 Filed [illegible], 19[illegible]

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-15-32

17

I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1931, to Jan. 15, 1932, that I last saw him alive on Jan. 15, 1932 and that death occurred, on the date stated above, at 5 P.M. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. 9 mns. ds.

CONTRIBUTORY (Secondary): Myocardial Insufficiency

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings.

(Signed) J. N. Wilson, M. D.

19 (Address) 848 W. 36th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Jan. 18, 1932
20 UNDERTAKER: E. Leroy Stiffler, Inc	ADDRESS: 125 E. North Ave.

AaCo. 5-31 250B

75846 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75846

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 N. Green ... Ward) 77-30

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds

2. FULL NAME Mary E. Johnson

(a) Residence: No. 214 N Green St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Wm H. Johnson

6. DATE OF BIRTH (month, day, year) 2/4/1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	63	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family
10. Date deceased last worked at this occupation (month and year) 11/32
11. Total time (years) spent in this occupation 20

FATHER

12. BIRTHPLACE (city or town) (State or country) Md.
13. NAME Joshua Lucas

MOTHER

14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Elizabeth Smith
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lena Matthews
(Address) 214 N. Green St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Lemmon Funeral Date 11/19/32 19

19. UNDERTAKER Isaiah L Brown & Son
(Address) 1631 W. Montgomery St

C. HERSON JONES, Registrar.

Filed JAN 18 1932 19 ... Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/15/32

22. I HEREBY CERTIFY, That I attended deceased from 11/12/32, 1932 to 11/15/32, 1932

I last saw h... alive on 11/14/32, 1932 death is said to have occurred on the date stated above, at 11:40 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 11/12/32

Other contributory causes of importance:

Mitral Regurgitation

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Hartley, M. D.
(Address) 579 N. Carrollton

AACo. 5-H 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

75847 56

CERTIFICATE OF DEATH

1 21 E 75847

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 19-25 Ward)

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. 9 mos. 25 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Gruber Jr.

(a) Residence: No. 2210 Williams Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Clara

6. DATE OF BIRTH (month, day, year) March 22, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joseph Gruber

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ethel Keevy

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Joseph Gruber
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place London Park. Date 1-19-1932

19. UNDERTAKER Bernard C. Harlan
(Address) 1000 S. Paca St.

20. FILED JAN 19 1932 C. Rumsey Jones, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-16-1932

22. I HEREBY CERTIFY, That I attended deceased from 1-9-1932 to 1-16-1932

I last saw h(im/er) alive on 1-16-1932 death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Liver Abscesses	2 weeks

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? 0 Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Alan Benoist, M. D.
(Address) Johns Hopkins Hospital

Spec.—5-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75848

93-003

E 75848

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 308 Birkwood Blvd ST. 47-49 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Bruno Sr.

(a) RESIDENCE NO. 308 Birkwood Blvd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Widower

6 DATE OF BIRTH (month, day, and year) May 6 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer) Builder

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) germany.

PARENTS

10 NAME OF FATHER John Bruno Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) germany.

14 Informant John Bruno Jr (Address) 308 Birkwood Blvd

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1932

17

I HEREBY CERTIFY, That I attended deceased from Jan. 4 1932 to Jan. 16 1932

that I last saw ~~him~~ alive on Jan. 16 1932

and that death occurred, on the date stated above, at 2:54 m.

The CAUSE OF DEATH* was as follows:

Myocarditis — Chronic

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy and Dilatation (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Physical findings

(Signed) Wm. L. Rothrock M.D.

. 19 (Address) 2248 E 39th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity Cem.	Jan 18 1932

20 UNDERTAKER ADDRESS

Stephen J. Fialkowski Inc 1000 S. Kenwood Ave

1-20—M. & T.—100 B—50L

E 75349

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75349

CERTIFICATE OF DEATH

REGISTERED NO. 93-004

1-PLACE OF DEATH — CITY OF BALTIMORE: (No. Pronounced dead at the Mercy Hospital. ST. 15-54 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C. Sharp.

(a) RESIDENCE NO 2905 Boarman Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, HUSBAND of M. Frances Sharp.

6 DATE OF BIRTH (month, day, and year) September 25, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	3	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Street car
(b) General nature of industry, business, or establishment in which employed (or employer) conductor.
(c) Name of employer U.Ry & E.Co.

9 BIRTHPLACE (city or town) (State or country) Westminster, Md.

PARENTS

10 NAME OF FATHER Henry Sharp.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Westminster, Md.

12 MAIDEN NAME OF MOTHER Agnes Thompson.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Missouri.

14 Informant George Strong. (brotherinlaw)
(Address) 929 N. Lexington St.

15 Filed JAN 18 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 16, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Myocardial Insufficiency
Acute dilatation of the Heart.

(duration) yrs. mos ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? On street car, Pk. Nat's & Virginia Ave. January 16, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Bernhardt, M. D. Coroner

1/18/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Jan 19 1932

20 UNDERTAKER J. Vernon Keehn — ADDRESS 153- Hollins

IMPORTANT—See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

Alpharetta Jones

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75850

CERTIFICATE OF DEATH

59 E 75850

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 1701 Pulaski (b) H-20 (WARD)

2 FULL NAME ~~Alpharetta~~ Alpharetta Jones

(a) RESIDENCE No. 1701 Pulaski St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John R. Jones

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: About 72 Months: Days: If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Georgia

PARENTS

10 NAME OF FATHER: ~~Henry~~ Frank Simpson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Georgia

12 MAIDEN NAME OF MOTHER: ~~Dolly~~ Mary Hughlin

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Interment (Address): Druid Hill 3304 Eutaw Ave

Filed JUN 18 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 18/32

17 I HEREBY CERTIFY, That I attended deceased from Oct 5 1931 to Jan. 18 32

that I last saw her alive on June 17 32

and that death occurred, on the date stated above, at 7:45 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Myocarditis & Cystitis

Myomatosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Jno. L. Finn M. D.

(Address) 6 W. Read

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: New York Ave

DATE OF BURIAL: June 18 1932

20 UNDERTAKER: H. Feldman & Sons

ADDRESS: Northern

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75851

CERTIFICATE OF DEATH

E 75851

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 79 Ward)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie MAY Penly

(a) Residence: No. Tilghman's Island St., ... Ward.
(place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

3a. If married, widowed or divorced WIFE of (or) HUSBAND of Penly. James.

6. DATE OF BIRTH (month, day, year) May 20 1887

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	44	7	29 yrs	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME John T. Cummings
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Sarah Jackson
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Tilghman Island, Md. Jan 20 1932
Place

19. UNDERTAKER J. J. Dobson, Inc.
(Address) Baltimore, Md.

20. FILED JAN 18 1932 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1932 to Jan 18, 1932
I last saw h[illegible] alive on Jan 18, 1932 death is said to have occurred on the date stated above, at 11:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia, acidosis	11 yrs
Hypertension	several yrs
Chr. interstitial nephritis	

Other contributory causes of importance:

Syph	

Name of operation ..... Date of .....

What test confirmed diagnosis? Wa Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. Nicholson, M. D.
(Address) Johns Hopkins Hospital

Spec.—9-39—A. & Co.—250 Blks.

E 75852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-11-08

E 75852

REGISTERED NO.

(if death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 887 Orchard ST.) (WARD) 17-24

2 FULL NAME Malinda Holland

(a) RESIDENCE NO. 887 Orchard ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	B.	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Chas. Holland

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer Mr. Preston

9 BIRTHPLACE (city or town) (State or country) Howard Co. Md.

PARENTS

10 NAME OF FATHER Chas. Thorton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co. Md.

12 MAIDEN NAME OF MOTHER Sarah Wanda

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co.

14 Informant (Address) Mollie Hall Ellicott City Md

15 Filed JAN 8 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/7/32

17

I HEREBY CERTIFY, That I attended deceased from 11/23/31 to 1/7/32 19

that I last saw h[illegible] alive on 1/7/32 19

and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:

Lupus Erupta

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Infirmities of age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. Tuttle M. D.

(Address) 724 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn DATE OF BURIAL Jan 10 1932

20 UNDERTAKER Wm. A. Elliott ADDRESS 210 E. Lanvale

JAN 8 1932

AaCo. 5-11 250P

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75858 + 97 E 75853

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Broen 22-72 of the St., (Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 8 mos. 9 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Martin Mosher.

(a) Residence: No. Baltimore Highland - N. of Lac. or Brian St

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bobbie Mosher

6. DATE OF BIRTH (month, day, year): May 7th 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Mosher

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Catherine Bachman

16. BIRTHPLACE (city or town) (State or country) Bavaria

17. INFORMANT Mrs Sophie E. Mosher

(Address) New York Ave Brian & Balt Highlands

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer. Date 1/20/ 1932

19. UNDERTAKER John J Edwards & Son

(Address) 901 Eastern Ave.

20. FILED 1932 H. H. [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16/ 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/12 1932 to 1/16 1932

I last saw him alive on 1/16 1932 death is said to have occurred on the date stated above, at 12:P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenoma Aorta	1931
(b) Contributory causes of importance: Pulm. Emphysema	2 mos

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) St Agnes Hosp

Spec.—2-29-28—L. F. S.—500 Blks.

E 75854

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75854

CERTIFICATE OF DEATH

REGISTERED NO. 107-08

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 448 N. Bridge St. WARD) 11-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna Chapman

(a) RESIDENCE NO. 448 N. Bridge St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col	Widowed

3a If married, ~~widowed~~, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Jos Chapman

6 DATE OF BIRTH (month, day, and year) May 6 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Jos. Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Emma Anthony

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Jos. Chapman

(Address) 448 Middle

15 Filed 1 10 1932 H. L. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 32

17 I HEREBY CERTIFY, That I attended deceased from January 12. 1932. to January 16. 1932

that I last saw h[illegible] alive on January 16. 1932

and that death occurred, on the date stated above, at 1.05 A. m.

The CAUSE OF DEATH* was as follows:

Uremia-Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Hugh E. Hudson M. D.

18 19 (Address) 70 Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	1 18 1932

20 UNDERTAKER Samuel Hemsley

ADDRESS 1[illegible] Bridge St

Spec.—8 24 14—M. & T.—2000 Blks.

E 75855

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75855

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2511 Maryland ave WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert E. Morse.

(Residence in Baltimore: No. 2511 Maryland Ave St.; Lifetime yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Dec 10, 1870 (Month) (Day) (Year)

7-AGE, 61 yrs. 1 mos. 7 ds. If LESS than 1 day, ...hrs. or.....mts.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Letter Carrier
(b) General nature of industry, business, or establishment in which employed (or employer) Balto Post Office

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Morse

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Ellen Mahoney

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Kate D. Morse

(Address) 2511 Maryland Ave

15- Filed JAN 18 1932, 191... C. HAMPSON JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 17th, 1932 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 1932 to Jan 17 1932 that I saw him alive on Jan 16th 1932 and that death occurred, on the date stated above, at 3 A M

The CAUSE OF DEATH* was as follows:

a Pulmonary Tuberculosis
Meningitis
Intermittent (Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Hypostatic Pneumonia
Septicemia (Duration) yrs. 3 mos. ds.
acute Suppurative
(Signed) Patient Died F.S. Hamilton M.D.
, 191... (Address) 2512 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery DATE OF BURIAL, Jan 19 1932

20-UNDERTAKER Chas. H. Grace & Son ADDRESS 1100 Mt Royal Ave

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75856

CERTIFICATE OF DEATH.

'91 - E 75856

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 903 Valley St. 10-14 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Eliza Matthews

(a) RESIDENCE NO. 903 Valley St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Matthews

6 DATE OF BIRTH (month, day, and year) 1837

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	95			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co. Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Bertha Watts

(Address) 903 Valley St.

15 Filed JAN 19 1932 H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan-15-1932

17

I HEREBY CERTIFY, That I attended deceased from 1-2, 1932 to 1-15, 1932

that I last saw her alive on 1-15, 1932

and that death occurred, on the date stated above, at 11:55 a.m.

The CAUSE OF DEATH* was as follows: Acute Hepatitis and Acute endocarditis

(duration) yrs. 1 mos. - ds.

CONTRIBUTORY (Secondary) senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Signs & Symptoms

(Signed) Jamed K. Holsker M.D.

1-17-1932 (Address) 724 Fraguth St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cemetery DATE OF BURIAL: Jan. 19 1932

UNDERTAKER: Chas. H. Johnson ADDRESS: 417 N. Caroline St.

AACo. 5-11 250R

E 75857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

E 75857

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hosp St. 19-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Gregory Walters

(a) Residence: No. 528 N Bethune St. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Walters

6. DATE OF BIRTH (month, day, year) Sept. 7, 1882

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	49	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Balto Town Distance

13. NAME [redacted]

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Martha E Hicks

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Cemetery Date Jan 20 1932

19. UNDERTAKER Chas. H. Johnson

(Address) 416 N. Carolina St.

20. FILED Jan 20 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/11, 1932 to 1/16, 1932

I last saw h[illegible] alive on 1/16/1932 death is said to have occurred on the date stated above, at 8 00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	1 Month

Other contributory causes of importance:

Anemia, Secondary	Unknown

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. E. Arnold M. D.

(Address)

Form.—3-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75858

CERTIFICATE OF DEATH

50 V

E 75858

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 Westgate Road ST. 28-11 WARD)

2—FULL NAME Emma B. Hoffenbach

(a) RESIDENCE NO. 508 Westgate Road ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if foreign birth? 44 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

(a) If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Wm. Hoffenbach

6 DATE OF BIRTH (month, day, and year) Feb. 14-1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home wife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER Edw. F. Weichert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Anna Schneidereite

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Anna H. Rogers

(Address) 524 Normandy Ave

15 Filed C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17-1932

17

I HEREBY CERTIFY, That I attended deceased from Dec. 24 . 1931 . to Jan. 17 . 1932

that I last saw h alive on Jan. 16 . 1932

and (that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast and Metastasis

(duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb 12. 1931

Was there an autopsy? No

What test confirmed diagnosis? Microscopic - X Ray. Findings

(Signed) Jane Brown, M. D.

1/17 . 1932 (Address) 1663 N. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Jan 20 1932
20 UNDERTAKER	ADDRESS
Jos Joerdens Son	2173 Pac

Spec.—9-30—A. & Co.—250 Blks.

E 75850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 V E 75859

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 614 S Kenwood ave S 3 WARD)

2 FULL NAME Elizabeth Tyrpak

(a) RESIDENCE NO. 614 S Kenwood ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5/6 yrs. mos. ds. How long in U. S., if of foreign birth? 5/6 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 10/1908

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	23	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Welfare

(b) General nature of industry, business, or establishment in which employed (or employer) 156

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Mahan Tyrpak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Anna Kaczmarcik

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Mrs Anna Tyrpak
(Address) 614 S Kenwood ave.

15 DATE RECEIVED 1-8-1932 By C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/17/32

17

I HEREBY CERTIFY, That I attended deceased from 1/14, 1932, to 1/17, 1932

that I last saw h[illegible] alive on 1/17, 1932

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Heart failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sign & symptom

(Signed) Jay P Downes M. D.

. 19 (Address) 1625 Bolton ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cemetery — DATE OF BURIAL Jan 20 1932

20 UNDERTAKER George A. Weber — ADDRESS 705 S Amity

Spec.—9-30—A. & Co.—250 Blks

75860 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75860

CERTIFICATE OF DEATH

11-008

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 302 W 31st St. ST.) 12-51 (WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael A. Marion.

(a) RESIDENCE NO. 302 W 31st St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Birdie M. Marion

6 DATE OF BIRTH (month, day, and year) Dec 10, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	1	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Motorman
(b) General nature of industry, business, or establishment in which employed (or employer) U.R.R. 078
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS
10 NAME OF FATHER Wm. A. Marion
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Birdie M. Father.
(Address) 302 W 31st St.

15 Filed JAN 18 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17, 1932

17
I HEREBY CERTIFY, That I attended deceased from Jan 12, 1932, to Jan 17, 1932
that I last saw h alive on Jan 16, 1932
and that death occurred, on the date stated above, at 8 A. M.
The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) Hubert Takenaga M. D.
1/18 1932 (Address) 1716 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Marie Hampden
UNDERTAKER Greenmount Cemetery
DATE OF BURIAL Jan 20 1932
ADDRESS 3100 Greenmount Ave

AaCo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75861

CERTIFICATE OF DEATH

E 75861

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ..... St. 10-44 Ward

CITY OF BALTIMORE: (No. ..... Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ~~JAN 16 1932~~ Bessie Meades

(a) Residence: No. 1214 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... 1 yr
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md —

FATHER
13. NAME Ralph Meades
14. BIRTHPLACE (city or town) (State or country) Va —

MOTHER
15. MAIDEN NAME Lizzie Polly
16. BIRTHPLACE (city or town) (State or country) Va —

17. INFORMANT Johns Hopkins Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 19

19. UNDERTAKER .....
(Address)

20. Filed ..... 19 .....
Registrar

JAN 16 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1932 to Jan 16, 1932
I last saw her alive on Jan 16, 1932 death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spinal meningitis (pneumococcus)	1-15

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John Washington M. D.
(Address) John Hopkins Hospital

JAN 16 1932
JOHNS HOPKINS HOSPITAL
Commissioner of Health

AaCo. 5-41 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75862

CERTIFICATE OF DEATH

34 E 75862

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 17-23 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Willie Pittman

(a) Residence: No. 707 Myrtle Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Separated

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1899

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
53	32	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Henry Pittman
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Pittman
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT [illegible]
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date JAN 11 1932 19...

19. UNDERTAKER ...
(Address) ...

FILED JAN 8 1932 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 1931 to Jan 11 1932

I last saw him alive on Jan 11 1932 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis	...
Syphilitic heart disease	last seen 1 year
Other miscellaneous	...

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? X-ray, Wassermann Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [signature] M. D.
(Address) Johns Hopkins Hospital

Cor.—10-10-29—A Co.—100 Blks.

E 75863

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75863

CERTIFICATE OF DEATH

REGISTERED NO. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 613 Pierce St. 17-26 (Ward)

2-FULL NAME Lillian Brown

(a) RESIDENCE NO. 613 Pierce St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	negro	Unknown

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	36			

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Unknown

(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant

(Address)

15 [illegible] 1932 19 [illegible] Registrar

JAN 18 1932

RWS

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest

(Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Zeller, M. D.

1/13. 1932 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL

H. HAMILTON JONES, M. D.

JAN 18 1932

THE MORGUE

Important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L.

E 75864

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75864

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 Mc Elderry ST. 5-8 WARD)

2-FULL NAME William Thompson

(a) RESIDENCE NO 1119 McElderry ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Thompson

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Hod Carrier
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Elkin, N.C.

PARENTS

10 NAME OF FATHER Ira Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Elkin, N.C.

12 MAIDEN NAME OF MOTHER Jane Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Laura Thompson (Address) 1214 McElderry St.

15 Filed JAN 6 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to hrs death on the day stated above.

The CAUSE OF DEATH* was as follows: Hemorrhage from mouth - Cause undetermined.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

Jan 12/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JAN 7 1932

JOHNS HOPKINS HOSPITAL

Deputy Coroner Health

FROM IS very important. See instructions on back of certificate.

AACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

75865

CERTIFICATE OF DEATH

E 75865

71-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Johanna Wechsler

(a) Residence: No. Pastor & Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Wechsler

6. DATE OF BIRTH (month, day, year) 1859

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Hoeglin

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Maria Ostmeier

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Little Sisters of the Poor
(Address) Pastor & Valley

18. BURIAL, CREMATION, OR REMOVAL.
Place Sacred Heart Date Jan 19 1932

19. UNDERTAKER Rita Redfield
(Address) 917 Fremont Ave

20. FILED 1/8 1932 C. ELKESON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1931, to Jan 17, 1932

I last saw h[illegible] alive on Jan 17, 1932 death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	?

Other contributory causes of importance:

Exhaustion

Name of operation Gastrostomy Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. E. McCarthur, M. D.

(Address) 1114 Eutaw Pl

AaCo. 5-31 2508

75866 HEALTH DEPARTMENT CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH

+ 19-0 E 75866

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 9-45 Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Hines

(a) Residence: No. 658 Franklin St. Havre de Grace, Md. Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 17, 1931

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	0	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Havre de Grace Md

MOTHER FATHER

13. NAME Clarence Hines

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Nellie Ryder

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Leigh Collins
(Address) Havre de Grace, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Angel Hill Date Jan. 19. 1932

19. UNDERTAKER [illegible]
(Address) [illegible]

1-8-1932 C. E. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1932, to Jan. 18, 1932
I last saw h[illegible] alive on Jan 18, 1932 death is said to have occurred on the date stated above, at 2 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis (Pneumococcus)	1/15/32

Other contributory causes of importance:

none

Name of operation ..... Date of .....
What test confirmed diagnosis? Lumbar Puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. E. Meranski M. D.
(Address) Sydenham Hospital

Spec. A-16-29—1. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75867

CERTIFICATE OF DEATH

97-001

E 75867

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1747 Light ST. 23-34 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E. Airey

(a) RESIDENCE NO. 1747 Light ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank C. Airey

6 DATE OF BIRTH (month, day, and year): Apr. 31-1862

7 AGE: Years 69 | Months 8 | Days 16 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Cambridge, Md.

PARENTS

10 NAME OF FATHER: Oscar Kimmey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Cambridge Md.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs Samuel Beer

(Address): 106 S. Wolfe St.

15 Date received: JAN 18 1932 Registrar: C. H. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 16/32

17 I HEREBY CERTIFY, That I attended deceased from Jan 16 1932 to Jan 16 1932; that I last saw her alive on Jan 16 1932 and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease -

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1/18 1932 (Address) 319 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill

DATE OF BURIAL: Jan. 20 1932

20 UNDERTAKER: Maggard & Hymm

ADDRESS: 1407 Light St

M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1742 Light St. ST., WARD)

2-FULL NAME Mary Sophia Airey.

(a) RESIDENCE NO 1742 Light St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a If married, widowed, or divorced (or) Wife of Frank Airey.

6 DATE OF BIRTH (month, day, and year) April 30, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	73	8	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cambridge, Md.

PARENTS

10 NAME OF FATHER Oscar Kimmey.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Carrie.-------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Carrie E. Baer. (daughter)
(Address) 106 S. Wolfe St.

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 16, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible], M. D. Coroner

1/18/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

TION is very important See instructions on back of certificate.

AdCo. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

75868 75868

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 Hanover St. 22-30 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis M. McAleavey

(a) Residence: No. 613 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 9 1888

7. AGE: Years 43 | Months 6 | Days 7 | If LESS than 1 day hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roofer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER
13. NAME Peter McAleavey
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Catherine Watkins
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Catherine McAleavey
(Address) 443 E. Fitting St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Cathedral Date Jan 19 1932

19. UNDERTAKER Maggart & Byrnes
(Address) 1422 Eutaw St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16. 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 15. 1931 to January 16. 1932
I last saw h alive on January 16. 1932 death is said to have occurred on the date stated above, at 12.30 Am

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocardial Insufficiency.

Other contributory causes of importance:

Chronic Pulmonary Tuberculosis.

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John A. Schenuch M. D.

(Address) 1337 S. Charles St.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

75868

CERTIFICATE OF DEATH

E 75869

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hosp 27-56 St. Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Stallings

(a) Residence: No. 3506 Woodland Ave Balto Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Dawes Stallings

6. DATE OF BIRTH (month, day, year) Jan. 27. 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Stallings

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Seymour

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Fannie Stallings
(Address) 3506 Woodland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Jan. 19 1932

19. UNDERTAKER Marshall J. Flynn
(Address) 4[illegible] Wright St.

20. FILED JAN 19 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1932 to Jan 17, 1932

I last saw h[illegible] alive on Jan 17, 1932 death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Hypertensive Cardio-vascular Disease	1 yr.
Other contributory causes of importance:	
Coronary Thrombosis	Immediate
Myocardial Failure	1 mos.

Name of operation ✓ Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (Yes or No) specify.

(Signed) H. Baumgardner M.D.
(Address) St Joseph Hospital

AaCo. 5-11 2408

HEALTH DEPARTMENT—CITY OF BALTIMORE

75870

E 75870

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 Mosher St., 14-20 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alverta Milburn

(a) Residence: No. 423 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced (or) WIFE of Howard Milburn

6. DATE OF BIRTH (month, day, year) Approx 1883

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Wm Johnson

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Elizabeth Montgomery

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Naomi Lindsay Houghton

(Address) 423 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Jan 19 1932

19. UNDERTAKER Mrs R. A. Elliott

(Address) 1725 Ashland Ave.

JAN 19 1932 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1931, to Jan 13, 1932

I last saw h[illegible] alive on Jan 11 1932 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast	8 mo
Generalized Carcinoma	

(Other contributory causes of importance)

Name of operation no Date of

What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) 142 E Monument St

AaCo. 5-31 250B

75871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 75871

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3725 Elm Ave St. 13-50 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Catherine Wilson

(a) Residence: No. 3725 Elm Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Jan 15, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Md

FATHER

13. NAME William H. Wilson
14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Margaret Hartley
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Adelaide Wilson
(Address) 3725 Elm ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan 20 1932

19. UNDERTAKER Frank V. Lipsitone
(Address) 2818 E. Baltimore St

20. FILED 1 61932 C. HUNTER JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1932, to Jan 17, 1932
I last saw h[illegible] alive on Jan 17 1932 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	2 Days

Other contributory causes of importance:

Chr. Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. W. Hartley M.D.
(Address) 2020 N. Charles St.

AaCo. 5-31 250B

E 75872 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 E 75872

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2619 Wilkens Ave) St. [illegible] Ward 20-72

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs 10 mos 12 ds How long in U.S. if of foreign birth? ... yrs ... mos ... ds

2. FULL NAME Margaret E. Fields

(a) Residence: No. 2619 Wilkens Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bernard Fields

6. DATE OF BIRTH (month, day, year) April 7, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	67	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Moses Reese

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Winifred Evans

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Jane Reese
(Address) 2619 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 1/19, 1932

19. UNDERTAKER J. S. Pickett
(Address) 1132 E. Baltimore St.

1 ST 932 — 19 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932 to Jan 16, 1932

I last saw h[illegible] alive on Jan 16, 1932 death is said to have occurred on the date stated above, at 1 0 .m.

The principal cause of death and related causes of importance were as follows:

Cardiac Collapse — Date of onset
Chronic nephritis
Arterio sclerosis
Senility

Other contributory causes of importance: Pulmonary Edema

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Norbert C. Kehoe, M. D.

(Address) 3157 Wilkens Ave

A4Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75873

CERTIFICATE OF DEATH

107 E 75873

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1803 W. Franklin St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME David E. Bell

(a) Residence: No. 1803 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lydia E. Bell.

6. DATE OF BIRTH (month, day, year) June 5, 1853

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	78	7	13.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bartlett & Hayward
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Perry L. Bell.
14. BIRTHPLACE (city or town) (State or country) Elliott City Md.

MOTHER

15. MAIDEN NAME Suzanne Seymour
16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT (Address) Grace N. Bell 1803 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Date Jan 20 1932

19. UNDERTAKER (Address) Mr. & Mrs. John B. Gruel & Son 501 W. Fayette St.

20. FILED JAN 20 1932, 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18. 1932

22. I HEREBY CERTIFY, That I attended, deceased from Dec. 28. 1931 to Jan. 17. 1932

I last saw h in alive on Jan. 17 1932 death is said to have occurred on the date stated above, at 1.05 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis with Bronchial Pneumonia	

Other contributory causes of importance: Cardiac Decompensation

Name of operation None Date of .....

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Natnre of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. K. Hammond, M. D.

(Address) 1803 W. Franklin St.

B 1932

1-30—M & T—100 B—501.

E 75874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75874

REGISTERED NO. 82-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital. ST., 25-72 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A. Beyerlein.

(a) RESIDENCE NO 1626 Sexton St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 4 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a If married, widowed, ~~divorced~~ HUSBAND of ~~WIFE of~~ Margaret Beyerlein.

6 DATE OF BIRTH (month, day, and year) August 29, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Mill Worker,
(b) General nature of industry, business, or establishment in which employed (or employer): American Piston Ring Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Charles J. Beyerlein. (son)

(Address) 1626 Sexton St.

15 Filed JAN 18 1932 C. HARRISON JONES, M.D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 16, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) Hamburg & Eush Sts yrs. mos. ds.

18 Where was disease contracted if not at place of death? Jany. 16, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) C. M. Reinhardt Coroner, M. D.

1/18/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Louis Cemetery	Jan 19 1932
20 UNDERTAKER Jno. Mrs. John H. Tenfelt & Son	ADDRESS 801 W. Fayette

TION is very important See instructions on back of certificates.

1-30—M. H. T.—100 B—681.

E 75875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

E 75875

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST., 12-50 WARD.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret H.Smith.

(a) RESIDENCE NO 409 E.22nd.St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 11 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a If ~~single, widowed, or divorced~~ (or) WIFE of Godfrey Smith.

6 DATE OF BIRTH (month, day, and year) January 22,1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore,Md.

PARENTS

10 NAME OF FATHER John Hammond.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore,Md.

12 MAIDEN NAME OF MOTHER Margaret Orstendorf.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore,Md.

14 Informant Hilda De.Lauder.(daughter)

(Address) 2111 N.Calvert St.

Filed JAN 18 1932, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 16,1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Hemiplegia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos.

18 Where was disease contracted if not at place of death? Street car Guilford Ave & Lexington January 16, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

1/18/32 Address 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem.	1/19 19.32

20 UNDERTAKER Mary M. Liddick ADDRESS 3501 E 33rd

TION is very important. See instructions on back of certificates.

AACo. 5-31 2MP

George Campbell

75876 HEALTH DEPARTMENT—CITY OF BALTIMORE

93 E 75876

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2525 E. Baltimore St. 36 Ward) 34

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Campbell

(a) Residence: No. 2525 E. Baltimore St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 5, 1842

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	90	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Physician 054

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME James Campbell

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Mrs. Ida T. Adler
(Address) 2525 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Date 1/19/32

19. UNDERTAKER Frank D. Coe
(Address) 1101 E. Fayette St.

20. FILED 1-20-1932, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16 1932

22. I HEREBY CERTIFY, That I attended deceased from January, 1927 to January 15, 1932

I last saw h alive on January 15 1932 death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	over 10 years ago
(Other contributory causes of importance:) General Arteriosclerosis	unknown

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank D. Coe M. D.

(Address) 2005 E. Monument St.

AACo. 5-H 2508

E 75877 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 75877

CERTIFICATE OF DEATH

82-802

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 42-54 St. ..... Ward) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S. If of foreign birth? 12 yrs. mos. ds.

2. FULL NAME Pipe Alexanian

(a) Residence: No. 2110 Oak Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Female~~	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1858 ?

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
74 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Armenia

MOTHER FATHER

13. NAME Garabed Thomain

14. BIRTHPLACE (city or town) (State or country) ? Armenia

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) ? Armenia

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Auburn Date Jan. 19 32

19. UNDERTAKER John C. Miller
(Address) 2445 E. Eager St.

20. FILED ..... 19 ..... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1928 to Jan. 15, 1932
I last saw her alive on Jan. 15, 1932 death is said to have occurred on the date stated above, at 7:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Cystencolitis~~ Thrombosis, cerebral	1-15-32

Other contributory causes of importance: Arteriosclerosis, Renal more than 2 yrs
Arteriosclerosis, Cerebral

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. E. Emerson M. D.

(Address) Balto. City Hosp.

18 1932

Cor.—12-9-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

163

E 75878 REGISTERED NUMBER E 75878

1 PLACE OF DEATH

City of BALTIMORE: (No. 3003 N. Calvert St. 17-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John Royale Wright

(a) RESIDENCE NO. 3003 N. Calvert St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of or WIFE of Dorothy A. Wright

6 DATE OF BIRTH (month, day, and year) November 3, 1901

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	30	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER John A. Wright

11 BIRTHPLACE OF FATHER (city or town) Baltimore County

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Edith A. Pfleuger

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.

(State or country)

14 Informant (Address) Mrs. John A. Wright 3003 N. Calvert St.

15 Filed 1/18, 1932 C. HUDSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/17/ 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows: Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Fort Norman M. D.

(Coroner)

1/18. 1932 Address 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Ridge Cemetery Date of Burial 1/19/ 1932

20 UNDERTAKER Walter S. Ponton ADDRESS 2238 W. North Ave.

Very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—200 Blks.

75879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75879

REGISTERED NO. 107

1 PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 3811 Barrington Road St. 15-63 Ward 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Josephine E. Luck

(a) RESIDENCE NO. 3811 Barrington Road St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) ---------

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	74	---	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Henry J. Luck

11 BIRTHPLACE OF FATHER (city or town) (State or country): ---- England

12 MAIDEN NAME OF MOTHER: Elvester C. Belkin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ----- England

14 Informant (Address): Miss Elvester Gerhardt 3811 Barrington Road

15 Filed 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan' 17-32

17

I HEREBY CERTIFY, That I attended deceased from Jan' 11, 1932, to Jan' 17, 1932

that I last saw h-r alive on Jan' 17, 1932

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

1 Bronchial Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): Myocardial Suffering

(duration) yrs. mos. Guided ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M Bernard Hood M. D.

1/18 1932 (Address) 2216 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: 1/19 1932

20 UNDERTAKER: Henry U. Myers & Son — ADDRESS: 805 W. Calvert

AaCo. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75880

CERTIFICATE OF DEATH

75880

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-30 Ward)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Pinkney H. ~~Name~~ Dietz

(a) Residence: No. Randallstown, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theodora W. Cost Dietz.

6. DATE OF BIRTH (month, day, year) Feb-5-1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) January 1930
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

FATHER

13. NAME Philip Dietz
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eleanor J. Herring
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. George Dietz (Brother)
(Address) Woodlawn, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Randallstown Jan. 20 1932

19. UNDERTAKER Edward J. Brown Company
(Address) 108 N. North Avenue

20. FILED 1932 C. HARRISON JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-5-32, 19, to 1-17-32, 19

I last saw h[illegible] alive on 1-17-32, 19 death is said to have occurred on the date stated above, at 3[illegible] P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis (Lt. foot)	12-15-31
Diabetes Mellitus	11-3-31 ?
Septicemia	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Horabeker, M. D.

(Address) Univ. Hosp.

AdCo. 5-31 2500

Dr Mellet 2220 Garrison Ave Liberty 4450

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75881

CERTIFICATE OF DEATH

82-E 75881

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3133 Baker St. 16-67 Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa Devilbiss

(a) Residence: No. 3133 Baker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If ~~married, widowed, or divorced~~ (or) WIFE of Wm Chas. Devilbiss

6. DATE OF BIRTH (month, day, year) Dec 26th 1870

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
61	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Frank Omdorff
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Elizabeth Zimmerman
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm O. Devilbiss
(Address) 3133 Baker St

18. BURIAL, CREMATION, OR REMOVAL. Westminster Cemetery Date Jan 19th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JAN 18 1932 C. ATKINSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1932 to Feb 16 1932

I last saw h~~er~~ alive on Feb 16 1932 death is said to have occurred on the date stated above, at 10 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 13
Other contributory causes of importance:	
Arterio Sclerosis	1928

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19 .
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter S. Mellet M. D.
(Address) 2220 Garrison Ave

1-30—M. & T.—100 B—50L

E 75882

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75882

CERTIFICATE OF DEATH

REGISTERED NO. 211

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital. ST., 4-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna M.E.Bandel.

(a) RESIDENCE NO 707 Dunkirk Rd. ST., ... WARD Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a If married, widowed, or divorced (or) WIFE of Andrew J.Bandel.

6 DATE OF BIRTH (month, day, and year) October 11, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	69	3	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Elizabeth Seifel.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Frank C.Bandel.(son)

(Address) 707 Dunkirk Rd.

15 Filed JAN 18 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 16, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull, fracture of right leg and right clavicle, Struck & knocked down by a motor cycle while crossing the street

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental Death (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Green st nr. Redwood.

Did an operation precede death? No. Date of January 15, 1932

Was there an autopsy? No.

What test confirmed diagnosis? Inquest

(Signed) Otto M. Reinhardt, M. D. Coroner

1/18/32 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 1/19/1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 E Fayette St

TION is very important See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75883

CERTIFICATE OF DEATH

48 E 75883

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. 4940 Eastern Ave St. 12-50 Ward)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Hook

(a) Residence: No. 443 E. 25th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank R. HOOK

6. DATE OF BIRTH (month, day, year) 5-29-1886

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	45	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Huntington W. Va.

FATHER

13. NAME Jas. Flynn.
14. BIRTHPLACE (city or town) (State or country) (?) Penn.

MOTHER

15. MAIDEN NAME Ella Murphy
16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemetery Date 1/20 1932

19. UNDERTAKER Wm. H. Cooke
(Address) 1201 Fort Ave.

20. FILED JAN 20 1932 C. CARLYON DAVIS, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-8-, 1931, to 1-18, 1932

I last saw her alive on 1-18 1932 Death is said to have occurred on the date stated above, at 10½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma uterus and regional Metastasis	Sept 31 (?)

Other contributory causes of importance:

Bronchopneumonia	1-10-32

Name of operation Colostomy & Biopsy Date of ?

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lindsay E. Lucas, M.D.
(Address) Balto City Hospitals

AdCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75884 ✓ E 75884

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: No. 11 Jewish St. Sinai St., Ward 23

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Thomas

(a) Residence: No. 2935 E Baltimore St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or) WIFE of~~ Emma Thomas

6. DATE OF BIRTH (month, day, year) Dec 16th 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sheet Metal Worker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Conrad Thomas

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Zink

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Frederick Thomas

(Address) 1126 E. 36th St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cemetery Date 1/20/ 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1/21/1932 C. HARRISON JONES, M. D. Registrar. By [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17-32

22. I HEREBY CERTIFY, That I attended deceased from 1-11-32, 19__, to 1-17, 1932

I last saw h[illegible] alive on 1-17-1932 death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophied Prostatitis	

Other contributory causes of importance:

Uremia - Toxemia

Name of operation None Date of No

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Wm Hendrix M. D.

(Address) St Joseph Hospital

AaCo. 5-31 2508

75885 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH

+140 E 75885

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Length of residence in city or town where death occurred yrs mos 6 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Mildred Disharoon

(a) Residence: No. Randallstown, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Pettigrew Disharoon

6. DATE OF BIRTH (month, day, year) May 11, 1905

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	26	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles T Garrison

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Emma C Bankard

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

17. INFORMANT Pettigrew Disharoon

(Address) Randallstown Md

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 1/21 1932

19. UNDERTAKER Wm Kirk & Sons

(Address) 1212 Lexington St

20. FILED ..... C. HAMPSON JONES, M. D.

By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1932 to Jan. 18, 1932

I last saw her alive on Jan. 12, 1932 death is said to have occurred on the date stated above, at 4:40 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Septicaemia (Type III)	1/9/32
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) [illegible] M. D.

(Address) Univ Hosp

Spec.—9-30—A. & Co.—250 Blks.

E 75886

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75886

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 4210 Clarkdale + Derby Road ST. ward 31)

REGISTERED NO. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Francis J. McDorman

(a) RESIDENCE NO. 4210 Clarkdale + Derby Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida McDorman

6 DATE OF BIRTH (month, day, and year) March 3, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Francis J McDorman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Martha A White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant E. R. McDorman (Address) 210 N. Calvert St.

15 Date received 1-19-1932 G. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/18/32

17

I HEREBY CERTIFY, That I attended deceased from Jan 13 1932 to Jan 18 1932

that I last saw him alive on Jan 17 1932

and that death occurred, on the date stated above, at 8:40 A.m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia — 2 days —

cardio-vascular-Renal (duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia — Jan 13-1932 (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Usual phy. Exam.

(Signed) Louis N. Krumrein M. D.

1/18/1932 (Address) 722 N Kenwood ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fortune — DATE OF BURIAL 1/19 1932

20 UNDERTAKER J. W. Cook — ADDRESS 1217 E Fayette St

FROM BACK OF CERTIFICATE. ... very important. See instructions on back.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75887

CERTIFICATE OF DEATH

108

E 75887

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1231 S. Decker Ave. ST. 1st WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dolores Holewinska

(a) RESIDENCE NO. 1231 S. Decker Ave. ST. 1st WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 8, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	3	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Valentine Holewinski

11 BIRTHPLACE OF FATHER (city or town) Kidrowa,
(State or country) Poland

12 MAIDEN NAME OF MOTHER Helen Dombrowska

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant Mr. V. Holewinski,
(Address) 1231 S. Decker Ave.

15 1-19-1932 C. Hawkesworth Jones M.D.
(Filed) (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17, 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1932, to Jan. 17, 1932, that I last saw h er alive on Jan. 16, 1932 and that death occurred, on the date stated above, at 3:25 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. ½ hour ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs of death

(Signed) I. B. Kronishas, M. D.

1-18-32 (Address) 3037 O'Donnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	Jan 19 1932
20 UNDERTAKER	ADDRESS
Stephen J. Fralkowski	1000 S. Kenwood Ave

AACo. 5-H 2500

75888

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 75888

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals) (Ward) 16-1

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME (Jan) John Lutkowski

(a) Residence: No. 1223 E. Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marianna Rutkowski

6. DATE OF BIRTH (month, day, year) July 12 1895

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
38	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Copper Works
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Marianna Rutkowski
(Address) 1223 E. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL.
Place St. Stanislaus Cem. Date Jan 19 1932

19. UNDERTAKER Theo. A. Fankenstein INC
(Address) 1000 N. Kenwood Ave

19 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17-, 19 32

22. I HEREBY CERTIFY, That I attended deceased from 3-24-28, 19..., to 1-17-, 19 32

I last saw him alive on 1-17-32 19... death is said to have occurred on the date stated above, at 3:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Unknown

(Other contributory causes of importance:)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Lawrence M. Sam M.D.
(Address) Balto. City Hospitals

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75889

CERTIFICATE OF DEATH

E 75889

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2 Heidan Mill Rd Chelsea Tinsley St. 11-6-8 Ward)

2-FULL NAME Vernon E. Stevenson

(a) RESIDENCE NO. 2840 Laurens St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret L Stevenson

6 DATE OF BIRTH (month, day, and year) Feby 10 1884

7 AGE	Years	Months	Days	IF LESS than 1 day hrs or min.
	47	11	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Druggist
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Emory M Stevenson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Penna.

12 MAIDEN NAME OF MOTHER Elizabeth Fry

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Penna

14 Informant (Address) John F Stevenson 2840 Lauriston St

15 Filed June 12 1933 Registrar R. of H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular Postmortem

(Signed) [illegible] M. D.

June 19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	June 9 1933
20 UNDERTAKER	ADDRESS
John O Pritchett & Son	1900 Eutaw Pl

Be sure that the cause of death is stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

AaCo. 5-11-2MB

E 75890

HEALTH DEPARTMENT CITY OF BALTIMORE

46

E 75890

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 5-6-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Clara B. Reeder

(a) Residence: No. 3802 Chatham Rd — Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Maurice L. Reeder

6. DATE OF BIRTH (month, day, year) Mch. 21-1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm. Burke

14. BIRTHPLACE (city or town) (State or country) Phila Pa.

MOTHER

15. MAIDEN NAME Clara Roberts

16. BIRTHPLACE (city or town) (State or country) Phila Pa.

17. INFORMANT Maurice L. Reeder
(Address) 3802 Chatham Road

18. BURIAL, CREMATION, OR REMOVAL. Place Druid Ridge Date Jan 19 1932

19. UNDERTAKER John C. Mitchell Sons
(Address) 1209 Eutaw Place

Jan 19 1932 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1932 to Jan 17, 1932

that I last saw her alive on Jan 15, 1932 death is said to have occurred on the date stated above, at 12 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	12/21/31
Secondary Carcinoma	

Other contributory causes of importance:

Name of operation Colostomy Date of 1/14/32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) George H. Yeager M. D.

1/19/32 (Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75891

E 75891

CERTIFICATE OF DEATH

REGISTERED NO. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 Hanover ST. 10-14 WARD)

2-FULL NAME Tomas Jenkins

(a) RESIDENCE NO. 1103 Hanover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 7 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		6	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thos L Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Emma Emmell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Anne L Jenkins

(Address) 1103 Hanover St

15 Filed 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry, thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Tuberculosis

(duration) yrs. 1 mos 10 ds

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Jones, M. D.
Coroner

1932, (Address) 501 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Holy Cross Cemetery Rd.	Jan 19 1932
20 UNDERTAKER Edward N. Erikson	ADDRESS 934 E Baltimore St.

IONS is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75892

CERTIFICATE OF DEATH.

108 E 75892

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 408 Venable Ave., St., 9-5D Ward)

2-FULL NAME Catherine M. Rehm

(b) RESIDENCE No. 408 Venable Ave. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 11 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced ~~HUSBAND OF~~ WIFE of George Rehm

6 DATE OF BIRTH (month, day, and year) Feby. 16-1856

7 AGE: Years 75; Months 11; Days 1; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of Industry, business, or establishment in which employed (or employer): House-wife

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Frank Bauer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Cath. Shreiber

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs. Carroll Bauer 408 Venable Ave

15 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/17 1932

17

I HEREBY CERTIFY, That I attended deceased from Jan 7 .1932. to Jan 17 .1932

that I last saw her alive on Jan 17 .1932.

and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter S. Dubbs, M. D.

Jan 17 1932 (Address) 2220 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: Jan. 20, 1932.

20 UNDERTAKER: Elmer V. Conklin

ADDRESS

JAN 19 1932

THON is very important See instructions on back of certificates.

AaCo. 5-31-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75893

CERTIFICATE OF DEATH

1602002

E 75893

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Love

(a) Residence: No. 716 Granby St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 4 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME John R Love

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME Theresa Matilloh

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John R Love
(Address) 716 Granby St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jun 14 1932

19. UNDERTAKER Geo M Settler
(Address) 2709 Edmondson Ave

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/17 1932 to 1/18 1932

I last saw him alive on 1/18 1932 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Intracranial Hemorrhage	1/17/32

Other contributory causes of importance:

Name of operation none planned Date of .....

What test confirmed diagnosis ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) H H Hoven Baker M. D.

(Address) University Hosp

OCCUPATION is very important. See instructions on back of certificate.

AdCo 4-11 2-08

E 75894 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 75894

93-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Thornbury Rd St., Mt Washington

Length of residence in city or town where death occurred ~~[illegible]~~ yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Wm R. Guth

(a) Residence: No. Thornbury Rd St., Ward. Mt Washington
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~or WIFE of~~ Amelia Guth

6. DATE OF BIRTH (month, day, year) Sept 5th 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
67	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Baker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila Pa

MOTHER FATHER

13. NAME Emil Guth
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Emma Schaar
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Arthur G. Broll
(Address) Thornbury Rd

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Cemetery Date 1/20/1932

19. UNDERTAKER Wm Cook
(Address) 217 E Paul St

20. FILED Jan 19 1932, 19... [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18th 1932

22. I HEREBY CERTIFY, That I attended deceased from January 2nd 1932 to January 18th 1932
I last saw him alive on Jan 18th 1932 death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Acute Dilatation	Jan 3 32

Other contributory causes of importance:

Asthma	Several Years

Name of operation ..... Date of .....
What test confirmed diagnosis? Personal observation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm Conrad Bode M. D.
(Address) 1900 Maryland Ave

1-30—M. & T.—100 B—501.

E 75895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133 E 75895

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 27-30 WARD)

2-FULL NAME Allen Anderson

(a) RESIDENCE NO 111 N Barre ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Anderson

6 DATE OF BIRTH (month, day, and year) Aug 26th 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
56	55	4	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Dairy Man
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Allen Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Thomas Anderson Son
(Address) 111 N. Barre St.

15 Filed ..... 193 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cellulitis R Leg
General Septicaemia
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Syphilis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 111 N Barre St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H C Herzog M.D., M. D.
Coroner

1/28, 1932 (Address) 205 N Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cemetery — DATE OF BURIAL: Jan 28 1932

20 UNDERTAKER: Lilly & Zuber Inc. — ADDRESS: 1001 N Wolfe St

TION is very important. See instructions on back of certificates.

Spmc.—6-9-19—H. P. Co.—1000 Blks.

E 75896

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-75896

131 E 75896

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 426 Mosher St. 14th (Ward)

2-FULL NAME Aaron M. Cummings

(a) RESIDENCE. No. 426 Mosher St. 14 WARD.
(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	colored	Married

3a If married, widowed, or divorced: HUSBAND of (or) WIFE of Lula M. Cummings

6 DATE OF BIRTH (month, day, and year) Oct 15, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	65	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): U. S. P. O.

(c) Name of employer: Md.

9 BIRTHPLACE (city or town) (State or country): Henry Cummings

PARENTS

10 NAME OF FATHER: Md

11 BIRTHPLACE OF FATHER (city or town) (State or country): Eliza J. Cummings

12 MAIDEN NAME OF MOTHER: Md.

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): Lula M. Cummings (wife) 426 Mosher St

15 Filed ___, 19___. ___ Registrar

N 1 9 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 16 1932

17

I HEREBY CERTIFY, That I attended deceased from March 20- 1930 to Jan. 16- 1932

that I last saw him alive on Jan. 16- 1932

and that death occurred, on the date stated above, at 7.00 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris, arterio-Sclerosis chronic Interstitial Nephritis.

My knowledge (duration) yrs. 10 mos. ___ ds.

(CONTRIBUTORY (Secondary)) (duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? ___

Did an operation precede death? No Date of ___

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Exam.

(Signed) H. Bond Thomas, M. D.

1932 (Address) 2125 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: Jan. 17 1932

20 UNDERTAKER: J. Lawrence Johnson — ADDRESS: 2338 Madison Ave.

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75897

CERTIFICATE OF DEATH

46 E 75897

1 PLACE OF DEATH

CITY OF BALTIMORE (No Sinai Hospital ST 1-5-63 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Michael Schwartz

(a) RESIDENCE NO 2602 W. Garrison Ave ST. WARD
(If usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rebecca

6 DATE OF BIRTH (month, day, and year) Nov. 20 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailoring

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Palestine

PARENTS

10 NAME OF FATHER Samuel Schwartz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austrian

12 MAIDEN NAME OF MOTHER Lovich

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austrian

14 Interment (Address) Rebecca Schwartz 2602 W. Garrison ave

15 Filed JAN 19 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/15/32

17

I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1932, to Jan 15, 1932

That I last saw h alive on Jan. 15, 1932

and that death occurred, on the date stated above, at 6:40 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia
Gastric Hemorrhage
Alcoholism (?)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
Rosacea Nose (duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of Jan 17, 32.

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. Boardman M. D.

1/15 1932 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cemet

DATE OF BURIAL 1/19 1932

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Baltimore St

Form 8 is very important. See instructions on back of certificate.

1-20—M & T—100 B—50L

E 75898

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75898

CERTIFICATE OF DEATH

24-33 82-81

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced dead at the South Baltimore General Hospital. WARD)

2-FULL NAME Clinton W. Ballman.

(a) RESIDENCE NO Cedar Hill Rd. A.A.Co. Md. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (WIFE of) Do not know .

6 DATE OF BIRTH (month, day, and year) July 2, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	69	6	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Ballman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Annie C. Schultz.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Agnes I. Ballman. (daughter)

(Address) Cedar Hill Rd. A.A.Co. Md.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 16, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hanover & Pontiac Sts.

Did an operation precede death? January 16, 1932

Date of

Was there an autopsy? No.

What test confirmed diagnosis? No.

Inquiry

(Signed) Otto Leonhardt Coroner, M. D.

1/18/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

DATE OF BURIAL Jan 9 1932

20 UNDERTAKER John F. Denny

ADDRESS 715 Lights

JAN 19 1932 C. HAROLD JONES, M.D.

TION is very important See instructions on back of certificates.

AaCo. 5-31 250B

75899 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 75899

CERTIFICATE OF DEATH

111-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 Blythewood Road St., 27-53 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Eliza Weyl GILMAN

(a) Residence: No. 16 Blythewood Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Stratton Gilman

6. DATE OF BIRTH (month, day, year) Oct. 27, 1833

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
98	2	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewistown, Pa.

FATHER

13. NAME George Edward Weyl

14. BIRTHPLACE (city or town) (State or country) Stahlenberg Germany

MOTHER

15. MAIDEN NAME Eleanora S. Weyl

16. BIRTHPLACE (city or town) (State or country) Hagerstown Maryland

17. INFORMANT T. D. Paul
(Address) Blythewood Road

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Jan 20 1932

19. UNDERTAKER H. M. Fenkering & Co.
(Address) Eutaw & Lanvale Sts.

20. FILED ... 19... ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 16th, 1932, to Jan 17th, 1932

I last saw h[illegible] alive on Jan 17th 1932 death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism Pulmonary	
Other contributory causes of importance:	
Cardiac Sclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. ...

(Signed) H. B. Gandy M. D.

(Address) 1111 Mercantile Trust Bldg.

AACo. 5-31 250B

E 75900 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 125 E 75900

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2735 Oak St. 12-51 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 7 mos. 3 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Genevieve Henderson

(a) Residence: No. 2735 Oak St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: widow of Alexander B. Henderson

6. DATE OF BIRTH (month, day, year): February 6-1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	11	10 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER FATHER

13. NAME: Charles Easter

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

15. MAIDEN NAME: Anderson

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: A. E. Counts
(Address) 2735 Oak St. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL: Burial
Place Greenmount Cem. Date Jan 9, 1932

19. UNDERTAKER: H. A. Jenkins & Sons Co.
(Address) Mc Culloh & Richard Sts.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 31, to Jan 17, 1932
I last saw her alive on Jan 17 1932 death is said to have occurred on the date stated above, at 5:55 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of Heart & Enlarged Liver	Dec 15-31

Other contributory causes of importance:

Uremic Poisoning

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Marion Lee Sloan M. D.
(Address) 806 N Fulton Ave.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

75901

CERTIFICATE OF DEATH

Hospital Rd

13 V

REGISTERED NO. E 75901

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 3101 Mary Avenue ST. 27-43 WARD.

2 FULL NAME Henrietta R. Fenner

(a) RESIDENCE NO. 3101 Mary Avenue ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles P. Fenner

6 DATE OF BIRTH (month, day, and year) Apr. 11, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Henry Grueninger

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER H. Hilseman

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mr. Fenner
(Address) 3101 Mary Ave.

15 Filed JAN 19 1932 C. HAMPTON HOUK, Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18, 1932

17

I HEREBY CERTIFY, That I attended deceased from June 10 1931 to Jan 18th 1932 that I last saw h alive on Jan 17th 1932 and that death occurred, on the date stated above, at 1:50A. m.

The CAUSE OF DEATH* was as follows:

Hortus Brightii
Cannot say definitely

(duration) yrs. mos. ds.

CONTRIBUTORY Coma
(Secondary)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Fenner M. D.

Jan 19 1932 (Address) 4902 Belair Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Jan. 20 1932
20 UNDERTAKER Frederick Lauchheimer	ADDRESS 7401 Belair Rd.

TION IS very important. See instructions on back of certificate.

AACo. 5-11 2508

E 75902 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 75902

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital 90-69 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 6 mos. 7 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Darella Keefer

(a) Residence: No. 2731 W. Fairmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Keefer.

6. DATE OF BIRTH (month, day, year) May-10-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME David Fitler.

14. BIRTHPLACE (city or town) (State or country) New Jersey.

15. MAIDEN NAME Sue A. Ross.

16. BIRTHPLACE (city or town) (State or country) New Jersey.

17. INFORMANT William Keefer.
(Address) 2731 W. Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL.
Place Cedar Hill Cemetery. Date Jan. 20- 1932.

19. UNDERTAKER Charles J. Schwab.
(Address) 505 N. Monroe St.

20. FILED [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan-17, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-30-31, to 1-17, 1932

I last saw her alive on 1-17, 1932 death is said to have occurred on the date stated above, at 9:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach.	?
Secondary Anemia	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andres E. Calas, M. D.

(Address) Bon Secours Hospital

Spec.—9 20—A. & Co.—250 Blks.

E 75903

E 75903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1 PLACE OF DEATH — REGISTERED NO 16-64

CITY OF BALTIMORE: (No. 2868 W Lanvale St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary W. Bacharias

(a) RESIDENCE NO. 2868 W Lanvale St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. | 4 COLOR OR RACE W. | 5 If married, widowed, or divorced, (write the word) Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 30-1857

7 AGE — Years 74 | Months 2 | Days 17 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pittsylvania Co. Va

PARENTS

10 NAME OF FATHER Isaac C. Motley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lucy W Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs Wm A Bowers

(Address) 2868 W Lanvale St.

15 JAN 19 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17th 1932

17

I HEREBY CERTIFY, That I attended deceased from Jan 7 1932 to Jan 17 1932

that I last saw her alive on Jan 16 1932

and that death occurred, on the date stated above, at 12 10 A M

The CAUSE OF DEATH* was as follows:

Carcinoma Liver.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) George E. Shannon M. D.

1/17 1932 (Address) 700 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park. DATE OF BURIAL: Jan 19th 32

UNDERTAKER: Bottom & Gore ADDRESS: 2224 N Charles St.

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 75904 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 75904

CERTIFICATE OF DEATH.

117-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital (St.) 27-41 (Ward)

2 FULL NAME Mrs. Edna Seidner.

(a) RESIDENCE NO. 4900 Belair Road (St.) (Ward)

(Usual place of abode)

(If non-resident give town and State)

Length of residence in city or town where death occurred 41 yrs. 8 mos. 17 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (If ~~WIDOW~~) of (or) WIFE of M. A. M. Seidner

6 DATE OF BIRTH (month, day, and year) May 1 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER James R. Dunn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Alice Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant M. A. M. Seidner

(Address) 4900 Belair Road

15 Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/18/32

17

I HEREBY CERTIFY, That I attended deceased from November 25, 1931, to January 18, 1932

that I last saw her alive on January 14, 1932

and that death occurred, on the date stated above, at 4.45 P m.

The CAUSE OF DEATH* was as follows:

Gastric ulcer C obstruction

(duration) yrs. mos. 55 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Gastro-enterostomy

Did an operation precede death? Yes Date of 11/7/31

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) J. Boardman M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Hebrew Congregation Cem. DATE OF BURIAL: Jan 21 1932

20 UNDERTAKER: Henry Strauch Sons Inc. ADDRESS: 1301 E Eager

TION is very important. See instructions on back of certificate.

AACo. S.R. 2568

HEALTH DEPARTMENT—CITY OF BALTIMORE

75905

CERTIFICATE OF DEATH

E 75905

115-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 25-27 St., 115 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 57 yrs. ... mos. ... ds.

2. FULL NAME Lawrence Lafferty

(a) Residence: No. 1616 Eden St., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Ida Estella Mae Lafferty

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Weaver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Baltimore Md. U.S.A.

FATHER

13. NAME Lawrence Lafferty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Thompson

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Elizabeth K. Lafferty
(Address) 544 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL Paulsboro N.J.
Place Millington, Md. Date Jan 19 1932

19. UNDERTAKER Hugg Nash & Sons, Inc
(Address) 3022 Eager St.

20. FILED ..... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17-32, 19...

22. I HEREBY CERTIFY, That I attended deceased from 1-16-32, 19... to 1-17-32, 19...

I last saw her alive on 1-17-32, 19... death is said to have occurred on the date stated above, at 1140 m.

The principal cause of death and related causes of importance were as follows:

Edema of glottis — Date of onset 1-12-32

Other contributory causes of importance:

Ulcerative tonsillitis — 12-29-31

Name of operation None. Date of ...

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) W. B. Hurdle M. D.
(Address) Bond Hospital

AaCo. 5-11 2508

E 75906

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

Registered No. E 75906

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 Mc Kean ave 15-71 Ward)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret J Savage

(a) Residence: No. 2010 Mc Kean ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Duffield Savage

6. DATE OF BIRTH (month, day, year) Nov 24 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Powell

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Frederick J Savage

(Address) 3330 McElderry St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Jan 20, 1932

19. UNDERTAKER George J Spruill

(Address) 1514 Pitcher

20. FILED C. H. Jones, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1931, to Jan 17, 1932

I last saw h alive on Jan 17, 1932 death is said to have occurred on the date stated above, at 5 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic hypertrophic cirrhosis	1927

Other contributory causes of importance:

Cerebral hemorrhage Edema	1/10/32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas L. Underhill, M. D.

(Address) 1111 Maryland Ave

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75907

CERTIFICATE OF DEATH

122E 75907

1 PLACE OF DEATH Sinai Hospital 1-18-32

CITY OF BALTIMORE: (No. St.) (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Kiram Wiesenfeld

(a) RESIDENCE NO. Emerson Apt. ST. 313 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE Minnie Wiesenfeld

6 DATE OF BIRTH (month, day, and year) Aug. 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Moses Wiesenfeld

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Betsy Friedenwald

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs Eisman Emerson Apts

15 Filed JAN 18 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-18-32

17
I HEREBY CERTIFY, That I attended deceased from 1/8/ 1932 to 1-18 1932

that I last saw him alive on 1-18 1932

and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Abdominal)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis, Arteriosclerosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Exploratory appendicostomy Date of 1-16-32

Was there an autopsy? No

What test confirmed diagnosis? operation.

(Signed) Milton Blum M. D.

1932 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Hebrew Cem.	1/20/1932
20 UNDERTAKER: Abid Sandhaus & Son	ADDRESS: 1912 Eutaw Place

JAN 18 1932

HEALTH COMMISSIONER, M. D.

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. A. Co.—200 Blks

E 75908 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75908

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE. (No Sinai Hospital St 14-20 WARD I

REGISTERED No. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lulu Adler

(a) RESIDENCE No. Marlborough Apt. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 16, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Abraham Adler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Oppenheim

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Hopp Records Sinai Hosp.

15 Filed 1-22-1932, 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-18-32

17:

I HEREBY CERTIFY, That I attended deceased from 1-9, 19 32, to 1-18, 19 32

that I last saw h[e] alive on 1-18, 19 32

and that death occurred, on the date stated above, at 5:20 A. m.

The CAUSE OF DEATH* was as follows:

Chronic bronchitis

Bronchiectasis

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho pneumonia (Type II) Emphysema

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. B. Kirsh M. D.

19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Hebrew Cem. DATE OF BURIAL: 1/20/1932

20 UNDERTAKER: Abel Sendkin & Son ADDRESS: 1902 Eutaw Place

TION is very important. See instructions on back of certificate.

A&Co. 5-H 2508

E 75909 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 60 002

E 75909

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 Churchill St. 77-33 Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 4 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Stevens

(a) Residence: No. 217 Churchill St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 14 1932

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	0	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER FATHER

13. NAME James Franklin Stevens

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Anna Downey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mother.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Date ... 19
Place

19. UNDERTAKER
(Address)

20. FILED ... 19 ... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18th 1932.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14th 32 to Jan. 18th 1932

I last saw him alive on Jan. 18th 1932 death is said to have occurred on the date stated above, at 8:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra Cranial Hemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Alexander Bovey M. D.

(Address) 1516 Eutaw Ave.

JOHNS HOPKINS HOSPITAL JAN 1 1932

1-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75910

REGISTERED NO. E 75910

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. "irk Ave and B & O R.R. ST., 9-4th WARD)

2-FULL NAME Richard Bomar or Dixon

(a) RESIDENCE NO. Probably Atlanta, Ga. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 25 yrs			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Probably Atlanta, Ga

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant James Schreiber (Companion)
(Address) 207 Wells St., Scranton Pa.

15 Filed [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Shock-Multiple injuries. While boarding freight train, was thrown be-tween cars and run over. Accidental

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

Jan 1 19 32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

JAN 1 1932 Commissioner of Health

JAN 1 1932 THE MORGUE

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75911

E 75911

CERTIFICATE OF DEATH

23

REGISTERED NO. _____

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Levering House, 100 N. Front St. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Mahoney.

(a) RESIDENCE No. Levering House, 100 N. Front St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer,
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. C.D.

(Address)

15 Filed _____, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 10, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Chas. M. Kennedy, M. D. Coroner

1/18/32 Address 917 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75912

CERTIFICATE OF DEATH

210-002

E 75912

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced dead at St. Agnes Hospital. ST. 4-76 WARD)

2-FULL NAME Unknown.(C) Rolf Dixon

(a) RESIDENCE NO. Unknown. 419 N. Fremont Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	--------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant State Police Report.

(Address)

15 Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 31, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Struck and knocked down by a hit and run automobile.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Waterbury, Md.

Did an operation precede death? No. Date of December 31, 1931

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) Otto M. Reinhardt Coroner, M. D.

1/18/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

CAUSE OF DEATH in plain terms, so that it may be ... TION is very important. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Blks.

E 75913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 75913

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 Canal St. 11-24 WARD) 161

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Lee

(a) RESIDENCE NO. 324 Canal ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred - yrs. - mos. - ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1-8-32

7 AGE — Years — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Robert Lee.

11 BIRTHPLACE OF FATHER (city or town) Aberdeen (State or country) Md.

12 MAIDEN NAME OF MOTHER Frances Toney

13 BIRTHPLACE OF MOTHER (city or town) Belair (State or country) Md.

14 Informant

(Address)

15 Filed 1-12 1932, 19 W. P. P. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-8-1932

17 I HEREBY CERTIFY, That I attended deceased from 1/8, 1932 to 1/8, 1932, that I last saw her alive on 1/8, 1932, and that death occurred, on the date stated above, at 2:45 P m.

The CAUSE OF DEATH* was as follows:

Suffocation with partial congenital atelectasis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank J. Kenny, Jr. M. D.

, 19 (Address) 1111 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75914

CERTIFICATE OF DEATH

93 E 75914

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5603 Magnolia Ave. St. 1 Ward) 37-55

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Laura A. Taylor

(a) Residence: No. 5603 Magnolia Ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Silver L. Taylor

6. DATE OF BIRTH (month, day, year) March 1, 1859

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	72	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Myers

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mr. John C. Lindsey

(Address) 5607 Magnolia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Jan. 21 1932

19. UNDERTAKER Joseph Mork

(Address) 1003 E. Baltimore St.

Jan 19 1932 C. Hampson Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1931, to Jan 18, 1932

I last saw her alive on Jan 18, 1932 death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart	Jan 18/32
Myocarditis about 1 yr duration	

Other contributory causes of importance:

myocarditis 1 yr duration

Name of operation — Date of —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury —, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter S. Nesbitt, M. D.

(Address) 2220 Garrison Ave.

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250M

E 75915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94 E 75915

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3118 Frederick Ave. St. 20-70 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Henry Gibson

(a) Residence: No. 3118 Frederick Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fannie Harris Gibson

6. DATE OF BIRTH (month, day, year) June 22, 1868

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	63	6	26 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meter Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maryland Meter Works
10. Date deceased last worked at this occupation (month and year) January 1932
11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas Henry Gibson
14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME ? Thomas
16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Fannie H. Gibson
(Address) 3118 Frederick Av.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Jan. 20 1932

19. UNDERTAKER Wood H. Cook
(Address) 1005 W. Baltimore St.

20. FILED 1-19 1932 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 11th, 1932 to Jan 17, 1932

I last saw h im alive on Jan 17, 1932 death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan 16 1932
Other contributory causes of importance:	
Arterial hypertension	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Trinceps, M. D.
(Address) 24 E. Eager St.

A&Co. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

75916

E 75916

CERTIFICATE OF DEATH

1. PLACE OF DEATH (Hillsdale) 50 28-65

CITY OF BALTIMORE: (No. 2433 Forest Park Ave St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie H. Whitmore

(a) Residence: No. 2433 Forest Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 3rd 1878

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	53	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md

FATHER

13. NAME John J. Whitmore

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Maryland

MOTHER

15. MAIDEN NAME Alice E. Springer

16. BIRTHPLACE (city or town) (State or country) Wash. Co. Maryland

17. INFORMANT (Address) Mrs. Alice E. Whitmore 2433 Forest Park Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Rocky Ridge Cem. Date Jan. 20th 1932

19. UNDERTAKER (Address) 1003 West Baltimore St.

20. FILED JAN 21 1932 C. Bascom Jarvis M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January, 17th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1930, 19 , to Jan 17, 1932

I last saw h alive on Jan 16, 1932 death is said to have occurred on the date stated above, at 12,20 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	1929

(Other contributory causes of importance)
Carcinoma of Liver

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. C. Emmert, M. D.

(Address) 4509 Liberty Heights Ave.

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75917

E 75917

CERTIFICATE OF DEATH

68

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2225 Thorndale Ave Ward 27-56)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME MARTHA I. SWARTZ

(a) Residence: No. 2225 Thorndale Ave, Ward .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	WHITE	MARRIED

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of HAROLD A. SWARTZ

6. DATE OF BIRTH (month, day, year) JULY 21ST 1892

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
39	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. OWN HOME
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) PARKTOWN MARYLAND

FATHER

13. NAME GEORGE E BURNS
14. BIRTHPLACE (city or town) (State or country) HEREFORD MARYLAND

MOTHER

15. MAIDEN NAME LOUISA WILSON
16. BIRTHPLACE (city or town) (State or country) GENTLEY SPRINGS MARYLAND

17. INFORMANT HAROLD A. SWARTZ
(Address) 2225 THORNDALE AVE

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date Jan. 20 1932

19. UNDERTAKER Joseph F. Cook
(Address) 1003 W. Baltimore St.

20. FILED JAN 20 1932 C. BANCROFT JONES, M. D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 17TH, 1932

22. I HEREBY CERTIFY, That I attended deceased from APRIL, 1930 to JAN 17, 1932

I last saw her alive on JAN 15, 1932 death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Addisons Disease	1924

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Myer Strauss M. D.
(Address) Johns Hopkins Hospital

Spec.—1-12-23—M&T—500 Blks.

E 75918

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75918

CERTIFICATE OF DEATH.

REGISTERED NO. 131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 N. Broadway 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary L. Hickman

(a) RESIDENCE NO. 1420 N. Broadway WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs mos ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If ~~married~~, widowed, or ~~divorced~~

(a) WIFE of James H. R. Hickman

6 DATE OF BIRTH (month, day, and year) May 6th 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER Wm. Anthony

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER Mary Ann Patterson

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Virginia

14 Informant (Address): Mrs Hickman 1420 N. Broadway

Filed 1-31-1932, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 16th, 1932, to Jan 19th, 1932.

that I last saw h alive on Jan 19th, 1932

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): 6 hr. Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Arthur C Monninger M. D.

(Address) 800 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL 1/22/1932

20 UNDERTAKER: Wm Cook — ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificates.

Spec.—1-10-31—MAT—1500 Blks.

E 75919

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75919

CERTIFICATE OF DEATH

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE (No. 843 ST. (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin C Chamberlain

(a) RESIDENCE NO. 1744 E. Chase St WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced
HUSBAND of ~~or WIFE of~~ Mary Chamberlain

6 DATE OF BIRTH (month, day, and year) Nov 27th 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Brass Pin Mfg

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Fernando Chamberlain

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Sarah Watts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Mary Chamberlain 1744 E. Chase St

15 Filed 1-19-1932 C. Hampson Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-18-1932

17 I HEREBY CERTIFY, That I attended deceased from 1-18, 1932 to 1-18, 1932.

that I last saw him alive on 1-18, 1932

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

I Intestinal Obstruction
(Adhesions)

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Laparotomy

Did an operation precede death? Yes Date of 1-16-32

Was there an autopsy? No Operation

What test confirmed diagnosis?

(Signed) C. W. Heaps, M. D.

1/18, 1932 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — DATE OF BURIAL 1/22/1932

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death is very important. See instructions on back of certificate.

AACo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75920

E 75920

CERTIFICATE OF DEATH

42-003

1. PLACE OF DEATH St. Agnes' Hospital, N. Rkins + Caton ave. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 16-43 Balto. St., Ward)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Ida Hummel

(a) Residence: No. 845 N. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ ~~Husband~~ (or) WIFE of August C Hummel

6. DATE OF BIRTH (month, day, year) About 1859

If LESS than 1 day hrs. or min.	Days	Months	Years
	2.	2.	73

OCCUPATION

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME James Harris

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT James Cole

(Address) 1116 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 1-22, 1932

19. UNDERTAKER Wm Cook

(Address) 2253 St Paul St

1-9-1932 Balto, Md. M. D. Registrar

20. FILED Jan 19, 1932

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1932, to Jan. 19, 1932

I last saw her alive on Jan. 19, 1932 death is said to have occurred on the date stated above, at 4.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
Myocardial Degeneration	11 Yr	
Senile arteriosclerosis		

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robt [illegible] M. D.

(Address) St. Agnes Hosp

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 75921

CERTIFICATE OF DEATH

1 E 75921

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 100 W University Parkway St., 17-49 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs R W Wilmer

(a) Residence: No. 100 W University Parkway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~
HUSBAND of (~~or WIFE of~~) Mr W R W Wilmer

6. DATE OF BIRTH (month, day, year) March 3 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Charles Wilmer
14. BIRTHPLACE (city or town) (State or country) Baltimore Md
15. MAIDEN NAME Mary L
16. BIRTHPLACE (city or town) (State or country) West Orange N J

17. INFORMANT Mrs Shirley (Address) 126 54th Pace

18. BURIAL, CREMATION, OR REMOVAL Place Ramona Date Jan 21 1932

19. UNDERTAKER A Jenkins & Co (Address) Eutaw & Lexington

20. FILED ... 19... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19. 1932

22. I HEREBY CERTIFY, That I attended deceased from 1924 to Jan 19 1932

I last saw him alive on Jan 17. 1932 death is said to have occurred on the date stated above, at 7:35 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis 4 hours

Date of onset

Other contributory causes of importance:

Fibrosis of lungs — duration 8 years. Pulmonary tuberculosis in 1924

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E R Irwin M. D.

(Address) 103 Lindenwood

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75922

CERTIFICATE OF DEATH

93-003 ✓ E 75922

1—PLACE OF DEATH

REGISTERED NO. 14-30

CITY OF BALTIMORE: (No. 1708 John ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Caroline Welch

(a) RESIDENCE NO. 1708 John ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
76 years (about)				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. Carolina

PARENTS

10 NAME OF FATHER Robert Welch

11 BIRTHPLACE OF FATHER (city or town) (State or country) A. A. Co Maryland

12 MAIDEN NAME OF MOTHER Mc Carey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md. Co Maryland

14 Informant Wife of Robert
(Address) 1708 John St.

15 Filed 1-19-1932 C. Hanson Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 19, 1932

17 I HEREBY CERTIFY, That I attended deceased from ..., 1900, to Jan 19, 1932, that I last saw her alive on Jan 18, 1932 and that death occurred, on the date stated above, at 12.25 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis - Recurrent
Bronchopneumonia
Arteriosclerosis Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gradual extinction
Terminal pneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? In Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum neg. for T.B.

(Signed) Frank T. Smith, M. D.

Jan 19, 1932 (Address) 929 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem.

DATE OF BURIAL 1-21 1932

20 UNDERTAKER Henry W. Jenkins' Sons

ADDRESS Orchard & McCulloh.

AACo. 5-H 250R

E 75923

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75923

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6003 Edna Ave St. 27-413 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles H. Jetts

(a) Residence: No. 6003 Edna Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. If Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Emiline Jetts

6. DATE OF BIRTH (month, day, year): Nov 11 1862

7. AGE: Years 69 | Months 2 | Days 6 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Builder Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 016
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mass

MOTHER FATHER

13. NAME: James Jetts
14. BIRTHPLACE (city or town) (State or country): Mass
15. MAIDEN NAME: Rebecca Gould
16. BIRTHPLACE (city or town) (State or country): Mass

17. INFORMANT: Emiline Jetts
(Address) 6003 Edna Ave

18. BURIAL, CREMATION, OR REMOVAL: Baltimore Date 1/20 1932

19. UNDERTAKER: J. H. Cook
(Address) 1217 St Paul St

20. FILED 1932 C. Edgerton Jones M. D.
(Registrar) R.O.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1931, to Jan 17, 1932

I last saw him alive on Jan 17, 1932 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spastic Spinal Paralysis	5 yrs
Bronchitis and Vagus Paralysis	4 days

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis: Imperial Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Darryl Cone M. D.

(Address) 5309 Harford Rd

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—X. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75924

CERTIFICATE OF DEATH

E 75924

1 PLACE OF DEATH 4509 Park Heights Ave. 15-36 REGISTERED NO. 95

CITY OF BALTIMORE: (No.) (St.) (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Peter W. Weishaar

(a) RESIDENCE NO. 4509 Park Heights Ave. (Usual place of abode) ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Weishaar

6 DATE OF BIRTH (month, day, and year) Dec. 24 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	no	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Grocer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

PARENTS

10 NAME OF FATHER Michael Weishaar,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co., Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Mary Rider (Address) 4509 Park Hgts. Ave.

15 Filed JAN 20 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17/32

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1931, to Jan 17th 1932

that I last saw h[illegible] alive on Jan 17th 1932

and that death occurred, on the date stated above, at 7:30P m.

The CAUSE OF DEATH* was as follows:

ARTERIO-SCLEROTIC-HYPERTENSIVE CARDIO-VASCULAR DISEASE

& CEREBRAL-HEMORRHAGE

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) BRONCHO PNEUMONIA

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? UNKNOWN

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? CLINICAL FINDINGS

(Signed) Alex. Abramson M. D.

1/18 1932 (Address) 7 E. MADISON ST

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jan. 20, 1932 Cathedral

DATE OF BURIAL 1-20-32

20 UNDERTAKER William Lumm

ADDRESS 4611 Ph. Hgts. ave.

TION is very important. See instructions on back of certificate.

Spec—0-30—A. & Co.—250 Blks

E 75925

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75925

CERTIFICATE OF DEATH.

95-002

1 PLACE OF DEATH 4509 Park Hgts. Ave. 15-56 REGISTERED No.

CITY OF BALTIMORE: (No) St. WARD 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Annie C. Weishaar,

(a) RESIDENCE No. 4509 Park Hgts. Ave. St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Peter W. Weishaar

6 DATE OF BIRTH (month, day, and year) Apr. 1, 1858

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna.

PARENTS

10 NAME OF FATHER John S. Rider

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Mary Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Mary Rider

(Address) 4509 Park Hgts. Ave.

JAN 20 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1932

17

I HEREBY CERTIFY, That I attended deceased from Oct. 1931 to Jan. 18th 1932

that I last saw h er alive on Jan. 18th 1932

and that death occurred, on the date stated above, at 2:45 P. M.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardio-Vascular Disease

& Auricula Fibillation (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clinical Findings

(Signed) Alex Aldenstock M. D.

1/18 1932 (Address) 4603 Park Hgts Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	1-20-32

20 (Signature) C. Rhm Lemmon ADDRESS 4411 Pk. Hgts.

IMPORTANT—Before a permit for burial, removal or cremation of a body can be issued, a CERTIFICATE OF DEATH must be properly executed. Each statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-31—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

J 159

E 75926

E 75926

CERTIFICATE OF DEATH.

STILL BIRTH NO.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 13-59 WARD)

2-FULL NAME Baby Girl Sachs
Sinai Hospital

(a) RESIDENCE NO. Sinai Hospital ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 12, 1932

7 AGE — Years | Months | Days: 6. | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md Balto

PARENTS

10 NAME OF FATHER: Chandler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Anna Perlman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Anna Jacobs
(Address) 3514 Brookfield Ave

15 Filed JAN 19 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1932, to Jan. 18, 1932, that I last saw her alive on Jan. 18, 1932, and that death occurred, on the date stated above, at 5.40 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Archie Robert Cohen, M. D.

, 19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Henning Run — DATE OF BURIAL: 1/19/32

20 UNDERTAKER: Jack Levin Inc. 1439 E Balto — ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

Petty.

E 75927 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 2003 Mulberry St. 20-27 Ward)

REGISTERED NO 92 E 75927

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs F Perry

(a) RESIDENCE NO 2003 Mulberry St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Peregoy

6 DATE OF BIRTH (month, day, and year) 12-27-1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67		24 20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Produce merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Proprietor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER M. E

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER M. E. Schultz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) Josephine Perry 2003 W. Mulberry

Filed JAN 20 1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/17/32

17

I HEREBY CERTIFY, That I attended deceased from Jan, 1930, to 1/17/32, 19

That I last saw him alive on 1/16/32, 19

and that death occurred, on the date stated above, at 5:30 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Rheumatism

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) F. W. Kerr M. D.

1/18/32 (Address) 375 Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL H. C. 3 New Cathedral

DATE OF BURIAL 1/20/ 1932

20 UNDERTAKER H. Brauning Son

ADDRESS 1136 Cator Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75928

V 87 E 75928

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Provident Hospital 15-21 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lidia Robinson Gray

(a) RESIDENCE NO. 711 Druid St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1880

7 AGE: Years 52 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED: 070

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Maryland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Hospital Record (Address) Provident Hosp.

15 Filed JAN 20 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1—17 19 32

17 I HEREBY CERTIFY, That I attended deceased from 1—3 19 32 to 1—17 19 32

that I last saw her alive on 1—17 19 32

and that death occurred, on the date stated above, at 4:40 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 3 da.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death? Baltimore Md

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical observation

(Signed) Geo. E. McDonald, M. D.

1—17 19 32 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Jan 20 Date of Burial 19 32

UNDERTAKER: Virginia E. Brooks ADDRESS 1463 N. Carey

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75929

131 E 75929

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 Madison Ave St. 14-30 Ward)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha K. Turner

(a) Residence: No. 1401 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

3a. If married, widowed, or divorced (or) WIFE of Chas Turner

6. DATE OF BIRTH (month, day, year) Jan 1891

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER FATHER

13. NAME John L. Keith
14. BIRTHPLACE (city or town) (State or country) Wash. D.C.
15. MAIDEN NAME Jerleen Pryle
16. BIRTHPLACE (city or town) (State or country) Wash. D.C.

17. INFORMANT (Address) Celestia Keith 1401 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Laurel Cemetery Date 1/20/32

19. UNDERTAKER (Address) Mrs Geo. F. Holland 1031 Druid Hill Ave

20. FILED JAN 20 1932 By [illegible] Registrar

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Leave statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1932 to Jan 17 1932

I last saw h alive on Jan 17 1932 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation — Date of onset — Complicated

Other contributory causes of importance:

Chr. Parenchymatous Nephritis & generalized Anasarca — complicated

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. J. Young M. D.

(Address) 1424 E Monument St

1-30—M & T—100 M—50L

E 75930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

REGISTERED NO. E 75930

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1022 McCulloh St. (Ward) 7-13

2-FULL NAME Edna H. Mitchell

(a) RESIDENCE No. 1614 Abbott. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Col 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 23 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	8	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Maggie Dr Shields

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Lillie Bowser

(Address) 1321 E. Fayette St

15 Filed JAN 20 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocardiac Failure Suddenly

(duration) yrs. mos.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Wm C. Fink, M. D.
Coroner

(Address) Bromo

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	1/21/1932
20 UNDERTAKER	ADDRESS
Mrs. Geo. H. Holland	1631 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-20—M. & T.—100 D—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75931

CERTIFICATE OF DEATH

1-9 x93-803 ✓ E 75931

REGISTERED NO. _____

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 1 WARD 9)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Freeland, M.D.

(a) RESIDENCE NO. Plaza Hotel, New York City ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 1 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	62			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Banker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Vigirnia

PARENTS

10 NAME OF FATHER John Freeland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Goldthwipe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Whitehead

(Address) Coldspring Lane

15 Filed JAN 26 1932 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2.40 P.M. Jan 19/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis
Myocardial Insufficiency

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. H. Mallon, M. D.
Coroner

Jan 19 1932 (Date) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Richmond Va	Jan 20 1932
20 UNDERTAKER Henry W. Jenkins & Son	ADDRESS McCulloh & Orchard St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A4Co. 1-31 2'08

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75932

CERTIFICATE OF DEATH

E 75932
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St. Ward)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Frank W. Clapp.

(a) Residence: No. Port Deposit, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. F W. Clapp

6. DATE OF BIRTH (month, day, year) May 5, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	8	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pawtucket, R.I.

MOTHER FATHER
13. NAME L W Clapp
14. BIRTHPLACE (city or town) (State or country) Rhode Island
15. MAIDEN NAME Mary Rowland
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs F W. Clapp
(Address) Port Deposit Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Colora, Md Date Jan 22 1932

19. UNDERTAKER Lemuy H. Rutherford Sons
(Address) 19 Cathedral St.

20. FILED Jan 22 1932 [illegible] Registrar

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1932 to Jan. 19 1932.
I last saw h[illegible] alive on Jan 19 1932 death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris & disease of the coronary artery

Date of onset 12/15/31

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R Francis, M. D.
(Address) Union Mem Hosp.

A&Co. 5-11 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75933

Registered No. 82 E 75933

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St., 11-24 Ward)

Length of residence in city or town where death occurred 45 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mary Queen

(a) Residence: No. 919 Druid Hill Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Queen

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	52 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 010

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Pa.

FATHER

13. NAME ? Married

14. BIRTHPLACE (city or town) (State or country) ? Pa

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ? Pa

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. 1/22/32

19. UNDERTAKER Samuel J. Handley
(Address) 578 McCulloh St.

20. FILED JAN 22 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1932, to Jan. 18, 1932

I last saw her alive on Jan. 18, 1932 death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into Cerebrum	1 day

Other contributory causes of importance:

Hyp. Heart	unknown
Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. L. Hundley Jr. M. D.

(Address) Balto. City Hosp.

N 2 1932 [illegible]

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

1-30—3M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75934

CERTIFICATE OF DEATH

175

E 75934

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) President St. Hosp (St.) 18-N (WARD)

2-FULL NAME Thos Trusty

(a) RESIDENCE No. 836 W Fairmount Ave ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Viola Trusty

6 DATE OF BIRTH (month, day, and year): 1897

7 AGE: 35 Years: 34 Months: Days: If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Thomas N. Trusty

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Agnes Duncan

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Md

14 Informant: Florence Fields

(Address) 813 Fresser

15 Filed _____, 192 _____, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 16 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon, from the evidence obtained by an Autopsy (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide
Hemorrhage of brain
due to fracture of skull
(duration) yrs. 2 mos. hours
Fell over banister of
steps
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary):

18 Where was disease contracted if not at place of death? 834 W Fairmount Ave

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. Louis Bronfin, Coroner, M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rural Cem

DATE OF BURIAL: 1/20 1932

20 UNDERTAKER: Samuel F. Hawley

ADDRESS: 1718 Bdle

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75935

CERTIFICATE OF DEATH

E 75935

X 93-803

1. PLACE OF DEATH St Joseph's Hospital — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caroline & Eliza St., 9-17 Ward)

Length of residence in city or town where death occurred, yrs. ____ mos. 5 ds. How long in U.S. If of foreign birth? yrs. ____ mos. ____ ds.

2. FULL NAME Mary Pelty

(a) Residence: No. Westminster Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Pelty

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Frederick Wilhelm
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT H Bankard & Son
(Address) Westminster Md

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Date Jan 21, 1932

19. UNDERTAKER H Bankard & Sons
(Address) Westminster Md

20. FILED JAN 23 1932, [illegible] Registrar.

JAN 20 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1932 to Jan 20, 1932

I last saw h[illegible] alive on Jan 20, 1932 death is said to have occurred on the date stated above, at 6.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multilocular Bilateral Ovarian cysts	
Fibroid Uterus	
Chronic Myocarditis	

Other contributory causes of importance:

Paralytic Ileus	
Dyspnea	

Name of operation Bilateral Ovario Cystectomy Date of Jan 6 32

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) W W Hess Jr M. D.

(Address) Jno S Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-28—A. & Co.—250 Blks

E 75936 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75936

CERTIFICATE OF DEATH

124-001

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 745 E. 37th St. 9-47 (Ward)

2 FULL NAME Charles Penrose Wolf

(a) RESIDENCE NO. 745 E. 37th St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 8 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Wilhelmina J.

6 DATE OF BIRTH (month, day, and year): April 29 1883

7 AGE: Years 48 | Months 8 | Days 20 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Foods
(c) Name of employer: None

9 BIRTHPLACE (City or town) (State or country): Baltimore Md

PARENTS
10 NAME OF FATHER: Charles F. Wolf
11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.
12 MAIDEN NAME OF MOTHER: Frances Lucas
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Mrs. W. F. Wolf 745 E. 37th St.

15 AN 20 1932 H. WILSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 18-1932

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1931, to Jan 18, 1932
that I last saw h[illegible] alive on Jan 18, 1932
and that death occurred, on the date stated above, at 4:30 p m
The CAUSE OF DEATH* was as follows:
Hypertrophic Cirrhosis of Liver

(duration) 1 yrs. 6 mos. 4 ds.

CONTRIBUTORY (secondary): Cirrhosis of Liver (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Hepatic Portal Circulation Blood

(Signed) Theo A. Phillips M. D.
19 (Address) 1906 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery | DATE OF BURIAL: Jan 21st 1932

UNDERTAKER: Geo W Schilling | ADDRESS: 1124 E Monument

CAUSE OF DEATH must be properly classified. Exact statement of Occupation is very important. See instructions on back of certificate.

Spec.—I-30—M. & T.—250 Blks.

E 75937

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75937

92-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5232 Linwood ST., 7-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Joseph Dolle

(a) RESIDENCE NO. 5232 Linwood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary Dolle

6 DATE OF BIRTH (month, day, and year) Dec 6 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
47	46	1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Czech Slovakia

PARENTS

10 NAME OF FATHER Charles Dolle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Czech Slovakia

12 MAIDEN NAME OF MOTHER Emma Bulka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Czech Slovakia

14 Informant Mary Dolle (Address) 5232 Linwood Ave

15 Date received JAN 20 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-18-32

17 I HEREBY CERTIFY, That I attended deceased from 12-30, 1931, to 1-18, 1932, that I last saw him alive on 1-18, 1932, and that death occurred, on the date stated above, at 12:05 p.m.

The CAUSE OF DEATH* was as follows:

Aortic insufficiency

Mitral stenosis

Mitral insufficiency

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic myocarditis and arteriosclerosis (duration) 11 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clinical

(Signed) Allen B. Close, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Oak Hill Cemetery — DATE OF BURIAL: Jan 21, 1932.

20 UNDERTAKER: August Pasek — ADDRESS: 2406 E. Ashland Ave.

TION is very important. See instructions on back of certificates.

AACo. 5-11 2508

E 75938 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 75938

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2817 Presstman St. 16-68 Ward)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E Bathell

(a) Residence: No. 2817 Presstman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James E Bathell

6. DATE OF BIRTH (month, day, year) April 5 1874

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	57	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot Co Md

FATHER
13. NAME Rufus Harper
14. BIRTHPLACE (city or town) (State or country) Talbot Co Md

MOTHER
15. MAIDEN NAME Cusrough
16. BIRTHPLACE (city or town) (State or country) Talbot Co Md

17. INFORMANT James E Bathell
(Address) 2817 Presstman

18. BURIAL, CREMATION OR REMOVAL
Place Woodlawn Date Jan 21 1932

19. UNDERTAKER George Smith
(Address) 532 Fulton

20. FILED JAN 20 1932 Registrar

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1932 to Jan 19 1932 last saw h[er] alive on Jan 18 1932 death is said to have occurred on the date stated above, at 4½ a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Tuberculosis	
Congestion of Lungs.	16 dy
Tuberculosis Pulmonalis	
Carcinoma	

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F R Rowlen M. D.
1/17/32 (Address) 2357 W. North Ave

1-30—M. F. T.—100 B—50L

E 75939

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75939

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital, ST. 3-4 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jesse Ricketts.(C)

(a) RESIDENCE NO 430 S.Dallas St. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 3 weeks. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed or divorced (or) WIFE of Frank Ricketts.(C)

6 DATE OF BIRTH (month, day and year) December 25, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	25	0	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Frank Ricketts.(C) husband.
(Address) 430 S.Dallas St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) January 18, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy (inquest, autopsy or inquiry) and inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute Pulmonary Oedema, Cardiac Decompensation. Accidental fall overboard from Pier 6 Pratt St.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Pier 6 Platt St.
Did an operation precede death? No Date of January 17, 1932
Was there an autopsy? Yes. (Hospital)
What test confirmed diagnosis? Autopsy & inquiry

(Signed) ..... Coroner, M. D.
1/19/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashley Cemetery — DATE OF BURIAL: 1/20 1932

20 UNDERTAKER: Walter B. Griggs — ADDRESS: Baltimore Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75940

CERTIFICATE OF DEATH

93-903

E 75940

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 26-37 Ward)

Length of residence in city or town where death occurred life mos. da. How long in U.S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Gibbons

(a) Residence: No. no home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Jan. 12, ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52?		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc none

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) ? Md.

15. MAIDEN NAME Mary Hessman

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Ennel Date 1/20 1932

19. UNDERTAKER Joseph Ahrens (Address) 2218 Broadway

20. FILED , 19 , A.M. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1931 to Jan. 17, 1932

I last saw h im alive on Jan. 17, 1932 death is said to have occurred on the date stated above, at 11:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chr	July 1931

Other contributory causes of importance:

Arteriosclerosis	Chronic
Emphysema	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. S. Tunnell Jr M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, avoiding the use of abbreviations or local expressions. See instructions on back of certificate. OCCUPATION is very important.

AACo. 5-11 2108

Rachuba

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75941

94 E 75941

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 S. Castle St. St. 2-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Victoria Rachuba

(a) Residence: No. 102 S. Castle St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
		Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Rachuba

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Frank Gulner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank Rachuba

(Address) 102 S. Castle St

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date Jan. 22, 19 32

19. UNDERTAKER F. W. Gorzewski

(Address) [illegible]

20. FILED 19 Register

21. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 19 32

22. I HEREBY CERTIFY, That I attended deceased from 1929 to Jan 18, 1932

I last saw h[illegible] alive on Jan 18 1932 death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

Other contributory causes of importance:

Acute dilatation of the heart

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. G. Gruber, M. D.

(Address) 1958 E. Fayette

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Date statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-41 2M

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. ~~E~~ 5942 PLACE OF DEATH — Registered No. 5942

CITY OF BALTIMORE: (No. 2819 Eutaw Ave 27-44 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augustus W. F. Foster

(a) Residence: No. 2819 Eutaw Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Foster

6. DATE OF BIRTH (month, day, year) Oct. 12, 1863

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
68	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Ernst Mueller
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Friederika Behrens
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William Foster
(Address) 2819 Eutaw Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Emmanuel Ch. Date Jan. 21, 1932

19. UNDERTAKER Wm. F. Miller & Son
(Address) 2334 Jefferson St. W. Balto. Md.

20. FILED JAN 20 1932 C. M. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 9th 1932 to Jan 19th 1932

I last saw her alive on Jan 19th 1932 Death is said to have occurred on the date stated above, at 12 12 P m.

The principal cause of death and related causes of importance were as follows:

Labor Pneumonia — Date of onset 1-9-32

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) L. L. Lordy. M. D.

(Address) Harford Rd & Cleveland Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—200 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75943

E 75943

CERTIFICATE OF DEATH

106002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1515 N. Patterson Pk. Ave. ST.) (WARD)

2 FULL NAME Frank Kminek

(a) RESIDENCE NO. 1515 N. Patterson Pk. Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Kminek

6 DATE OF BIRTH (month, day, and year) Oct 7 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cigar Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER John Kminek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Barbara Borovitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Mary Fabel

(Address) 1515 N. Patterson Park Ave

15 Filed JUL 20 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18/32

17

I HEREBY CERTIFY, That I attended deceased from Jan 14th, 1932, to Jan 17th, 1932

that I last saw him alive on Jan 16th, 1932

and that death occurred, on the date stated above, at 4.50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Richard Kuck M. D.

(Address) 3005 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cemetery — DATE OF BURIAL: Jun 21 1932

20 UNDERTAKER: Frank Crack & Son — ADDRESS: 1906 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact Statement of OCCUPATION is very important. See instructions on back of certificates.

A&Co. 5-11 2MR

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 75944

E 75944

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4816 Arabia Ave Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Otto Vonder Wettern

(a) Residence: No. 4816 Arabia Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

3a. If married, widowed, or divorced
HUSBAND of Johnnie Von Wettern
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 19 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	-	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore md

MOTHER FATHER
13. NAME Bernhart Vander Wettern
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Lena Buchholz
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Walter R Von Wettern
(Address) 4816 Arabia Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Jan 21 1932

19. UNDERTAKER J. S. Cocsden's Son
(Address) 1125 S. Paca St

JAN 20 1932 HARRY A. MANN, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19 1932

22. I HEREBY CERTIFY, That I attended deceased from June 19 30 to Jan 19 1932
I last saw him alive on Jan 19 1932 Death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. W. Bolley M. D.
(Address) 5703 Harford Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75945

E 75945

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Emerson Hotel. ST. ..... WARD)

2-FULL NAME Henry C. Bertram.

(a) RESIDENCE NO Arbutus Ave. Catonsville Md. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married XXXXXXXXXXX HUSBAND of XXXWIFEXX Luella Uhler Bertram.

6 DATE OF BIRTH (month, day, and year) October 30, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Abattoir Business
(b) General nature of industry, business, or establishment in which employed (or employer) D. B. Martin & Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York.

PARENTS

10 NAME OF FATHER Charles F. Bertram.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Luella U. Bertram. (wife)

(Address) Arbutus Ave. Catonsville, Md.

15 [illegible] HAMPSON JONES, M. D.

Registrar

N 2 01932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 19, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Laceration of the brain. Pistol shot wound of the head. Suicide, while temporarily mentally ~~unbalanced~~ unbalanced. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Leonhardt, M. D. Coroner

1/19/32 (Address) 917 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Jan 21 1932
20 UNDERTAKER Harry W. Eblen	ADDRESS Catonsville

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A4Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75946

E 75946

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Joseph Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6 Caroline St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fred W Marquardt

(a) Residence: No. 905 N Collington Ave Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Marquardt

6. DATE OF BIRTH (month, day, year) Apr 23 - 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Company

10. Date deceased last worked at this occupation (month and year) 27

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME William F Marquardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Leyhe

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Louisa Marquardt
(Address) 905 N Eden St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Jan 22 1932

19. UNDERTAKER John Glenn & Son
(Address) 202 Edmondson Ave

20. FILED ... 19 ...
... Registrar.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Either alone or OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19-32

22. I HEREBY CERTIFY, That I attended deceased from 1-6-32, 19..., to 1-19-32, 19...

I last saw h— alive on 1-15-32 19... death is said to have occurred on the date stated above, at 64 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Non Malignant Stricture Rectum	

Other contributory causes of importance:

Dysuria

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W B Tingley M. D.
(Address) St Joseph Hospital

AACo. 5-11 2-28

E 75947

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 E 75947

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6107 Birchwood Ave Ward 43)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John G Meinecke Jr

(a) Residence: No. 6107 Birchwood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Louise Meinecke

6. DATE OF BIRTH (month, day, year) May 30, 1851

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	80	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigars
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John G Meinecke Jr
(Address) 6107 Birchwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Jan 21 1932

19. UNDERTAKER John Lucas
(Address) 2005 Eutaw St

20. FILED JAN 20 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931, to Jan 18, 1932

I last saw him alive on Jan 17, 1932 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	1-10-32

Other contributory causes of importance:

Arteria Sclerosis - Cardiovascular Nephritis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alan G Penman, M. D.

(Address) 1811 Eutaw Place

state CAUSE OF DEATH in plain terms, so that it may be understood by the layman. OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2000

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75948 E 75948

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2½ mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles M. Parks

(a) Residence: No. Fairmount, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Ida M. Cox

6. DATE OF BIRTH (month, day, year): July 3, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Seaman

10. Date deceased last worked at this occupation (month and year): 1-1-32

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: John T. Parks

14. BIRTHPLACE (city or town) (State or country): Somerset Co. Maryland

MOTHER

15. MAIDEN NAME: Milka A. Valston

16. BIRTHPLACE (city or town) (State or country): Somerset Co. Maryland

17. INFORMANT (Address): Records, U.S. Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL — Place: Fairmount Md Date: Jan 20 1932

19. UNDERTAKER (Address): John Ulrich 2005 Belair

20. FILED: JAN 20 1932 By: C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1932, to January 19, 1932

I last saw him alive on January 19, 1932 death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, right lower lobe	1-7-32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) U.S. Marine Hospital, Balto.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Place OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

75949

CERTIFICATE OF DEATH

93 E 75949

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St. 24-37 (Ward)

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Lucille B. Jones

(a) Residence: No. no home St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ?
(State or country) Md.

FATHER

13. NAME Jerry Jones

14. BIRTHPLACE (city or town) ?
(State or country) Md.

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) ?
(State or country) Md.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

Rec. FILED 19 Registrar.

JAN 20 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1930 to Jan. 17, 1932

I last saw her alive on Jan. 17, 1932 death is said to have occurred on the date stated above, at 1:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chr	Apr 1931

Other contributory causes of importance:

Arteriosclerosis, Generalized	Autumn
Anemia, Secondary	

Name of operation None Date of

What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno. Chenoweth Jr. M. D.

(Address) Balto. City Hosp.

JOHNS HOPKINS HOSPITAL
JAN 20 1932
Department of Health
C. HAMPSON JONES, M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. DATE OF INJURY and OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 2508

E 75950

HEALTH DEPARTMENT—CITY OF BALTIMORE

93 E 075950

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 11-25 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia Brown Johnson

(a) Residence: No. 901 Druid Hill Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Aug. 8, 1888

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	43	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 010

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) ? Va.

FATHER

13. NAME John Johnson

14. BIRTHPLACE (city or town) (State or country) ? Va.

MOTHER

15. MAIDEN NAME Phoebe Sims

16. BIRTHPLACE (city or town) (State or country) ? Va.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ..., 19...

19. UNDERTAKER ...
(Address) ...

Filed JAN 20 1932, 19... Registrar.

JOHNS HOPKINS HOSPITAL JAN 20 1932

C. HAMPSON JONES M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1929 to Jan. 17, 1932

I last saw her alive on Jan. 17, 1932 death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis, Left Leg	10 days
Septicemia	

Other contributory causes of importance:

Myocarditis, Chronic
Hypertension

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jno. G. Arnold M. D.

(Address) Balto. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. If OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75951

CERTIFICATE OF DEATH

159 E 75951

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hospital St. [illegible] Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Vaughan

(a) Residence: No. 1105 Riggs Ave. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Baby

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Baby

6. DATE OF BIRTH (month, day, year) Jan. 7, 1932.

7. AGE	Years	Months	Days	If LESS than 1 day 4 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Baby Boy Vaughan

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19

19. UNDERTAKER
(Address)

20. FILED ... 19 ... Registrar.

JAN 20 1932 C. HAMPSON JONES M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 . 1932, to Jan. 8 . 1932

I last saw him alive on Jan. 8 . 1932 death is said to have occurred on the date stated above, at 3:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	1/7/32

Other contributory causes of importance:

Placenta Previa

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND JAN 1932 Baltimore Health

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75952

CERTIFICATE OF DEATH

108 E 75952

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 9-16 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Holmes

(a) Residence: No. 1307 Eutaw St. Balt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 15 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Labor Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thomas Holmes

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Muddy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Patrick Coffingham

(Address) 1304 Eutaw St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemy Date Jan 22, 1932

19. UNDERTAKER Edgar W. Coughlin

(Address) 710 E. Eager St.

20. FILED [illegible], 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932 to Jan 19, 1932

I last saw him alive on Jan 19, 1932 death is said to have occurred on the date stated above, at 11 30 pm

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset Jan 15 32

Other contributory causes of importance:

Toxemia — Jan 15 32

Name of operation — Date of

What test confirmed diagnosis Clinical — was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Maynard Holmes M. D.

(Address) St. Joseph Hosp. Balto.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 75953 **HEALTH DEPARTMENT—CITY OF BALTIMORE** V

CERTIFICATE OF DEATH 49 E 75953

1. PLACE OF DEATH Balto City Hospitals — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4940 Eastern Ave St. 5-8 Ward)

Length of residence in city or town where death occurred 42 yrs. 2 mos. 10 ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Margaret Henilewski

(a) Residence: No. 1214 E Fayette St St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White ~~Negro~~	Married

3a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of John Henilewski

6. DATE OF BIRTH (month, day, year) 11-7-1889

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
42	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~0~~ 37

10. Date deceased last worked at this occupation (month and year) 8-25-31

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Terrence Connolly

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Medorka Griffin

16. BIRTHPLACE (city or town) (State or country) Norfolk Va.

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date 1/21/32

19. UNDERTAKER John F. Fahey & Sons
(Address) 1131 E. Baltimore St.

20. FILED ____ 19 ____ [illegible] Registrar

N 2 61932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-18 1931, to 1-19 1932

I last saw her alive on 1-19 1932 death is said to have occurred on the date stated above, at 5:35 A.M.

The principal cause of death and related causes of importance were as follows:

Abdominal Carcinomatosis — Date of onset 8/1831(?)

Other contributory causes of importance:

Cardiac pain acute Carcinoma in Character. — 1-18-32

Name of operation No — Date of ____

What test confirmed diagnosis Clinical findings — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Luther E. Leas M. D.

(Address) Balto. City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75954

CERTIFICATE OF DEATH

82 E 75954

1. PLACE OF DEATH

Registered No. 13-57

CITY OF BALTIMORE: (No. 3406 Seneca St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Harrison Pearce

(a) Residence: No. 340[illegible] Seneca St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca H. Pearce

6. DATE OF BIRTH (month, day, year) January 16, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	-	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Worne & Co.

10. Date deceased last worked at this occupation (month and year) Jan. 1932

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME John M. Pearce

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

MOTHER

15. MAIDEN NAME Elizabeth Shane

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT Mrs. Rebecca H. Pearce
(Address) 3406 Seneca St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Jan. 22 1932

19. UNDERTAKER Jos B Cook
(Address) 1003 W. Baltimore St.

FILED JAN 20 1932 19[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from April, 1931, to Jan 19, 1932

I last saw him alive on [illegible], 1932 death is said to have occurred on the date stated above, at 3.50P m.

The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset —

Other contributory causes of importance:

Arterio Sclerosis —

Name of operation — Date of —

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) C Thomas Fulton, M. D.

(Address) 1001 N. Fulton Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—561

E 75955

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75955

CERTIFICATE OF DEATH

82-01

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital ST. 13-52 WARD

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Sarah Belle Phillips

(a) RESIDENCE NO 3639 Chesnut Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas L Phillips

6 DATE OF BIRTH (month, day, and year) June 20 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
66	66	6	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Elijah Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Reynolds Phillips

(Address) 3639 Chesnut Ave

15 Filed JAN 20 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 2639 Chesnut Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R F Negro M D Coroner, M. D.

1/30, 1932 (Address) 1305 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Middletown Balto Co. DATE OF BURIAL Jan 23 1932

20 UNDERTAKER Thurnwald & Son ADDRESS 1315 Hartsdale Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN's statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks

E 75956 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003 E 75956

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3927 Ridgewood Ave. ST. 15-63 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert L.Dryden

(a) RESIDENCE No. 3927 Ridgewood Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 4 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced (or) WIFE of: Marian W.Dryden

6 DATE OF BIRTH (month, day, and year) Aug 23 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	4	25 26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Wire Chief

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Western Union Tel.Co.

PARENTS

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: James Dryden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: J.W.Williams (Address) 4301 Penhurst Ave.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8 Jan - 32

17 I HEREBY CERTIFY, That I attended deceased from ... 1925 ... to Jan 18 1932, that I last saw h[im] alive on Jan 18 1932 and that death occurred, on the date stated above, at 9 P 8 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Arteriosclerosis

2. Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm A. Thompson M. D.

1/20 1932 (Address) 618 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Jan 21 1932

20 UNDERTAKER: Henry H. Adams & Son ADDRESS: 4204 Ridgewood Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXPLANATION OF CODE TION is very important. See instructions on back of certificates.

N 2 1932 C. HAMPSON JONES M.

Spec.—2-29-28—L. F. S.—600 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75957

CERTIFICATE OF DEATH

124-802 E 75957

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2807 Roslyn Ave ST., 15-61 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Donald D. P. Murray

(a) RESIDENCE NO. 2807 Roslyn ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. 28 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mae Murray

6 DATE OF BIRTH (month, day, and year) Nov 13/1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager Co.

(b) General nature of industry, business, or establishment in which employed (or employer) Ham Packing Co

(c) Name of employer Ham Packing Co

9 BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10 NAME OF FATHER Wm Alex Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Estelle Gould

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant Mrs D & P Murray

(Address) 2807 Roslyn Ave

15 Filed JAN 19 1932 C. HAMPSON JONES, M. D. Registrar

N 2 01932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 32

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1932, to Jan 19, 1932, that I last saw h alive on Jan 19, 1932 and that death occurred, on the date stated above, at 6.45 P.m.

The CAUSE OF DEATH* was as follows:

Oesophageal Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cirrhosis of Liver

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Wm A Cragg, M. D.

(Address) 612 N 40 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Jany 21/1932

20 UNDERTAKER Henry N Arnscheidt & Son ADDRESS 4204 Ridgewood Ave

Important. See instructions on back of certificate.

1-30--M. & T.--100 B--50L

E 75958

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75958

CERTIFICATE OF DEATH

REGISTERED NO. 23 27-56

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital ST. ..... WARD .....

2-FULL NAME John F.Hawes.

(a) RESIDENCE NO 3413 Dupont St. ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. 11 mos. 14 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of [redacted] Antonia M.Hawes.

6 DATE OF BIRTH (month, day, and year) February 5,1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	11	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Ice merchant.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Thomas Hawes.

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Sarah Muse.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Antonia M.Hawes.(wife)

(Address) 3413 Dupont St.

15 Filed ..... 192 ..... Registrar

N 2 0 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) January 19, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tubercular Hip.
Miliary Tuberculosis.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 3412 Dupont St.

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M Reinhardt, M. D. Coroner

1/20/32 (Address) 917 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 1/22 1932

20 UNDERTAKER J.M. Cook

ADDRESS 1217 E. Fort Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—9-30—A & Co.—250 lbs

E 75959 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75959

CERTIFICATE OF DEATH. 131

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3212 Virginia Ave. 27-56 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Peter L. Gessner

(a) RESIDENCE NO. 3212 Virginia Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella Gessner

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
ABOUT	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman 956

(b) General nature of industry, business, or establishment in which employed (or employer) Industrial Mfg.

(c) Name of employer Industrial Bldg.

9 BIRTHPLACE (city or town) (State or country) Baltp. Md.

PARENTS

10 NAME OF FATHER John K. Gessner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Singer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Louis P. Gessner
(Address) 3212 Virginia Ave.

15 Filed JAN 20 1932, 19 HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18, 1932

17

I HEREBY CERTIFY, That I attended deceased from Dec 7, 31, to Jan 18, 32

that I last saw h alive on Jan 18 1932

and that death occurred, on the date stated above, at 7:25 m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Influenza Nephritis

(duration) uncertain yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Lester M. D.

1/20, 32 (Address) 1939 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	1-21-32
20 UNDERTAKER C.V. Semmes & Co.	ADDRESS 4611 Pk. Hgts. Blvd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 4-H 2508

E 75960 **HEALTH DEPARTMENT CITY OF BALTIMORE** 93 E 75960

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... 9-3-31 ..... Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Zackman

(a) Residence: No. Charles and Ostend Sts. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) Oct. 14, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. out of work

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) York Pa.

MOTHER FATHER

13. NAME Henry Zackman

14. BIRTHPLACE (city or town) (State or country) ? Germany

15. MAIDEN NAME Elizabeth Lenz

16. BIRTHPLACE (city or town) (State or country) ? Germany

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 1-22-32

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 8, 1931 to Jan. 19, 1932
I last saw h im alive on Jan. 19, 1932 death is said to have occurred on the date stated above, at 11:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chr.	March 1931

Other contributory causes of importance:

Arteriosclerosis.
Benign Prostatic Hypertrophy

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas Shmoel Jr M. D.

(Address) Balto. City Hosp.

JAN 20 1932 C. HAMPSON JONES, M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo 5-11 2508

E.75961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53 E 75961

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-29 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos ds.

2. FULL NAME Thomas J. Moran

(a) Residence: No. 813 W. West St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or WIFE of) Katie Maya Moran

6. DATE OF BIRTH (month, day, year) About 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sch 0 40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME John Moran

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Katie M. Moran
(Address) 1003 Scott ST

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Date 1/21, 19 32

19. UNDERTAKER Wm Burk
(Address) 1317 Pratt

20. FILED JAN 20 1932, 19 ..... C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1932 to Jan 19, 1932

I last saw him alive on Jan. 14, 1932, death is said to have occurred on the date stated above, at 3 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lympho-sarcoma	
Cervical mediastinal	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Milford H. Sprecher, M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 2508

E 75962

HEALTH DEPARTMENT CITY OF BALTIMORE

Dr Richard Pentz 2451 E

59 E 75962

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 E 33rd St., 9-47 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs ... mos ... ds. How long in U.S. if of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Caroline L. Lenhard

(a) Residence: No. 714 E 33rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Lenhard

6. DATE OF BIRTH (month, day, year) Oct 26, 1853

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	78	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Schenectady N.Y.

MOTHER FATHER

13. NAME Mary Case

14. BIRTHPLACE (city or town) (State or country) Schenectady N.Y.

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Schenectady N.Y.

17. INFORMANT A. M. Lenhard

(Address) 714 E. 33rd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oakdale Date 1-22-1932

19. UNDERTAKER Geo. Zell

(Address) 2101 Greenmount

20. FILED ... 19... NRH Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19 1932

22. I HEREBY CERTIFY, That I attended deceased from July 29 to Jan 19 1932

I last saw her alive on Jan 19 1932 death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	July 1929

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. L. Henderson Jones M. D.

(Address) 3201 N. Charles

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spmc—9-30—A. & Co.—250 Blks

Wieber ✓

E 75963 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75963

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE. (No 903 S. Brunswick St. St. or W. 25-72 WARD.)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret A. Wieber

(a) RESIDENCE No. 903 S. Brunswick St. ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry J. Wieber, Sr.

6 DATE OF BIRTH (month, day, and year) Oct. 31, 1859

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry Denges

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Victoria Bopp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Lawrence A. Wieber
(Address) 903 S. Brunswick St.

15 Date Received JAN 20 1932, 19 Registrar ASH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19/32

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Jan 19, 1932

that I last saw h[illegible] alive on Jan 19, 1932

and that death occurred, on the date stated above, at 7A. m.

*CAUSE OF DEATH was as follows: Cerebral Embolism

Contributory (Secondary) Arteriosclerosis (duration) Life yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) 6 hrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert E. Rich M. D.

1/20, 1932 (Address) 3101 Wilkens Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 1/22/32, 19

20 UNDERTAKER C. Hampson Jones M. [illegible]

ADDRESS 4101 Monument Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

75964

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 E 75964

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 330 S. Monroe St. St. 20-28 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry S. Thurle

(a) RESIDENCE NO. 330 S. Monroe St. ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Carrie L. Thurle

6 DATE OF BIRTH (month, day, and year) Nov. 6, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	2	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS
10 NAME OF FATHER George Thurle
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
12 MAIDEN NAME OF MOTHER Louise Thaney
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Carrie L. Thurle
(Address) 330 S. Monroe St.

15 Filed ... 19... C. HAMPSON JONES, M. D. Registrar

N 2 01932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 19, 32

17
I HEREBY CERTIFY, That I attended deceased from Nov 19, 1931, to Jany 19, 1932
that I last saw him alive on Jany 18, 1932
and that death occurred, on the date stated above, at 4.30 A. M.
The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos. 17 ds.
CONTRIBUTORY (Secondary) Mitral Heart Disease
(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) M. A. O'Neill M. D.
1/20, 1932 (Address) 108 N Futhin Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	1/21/32 19
20 UNDERTAKER Tarr & Foutz	ADDRESS 4101 Reisterstown Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 2500

E 75965 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 121 E 75965

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Joseph's Hospital
CITY OF BALTIMORE: (No. Broadway Bolton St. 26-37 Ward) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. if of foreign birth? 28 yrs. mos. ds.

2. FULL NAME Eugene Barabasz
(a) Residence: No. 364 Aiken St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 20, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28		28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug Store
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER
13. NAME Anthony Barabasz
14. BIRTHPLACE (city or town) (State or country) Poland
15. MAIDEN NAME Maria Borzymkiewicz
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs W Lady Stawa Barabasz
(Address) 364 Aiken St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Sepulchre Date Jan 22 1932

19. UNDERTAKER John F Fuster
(Address) 401 E Fayette St

20. FILED Jan 23 1932 19 A K H Registrar

No. 291932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1932, to Jan 18, 1932
I last saw h— alive on Jan 18, 1932 death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Purulent Appendicitis	

Other contributory causes of importance:
Nephritis
Anuria

Name of operation Appendectomy Date of 1/16/32
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) V B Kinsey, M. D.
(Address) St Joseph Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75966

CERTIFICATE OF DEATH

93 E 75966

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hosp. St. 24-35 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mrs Jennie Dablowski

(a) Residence: No. 1437 Reynolds St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
34	—	—	—

OCCUPATION:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Fabolowski

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Husband John

(Address) 1437 Reynolds St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Jan 21 1932

19. UNDERTAKER John F. Archer

(Address) 1401 Chester St

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1932 to Jan 18, 1932

I last saw her alive on Jan 18, 1932 death is said to have occurred on the date stated above, at 3:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan 4.
Myocardial degeneration and decompensation	Jan 16.

Other contributory causes of importance:

Name of operation X Date of X

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury ..... 19....

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt Brown, M. D.

(Address) St. Agnes Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 75967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 75967

REGISTERED NO. 117

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~Church Home & Infirmary~~ ST. 2-4 WARD)

2-FULL NAME John Marciszonek

(a) RESIDENCE NO 1721 Eastern Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Maryanna Marciszonek

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Peter Marisszonek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Maryanna MaciszOnek

(Address) 1721 Eastern Ave

15 Filed ..., 192 C. HAMPSON JONES, M. D. Registrar

N 2 0 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Perforated Gastric Ulcer

30 hrs (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) General Peritonitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Jan 17/32

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) ..., M. D. Coroner

Jan 20/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Jan 21 1932
20 UNDERTAKER	ADDRESS
John M Weber	401 S. Chester St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AAC. 1-11 2M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75968

CERTIFICATE OF DEATH

48 E 75968

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 S. Bayliss St. 26 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherina Nothinger

(a) Residence: No. 701 S. Bayliss St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John L. Nothinger

6. DATE OF BIRTH (month, day, year) Nov. 17 1849

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	82	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Anthony Wand

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Michael Nothinger
(Address) 701 S. Bayliss St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Jan 22, 32 19 32

19. UNDERTAKER Lilly & Sons Inc.
(Address) 1132 Hollins St.

20. FILED JAN 21 1932 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1930 to Jan 18, 1932

I last saw he alive on Jan 16 1932 death is said to have occurred on the date stated above, at 8 45 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia Nephritis	1930
Myocarditis	1930
Cerebral Hem.	1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward Krem, M. D.

(Address) 350 Cathedral

Information should be carefully supplied. Avoid use of terms that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75969

210-001

E 75969

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2016 N. Wolfe St. ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick J. Rauh.

(a) RESIDENCE NO. 2016 N. Wolfe St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 10 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Elizabeth Rauh.

6 DATE OF BIRTH (month, day, and year) March 10, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Machinist.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Rauh.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Margaret Bigger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Caroline Brawner. (sister)
(Address) 2016 N. Wolfe St.

15 Filed JAN 21 1932 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 18, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy and inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull, perforation due to laceration of the stomach Struck & knocked down by an Automobile while crossing the street (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental Death (duration) yrs. mos. ds.

18 Where was disease contracted? Ashford & Corsuch Aves. If not at place of death? Dec. 24, 1931

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquest

(Signed) [illegible] M. D. Coroner

1/20/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Jan 21st 1932
20 UNDERTAKER	ADDRESS
Lilly & Guilar Inc.	4008 Wolfe St

JAN 21 1932 HAMPSON JONES, M. D. Registrar

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 4-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75970

CERTIFICATE OF DEATH

E 75970

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2391 Fulton Ave A.; 19-27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 9 mos. 29 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth C. Sahn

(a) Residence: No. 2391 Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Adam R. Sahn

6. DATE OF BIRTH (month, day, year) March 21, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Adam R. Sahn
(Address) 2391 Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 22 1932

19. UNDERTAKER J. Wm. Cox
(Address) 2107 Pine St.

20. FILED JAN 22 1932 C. HAMPSON JONES M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1932 to Jan 20, 1932

I last saw her alive on Jan 19 1932 death is said to have occurred on the date stated above, at 7:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	5

Other contributory causes of importance:

Angina Pectoris

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D. M. Hemmperton M. D.
(Address) 3409 Cullamay Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 75971

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75971

CERTIFICATE OF DEATH.

93-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Franklin St. (or Ward) 26-67

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances E. Stripple

(a) RESIDENCE No. 1200 Franklintown Road St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	Col	Marr

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob F. Stripple

6 DATE OF BIRTH (month, day, and year) 2-26-1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co

PARENTS

10 NAME OF FATHER John Clee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliza Crawford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Jacob Stripple 1200 Franklintown Rd

15 Filed JAN 21 1932 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 - 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1931 to Jan. 18, 1932

that I last saw her alive on Jan 17th, 1932,

and that death occurred, on the date stated above, at 11.30 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. H. Pyott, M. D.

1/22, 1932 (Address) 1536 W. Lafayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary C. M. E. — DATE OF BURIAL Jan 22, 1932

20 UNDERTAKER Wm. H. Chase & Son — ADDRESS 630 N. Gilmor

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Rev.—3-19-29—L. F. H.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75972

CERTIFICATE OF DEATH

82-08 E 75972

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1503 W Baltimore ST. 19-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Josephine Mulligan

(a) RESIDENCE NO. 1503 W Baltimore ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 5yrs mos. da. How long in U. S., if foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph C Mulligan

6 DATE OF BIRTH (month, day, and year) Oct 24 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John H Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Howard Hankins

(Address) 503 W Baltimore st

15 Filed JAN 21 1932 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19-1932

17

I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1931, to Jan 19, 1932, that I last saw her alive on Jan 18, 1932 and that death occurred, on the date stated above, at 7:30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) yrs. 2 mos. da.

CONTRIBUTORY (Secondary) Left Hemiplegia

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) A. Buchness, M. D.

1/21 1932 (Address) 37 S. Strieker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	1/24 1932

20 UNDERTAKER Forge & Tuby Funeral Home ADDRESS Fayette

1-30—M. & T.—100 B—801.

E 75973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 10-14 WARD)

REGISTERED NO. 175 E 75973

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Hoffman

(a) RESIDENCE No. 812 Ashland Ave., ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Hoffman

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Grocer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Samuel Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Louis Hoffman (Son)
(Address) 812 Ashland Ave.,

15 Filed JAN 21 1932 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fractured Skull-lacerated brain
Struck with a blunt object.
Homicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes-

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

Jan 20/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Lowedale	1-21 1932
20 UNDERTAKER	ADDRESS
Jack Levin Inc	1437 E Balto St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75974

CERTIFICATE OF DEATH.

107 E 75974

REGISTERED NO.

1 PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No Monument ST 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bessie Burwitz

(a) RESIDENCE NO 1303 E. Fayette ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. (if of foreign birth)? 2 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David Burwitz

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Israel Dent

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rebecca Dent

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) David Burwitz 1303 E. Fayette St.

15 Filed Jan 27 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-20-32

17

I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1932, to Jan. 20, 1932

that I last saw h[illegible] alive on Jan. 20, 1932

and that death occurred, on the date stated above, at 11:45 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Toxemia, Cardiac failure

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? yes Date of Jan 13-32

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) David Lax, J. E. Davidson M. D.

Jan 20 1932 (Address) Sinai Hospital, Balto.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rogedale

DATE OF BURIAL 1-21 1932

20 UNDERTAKER Jack Levi Inc

ADDRESS 1427 E. Baltimore St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JAN 27 1932 CHANGED TO [illegible]

AACo. 5-11 2908

HEALTH DEPARTMENT CITY OF BALTIMORE

336 44 ~~E~~ 75975

CERTIFICATE OF DEATH

108 E 75975

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St. 5-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul Carew

(a) Residence: No. 323 Forrest St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cuba

FATHER

13. NAME Geo. Carew

14. BIRTHPLACE (city or town) (State or country) W. Indies

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) Cuba

17. INFORMANT Geo. Carew

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johns. Cemetery Date Jan. 21 1932

19. UNDERTAKER Edward Bryan

(Address) 163 Orleans St.

20. FILED JAN 21 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-18-1932

22. I HEREBY CERTIFY, That I attended deceased from 1-15-1932, to 1-18-1932

I last saw h[illegible] alive on 1-15-1932 death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia (T VIII) (right upper lobe)	1-14-32

Other contributory causes of importance:

Chronic alcoholism

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury [illegible]

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. Age, should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75976

CERTIFICATE OF DEATH

V 12 E 75976

1. PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Broadway & Eager St. 8-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Dominic Orlando

(a) Residence: No. 1119 McDonough St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-28-1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	11	2120	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Maria Orlando

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Maria LoGuidice

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Maria Orlando

(Address) 1119 McDonough St

18. BURIAL, CREMATION, OR REMOVAL

Place Dalleron — Date 1/21/32

19. UNDERTAKER Geo. W. Roth & Sons

(Address) 1725 Hayward Ave

20. FILED JAN 21 1932 THOMAS J. HALPIN Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19-32

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1931 to Jan 19, 1932

I last saw h— alive on Jan 18, 1932 death is said to have occurred on the date stated above, at 6:45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix - Peritonitis	

Other contributory causes of importance:

Fecal fistula
Subdiaphragmatic Abscess

Name of operation appendectomy Date of Sept 26, 31

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W B Saunders M. D.

(Address) St Joseph's Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-II 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

E 5-84 75977 — 34 UE 75977

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 9-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances C. Helmrich

(a) Residence: No. 1505 Gilson St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/30/1931

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	4	20 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ernest Helmrich

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Beatrice Mutts

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 1/22/32

19. UNDERTAKER Geo. J. Ruth Inc
(Address) 1420 Whitelock Ave

20. FILED ..... 19.... ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1931, to Jan 20, 1932

I last saw h.e alive on Jan 20, 1932 death is said to have occurred on the date stated above, at 5.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Meningitis	1/19/32

Other contributory causes of importance:

Bronchopneumonia	1/18/32
acute laryngeal infection	12/1/31
Congenital syphilis	Since birth

Name of operation ..... Date of .....

What test confirmed diagnosis? Smear tap Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) J. C. Hutton, M. D.

1/20/32 (Address) J. H. Hosp

N. B.—WRITE PLAINLY, WITH PEN AND INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75978

CERTIFICATE OF DEATH

* 15 E 75978

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos 3 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amos St Pete

(a) Residence: No. 407 Tenth Ave N.E. St., ... Ward. ...
(If usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 31-1931

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	4 y 1/2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Florida

FATHER
13. NAME Amos St Pete
14. BIRTHPLACE (city or town) (State or country) Rhode Island

MOTHER
15. MAIDEN NAME Jackson Moran
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Providence R I Date June 21, 1932

19. UNDERTAKER Chas E Franck
(Address) 202 Madison Ave

20. FILED ... 19... ... Registrar

JAN 21 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-17-, 1932 to 1-20-, 1932

I last saw him alive on 1-20, 1932 death is said to have occurred on the date stated above, at 12:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus (communicating type (or internal type))	Aprox. birth

Other contributory causes of importance:

None

Name of operation Ventriculography Date of 1-20-32

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Dandy W Cush, M. D.
(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 75979

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75979

CERTIFICATE OF DEATH.

REGISTERED NO. 107

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2040 Clifton Ave ST., 8-17 WARD)

2-FULL NAME Fred Krueger

(a) RESIDENCE No. 2040 Clifton Ave ST., WARD Nov 26

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Anna Krueger

6 DATE OF BIRTH (month, day, and year): Aug. 20 1849

7 AGE: Years 82 | Months 5 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter 50

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John H Krueger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Wilhelmine Engelke

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Raymond R. Fader

(Address) 2040 E. Monument ave

15 Filed 1932 C. HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 20 1932

17

I HEREBY CERTIFY, That I attended deceased from January 11. 1932 to January 20. 1932.

that I last saw h alive on January 20. 1932.

and that death occurred, on the date stated above, at 850 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. 2 mos. 14 ds.

CONTRIBUTORY (Secondary): Bronchial Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Albert Arguiera, M. D.

1/22 19 (Address) 1175 E. Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Prospect, Mt. Ver. D.C.

DATE OF BURIAL: 1/22 1932

20 UNDERTAKER: Ellis S. White

ADDRESS 2552 Madison ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should see that CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

AaCo. 5-11 250B

E 75980 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 13 \ E 75930

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. 4-30 Ward)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Effie E. Dumphrey

(a) Residence: No. Brooklyn Md St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Effie E. Dumphrey

6. DATE OF BIRTH (month, day, year) Aug 1, 1871

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	60	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A.A. Co. Md

MOTHER FATHER

13. NAME Charles Dumphrey
14. BIRTHPLACE (city or town) (State or country) A.A. Co.
15. MAIDEN NAME Ann E Cromwell
16. BIRTHPLACE (city or town) (State or country) A.A. Co Md

17. INFORMANT Mrs Effie E. Dumphrey
(Address) Brooklyn R.F.D #9

18. BURIAL, CREMATION, OR REMOVAL
Place Catonsville Date Jan 26, 1932

19. UNDERTAKER Wm Tucker Sons
(Address) North & Penna Ave.

20. FILED JAN 27 1932 Jan 27, 1932 FERGUSON JONES, M. D.
Registrar

N. B. Blanks must be filled out in full, and information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/7, 1932 to 1/19, 1932

I last saw him alive on 1/19, 1932 death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis & hypertension	?
Uremia	3 days

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Hoanbaker, M. D.

(Address) University Hosp.

E 75981 Edmonds

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75981

CERTIFICATE OF DEATH

50

1 PLACE OF DEATH — Registered No. C

CITY OF BALTIMORE (No. 4711 Roland Ave. WARD 53)

2 FULL NAME Adelaide Louise Edmonds

(Residence in Baltimore: No. 4711 Roland Ave. St.; yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 If married, widowed or divorced (Write the word): widowed

6 DATE OF BIRTH: August 26, 1858 (Month) (Day) (Year)

7 AGE: 73 yrs. 4 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Living at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Abraham Mc Hildebrand

11 BIRTHPLACE OF FATHER (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Penelope Jane Wiales

13 BIRTHPLACE OF MOTHER (State or country): Orange County Va.

14 I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Jane Fritz

(Address): 3801 Juniper Road

15 [illegible] M. D.

REGISTRAR

JAN 21 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January 20th, 1932 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January, 1927, to January, 1932, that I saw her alive on January 20th, 1932, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Right Breast with Pathological Fracture

(Duration) yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Alice D. Parhurst M. D.

(Address) 1410 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death: yrs. mos. ds. In the State: yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: January 1932

20 UNDERTAKER: [illegible] J. Tucker & Son — ADDRESS: North Ave

Spec—9-30—A. & Co.—250 lbs.

George Decoursey

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75982

CERTIFICATE OF DEATH.

E 75982

108

1 PLACE OF DEATH

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. VT 3 Morris St. 19-28 WARD)

2 FULL NAME George Decoursey

(a) RESIDENCE No. VT 2 Morris ST. WARD
(Usual place of abode)

(If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE — Years: 47 - 44 | Months: | Days: | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Store
(c) Name of employer: Mr. Myers

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: William Dr Coursey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Ann Cagle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Lucy Thomas
(Address) 513 Morris alley

15 Filed JAN 21 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/19/32

17
I HEREBY CERTIFY, That I attended deceased from 1/14/32 to 1/19/32, 19
that I last saw h— alive on 1/19/32, 19
and that death occurred, on the date stated above, at 7 8, m.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Syphilis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. Lee Hill M. D.

(Address) 527 Woodall

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion — DATE OF BURIAL: 1/21/32

20 UNDERTAKER: James Gaskin — ADDRESS: Md

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 250B

E 75983 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75983

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 17-24 St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Green

(a) Residence: No. 921 Middle Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Green

6. DATE OF BIRTH (month, day, year) Dec. 17, 1902

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	29	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at (this occupation, (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Tom Green

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Emma Allen

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 1/22 1932

19. UNDERTAKER Samuel Easton
(Address) 916 Pinna Ave

20. FILED [illegible] 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1931, to Jan. 19, 1932

I last saw h im alive on Jan. 19 1932 death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	June 1930

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lawrence H. Sams M. D.
(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 21 1932 G. HAWSON JONES, M. D.

AACo. 5-11 2108

E 7598 HEALTH DEPARTMENT—CITY OF BALTIMORE E 75984

CERTIFICATE OF DEATH X 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hospital St., 11-24 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Brandt Patten

(a) Residence: No. [illegible] Lem, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of E. Beatrice Patten

6. DATE OF BIRTH (month, day, year) Nov 27, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lonaconing, Md

MOTHER FATHER

13. NAME Wm. F. Patten

14. BIRTHPLACE (city or town) (State or country) Port Deposit, Md.

15. MAIDEN NAME Celina Brown

16. BIRTHPLACE (city or town) (State or country) Port Deposit, Md.

17. INFORMANT Harold Wentz
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place West Nottingham Md. Jan 24 1932

19. UNDERTAKER J. E. Tyson
(Address) Lonaconing, Md.

20. FILED Jan 26 1932, 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-21, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-18, 1932, to 1-21, 1932

I last saw h[illegible] alive on 1-21, 1932 death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Lobar pneumonia	1-18-32

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I. C. [illegible] Churchill, M. D.
(Address) Md General Hospital

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 2500

E 75985 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 75985

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 15-21 108 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel Potts

(a) Residence: No. 1621 Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Morris Potts

6. DATE OF BIRTH (month, day, year): ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Upwards 50	?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ? 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): ? Germany

MOTHER FATHER

13. NAME: Israel Potts

14. BIRTHPLACE (city or town) (State or country): ? Germany

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL — Place: Hebrew Washington Blvd Date: 1/21, 19 32

19. UNDERTAKER (Address): Sol Levinson & Bro 1417 E. Baltimore St.

20. FILED JAN 21 1932, 19 — HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1931 to Jan. 20, 1932

I last saw her alive on Jan. 20, 1932 death is said to have occurred on the date stated above, at 11:50 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	3 days

Other contributory causes of importance:

Arteriosclerosis ch. — no 1930
Nephritis ch.
Hypertension

Name of operation None — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. Glanville Jr. M. D.

(Address) Balto. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

E 75986 **HEALTH DEPARTMENT CITY OF BALTIMORE** V

CERTIFICATE OF DEATH +108 E 75986

1. PLACE OF DEATH University Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 420 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 da. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Debora Fitch.

(a) Residence: No. Parkton Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry A. Fitch

6. DATE OF BIRTH (month, day, year) Dec. 15 1892.

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	39	1	6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home. 027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William M. Zinn

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Van Horn

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Harry A. Fitch (Address) Parkton Md.

18. BURIAL, CREMATION, OR REMOVAL. Place Fitch Cem Date 1/26 1932

19. UNDERTAKER Fred Lyssalyn Hamm (Address) 1401 Belair R.

20. FILED JAN 27 1932 19 CLAYTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/21 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/16/32, 19 ..., to 1/21/32, 19 ...

I last saw her alive on 1/21/32, 19 ..., death is said to have occurred on the date stated above, at 9 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	1/16/32

Other contributory causes of importance: Empyema (Left side) about

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry S. Shelley, M. D.

(Address) University Hospital

N.B.—While all the information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-11 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75987

CERTIFICATE OF DEATH

23 E 75987

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 Norris St., 19-28 Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Myrtle L Gierson

(a) Residence: No. 202 Norris St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph L Gierson

6. DATE OF BIRTH (month, day, year) May 14 1900

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
31	8	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER
13. NAME Charles H Hughes
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Anna Gladwell
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mr Joseph L Gierson
(Address) 202 Norris St

18. BURIAL, CREMATION, OR REMOVAL.
Place Western Cem. Date 1/23/1932

19. UNDERTAKER John F Cowan & Son
(Address) 901 Baltimore St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/20/ 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/29/ 1931, to 1/20/ 1932

I last saw h.. alive on 1/20/ 1932 death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ind (Phthisis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Leonard Terry ..., M. D.

(Address) 904 Lombard

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-19-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-903 E 75988

E 75988

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 234 S. Gilmor ST., 19-25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Hoff

(a) RESIDENCE NO. 234 S. Gilmor ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE: Annie E. Hoff

6 DATE OF BIRTH (month, day, and year): June 12 - 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63 Yrs.	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer): (Horseshoer)

(c) Name of employer: American Awning Co.

9 BIRTHPLACE (city or town) (State or country): Balto. Co.

PARENTS

10 NAME OF FATHER: Henry Hoff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Annie E Hoff

(Address) 234 S Gilmor St.

15 Filed JAN 21 1932, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 19-1932

17 I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1932, to Jan. 19, 1932 that I last saw h- alive on Jan 17, 1932 and that death occurred, on the date stated above, at 12:20 p. m.

The CAUSE OF DEATH* was as follows:

Influenza (1 week)

Bronchitis - Myocarditis (1 week) (1 month)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Ac. Dilatation Heart.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) H. S. Thorn, M. D.

1.20. 1932 (Address) 516 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	1/22/32
20 UNDERTAKER	ADDRESS
Harry H Wright	4101 Edmondson Ave

information should be carefully supplied. AGE should be stated EXACTLY. Parents' names should be given. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION necessary important. See instructions on back of certificate.

AACo. 5-11 250P

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75989

CERTIFICATE OF DEATH

124 E 75989

1. PLACE OF DEATH The Johns Hopkins Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilcox & Ogle St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mattie Tyrrell

(a) Residence: No. 1101 Thompson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm Ryan

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	50	Not Known	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Wm Ryan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 19

19. UNDERTAKER
(Address)

20. FILED ..... 19 ..... Registrar

JAN 27 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-11-32, 19..., to 1-20-32, 19...

I last saw her alive on 1-20-32, 19... death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis Liver	
Other contributory causes of importance:	
Dyspnoea	

Name of operation: Gastroenterostomy Date of: 1/15/32

What test confirmed diagnosis? Path Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. H. Hendrey M. D.
(Address) The Johns Hopkins Hospital

H. B.—WRITE PLAINLY, with pen and ink. AGE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 1-11 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75990

CERTIFICATE OF DEATH

E 75990

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1933 N. Mulberry. 2nd Ward) Registered No. 2069

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank M. Tyle

(a) Residence: No. 1933 N. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. If single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Margaret C. Tyle

6. DATE OF BIRTH (month, day, year): Sept 15, 1866

7. AGE: Years 65; Months 4; Days 4; If LESS than 1 day hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Power & Mechanical
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (City or town) (State or country): Baltimore Md

MOTHER FATHER
13. NAME: Fulton Tyle
14. BIRTHPLACE (city or town) (State or country): Baltimore
15. MAIDEN NAME: Sarah Powers
16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT (Address): Margaret Tyle 1933 N Mulberry St

18. BURIAL, CREMATION, OR REMOVAL. Place: Mt Olivet Date: 1-20 1932

19. UNDERTAKER (Address): Wm H. Tyle & Son

20. FILED JAN 21 1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jany 19 1932

22. I HEREBY CERTIFY, That I attended deceased from January 6 1932 to Jany 19 1932

I last saw him alive on Jany 19 1936 death is said to have occurred on the date stated above, at 8.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	1/6/32

(Other contributory causes of importance)

Arterio Sclerosis Unknown

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) M. A. Tyle M. D.
(Address) 105 N Fulton Ave

AN 21 1932 THOMPSON JONES, M. D.

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75991

CERTIFICATE OF DEATH

108 E 75991

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 E Preston St. 11-12 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Webster Smith

(a) Residence: No. 215 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If ~~married~~, widowed, or ~~divorced~~
(or) WIFE of Edw. W. Smith

6. DATE OF BIRTH (month, day, year) June 15th 1856

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
75	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Deals Island Md

MOTHER FATHER

13. NAME Michael Webster
14. BIRTHPLACE (city or town) (State or country) Deals Island Md
15. MAIDEN NAME Mary C. Evans
16. BIRTHPLACE (city or town) (State or country) Deals Island Md

17. INFORMANT Edward W. Smith
(Address) 1707 Chilton St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date 1/23/1932

19. UNDERTAKER Wm Cook
(Address) 217 E Paul St

20. FILED JAN 21 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21st 1932

22. I HEREBY CERTIFY, That I attended deceased from June 14 1932 to Jan 21 1932

I last saw her alive on Jan 20 1932 Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/15

Other contributory causes of importance:

Senility

Name of operation none Date of

What test confirmed diagnosis? Clinical signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas. P. Neer M. D.
(Address) 408 Stat Park Ave

R. R.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Blks.

E 75992

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 75992

CERTIFICATE OF DEATH

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospt, St. 16-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Salem J Bell

(a) RESIDENCE NO. 1036 Edmondson Av Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida E Bell

6 DATE OF BIRTH (month, day, and year) Sept 20 1862

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	69	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) N. C.

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant James E Bell

(Address) 917 N Carey

15 Filed JAN 21 1932 C. Hampson Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20, 1932 19

17 I HEREBY CERTIFY, That I attended deceased from Nov 11 1931 to Jan 20 1932

that I last saw h/i alive on Jan 20 1932

and that death occurred, on the date stated above, at 7 10 P m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio Vascular Disease & Cardiac Decompensation

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Chr Nephritis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. McDonald, M. D.

1-20, 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. J. Cabaniss

Date of Burial Jan 24, 1932

20 UNDERTAKER Edward H. Cabaniss

ADDRESS 438 N. Schroeder

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 75993

CERTIFICATE OF DEATH

93 E 75993

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 18-36 St., 8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Albert Shriner

(a) Residence: No. 19 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Nov. 22, 1849 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82 ?	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Samuel Shriner

14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER

15. MAIDEN NAME Mary Mirring

16. BIRTHPLACE (city or town) (State or country) ? Pa. ?

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place White Fine Woods Date Jan 24, 1932

19. UNDERTAKER C. Miller
(Address) [illegible]

20. FILED JAN 21 1932, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1931 to Jan. 20, 1932

I last saw him alive on Jan. 20, 1932 death is said to have occurred on the date stated above, at 8:30 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into Cerebrum }	Unknown
c hemiplegia }	
Myocarditis, Chr }	unknown
Arteriosclerosis }	Unknown

Other contributory causes of importance:

Bronchopneumonia	3 days

Name of operation None Date of

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas E Lynch Jr, M. D.
(Address) Balto. City Hosp.

WRITE PLAINLY, with pen and ink. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M & T—100 B—50L

75994 Jas A. Sommerfield Jr 1901 E 75994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 707 Fessier ST. 17-24 WARD)

2-FULL NAME John H. Sommerfield

(a) RESIDENCE NO 707 Fessier ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1896 Jan 15

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	—	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Geo H. Sommerfield

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Thomas

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany Md.

14 Informant Mary Sommerfield

(Address) 707 Fessier

15 Filed JAN 22 1932 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, and find that said deceased came to death by _____ (autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Hatfield, M. D. Coroner

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem.	1/22 1932
20 UNDERTAKER Walter B Spriggs	ADDRESS 1711 N Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AAGo. 1-11 1928

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75995

CERTIFICATE OF DEATH

107-E 75995

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital Ward) 8-17

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs mos ds How long in U.S. If of foreign birth 72 yrs mos ds

2. FULL NAME Mr. Joseph Burkhardt

(a) Residence: No. 1720 Terrell Place Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of ~~or WIFE of~~ Rose E Burkhardt

6. DATE OF BIRTH (month, day, year) Dec 5 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72.	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. R. R. Electric Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Agnes Gilmore
(Address) 1720 Terrell Place

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date Jan 23, 1932

19. UNDERTAKER Engelbrecht
(Address) 34 E Fayette St.

20. FILED JAN 22 1932 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1932 to Jan 21, 1932
I last saw him alive on Jan 21, 1932 death is said to have occurred on the date stated above, at 6 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia.	

Other contributory causes of importance:

Dementia	
Myocardial failure	3 days

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) [illegible] M. D.
(Address) St. Joseph Hosp. Balt

N. B.—WRITE PLAINLY, WITH INK. ALL ANSWERS SHOULD BE FULL. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250M

E 75996

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75996

CERTIFICATE OF DEATH

9-003

1. PLACE OF DEATH Mt Hope Retreat

CITY OF BALTIMORE: (No. Jan 20th 1932 St. 28-63 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Edward Murray

(a) Residence: No. Port Deposit Md. Ward.
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Aug 28th 1859

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	72	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " Making

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Port Deposit Md.

FATHER

13. NAME Joseph Murray

14. BIRTHPLACE (city or town) (State or country) Ireland Co Galway

MOTHER

15. MAIDEN NAME Mary Donnelly

16. BIRTHPLACE (city or town) (State or country) Ireland Co. Mayo

17. INFORMANT (Address) Records of Mt Hope Retreat Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL Place Cave de Grace Md. Date 1/23/32 19

19. UNDERTAKER Kenwood Funeral Home
(Address) Baltimore

20. FILED ... 19 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 16th 1928 to Jan 20th 1932

I last saw him alive on Jan 29 1932 death is said to have occurred on the date stated above, at 1:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Dont Know	(?)

Other contributory causes of importance:

Chronic Depr. Psychosis	
abt 5 years ago.	

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank J Flannery, M. D.

(Address) Mt Hope Retreat

N. B.—WRITE PLAINLY, WITH INK AND IN FULL. ALL information should be carefully supplied. AGE should state CAUSE OF DEATH in plain terms, so that OCCUPATION is very important. See instructions on back of certificate.

Theresa Fleckenstein

1-30—M. & T.—100 II—501.

E 75997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163 ✓

E 75997.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE, West Balto Gen Hosp ST. 27-56 WARD

2. FULL NAME Theresa Fleckenstein

(a) RESIDENCE NO 4638 Resleerstown Rd. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Adam —

6 DATE OF BIRTH (month, day, and year) July 19-1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	6	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Theo Fitzgerald

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Frey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Theresa Fleckenstein
(Address) 4638 Resleerstown

15 Filed ..... 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 20th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Suicide
By Chloride Mercury

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Flanagan M. D. Coroner

(Address) 1932

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Catholic Cem

DATE OF BURIAL 1/23/32

20 UNDERTAKER C. Vernon Emmons

ADDRESS 46 W. Lex St

G. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-11 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

E 75998 ✓ 107-001 E 75998

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 72 Scott St. 21-24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. 5 mos. 22 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Trustin Ensell

(a) Residence: No. 520 Scott St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie Ensell

6. DATE OF BIRTH (month, day, year) Feb 28 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	5	22	6 hrs

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cotton Weaver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mt Vernon Cotton Mills

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Isaac Ensell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Ensell
(Address) 520 Scott St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park, Date Jan 28 1932

19. UNDERTAKER Stone, F. Agency
(Address) 215 Light St

20. FILED JAN 22 1932 W. H. JAMES M. D. Registrar

N. B.—WRITE PLAINLY, WITH INDELIBLE PENCIL OR PEN AND INK. PHYSICIANS should be careful to see that all information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 16th, 1931, to Jan 19th, 1932

I last saw him alive on Jan 19th, 1932 death is said to have occurred on the date stated above, at 9.40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho — Pneumonia	Dec 16/31

Other contributory causes of importance:
Hypertension, Arteriosclerosis 1 yr ago.

Name of operation None Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Ekates, M. D.

(Address) 623 Scott St.

1-30—M & T—100 B—561.

E 75999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 E 75999

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Steamship City of Baltimore 36 ST. WARD)

2-FULL NAME Belle Stewart Reynolds

(a) RESIDENCE NO 1111 Loma Ave ST. Coronado California WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Zita N. Reynolds

6 DATE OF BIRTH (month, day, and year) June 3 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
62	62	7	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Placerville California
(State or country)

PARENTS

10 NAME OF FATHER William H Stewart

11 BIRTHPLACE OF FATHER (city or town) Penna
(State or country)

12 MAIDEN NAME OF MOTHER Isabelle Ryan

13 BIRTHPLACE OF MOTHER (city or town) N Y
(State or country)

14 Informant Eleanor Reynolds
(Address) 1111 Loma Ave Coronado Cal

Filed JAN 2 1933, 192 [illegible] JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry,) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Havre France

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Ellerzog M D, M. D. Coroner

12/22, 1932 (Address) 1306 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 1/22, 1933

20 UNDERTAKER John J Fahey Sons

ADDRESS 318 Light St

W. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important! See instructions on back of certificates.

1-30—M. & T.—100 M—50L

E 76000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7-13 X 92-001

E 76000

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 900 N. Washington St ST. WARD)

2-FULL NAME James Hanzlik

(a) RESIDENCE NO. Rosedale, Md. ST., WARD Non Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/2 yrs. mos. 1 Hour ds. How long in U. S., If of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Hazhilik

6 DATE OF BIRTH (month, day, and year) Jan 8/1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	0	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Joseph Hanzlik

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Catherine Hanzlik

(Address) Rosedale, Md.

Filed JAN 22 1932 HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Cardiac Valvular Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? History Given

(Signed) [illegible], M. D. Coroner

Jan 23/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill — DATE OF BURIAL June 23 1932

20 UNDERTAKER Frank Brack Sep 1906 — ADDRESS [illegible]

— THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

— ONLY, WITH UNFADING INK —

Spec.—9-30—A. & Co.—250 Blks

E 7600 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 45 VE 7600 II

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No 417 N. Duncan St. 6-10 WARD)

2. FULL NAME John Dornicak

(a) RESIDENCE NO 417 N. Duncan ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
W. M	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Theresa Dornicak

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Slavonia

PARENTS
10 NAME OF FATHER John Dornicak
11 BIRTHPLACE OF FATHER (city or town) (State or country) Slavonia
12 MAIDEN NAME OF MOTHER Anna Horak
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Slavonia

14 Informant (Address) Irene Dornicak 417 N. Duncan St

15 Filed JAN 22 1932 W. H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20/32

17 I HEREBY CERTIFY, That I attended deceased from Jan 17 1932 to Jan 20 1932
that I last saw him alive on Jan 19 1932
and that death occurred, on the date stated above, at 5:30 A m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia Both Lungs
Chronic Alcoholism
Chronic Nephritis
CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Fred Duff Jr M. D.
19 32 Address 500 N Duncan St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL Jan 23 1932

20 UNDERTAKER Frank Jackson ADDRESS 1416 Eutaw St

CAUSE OF DEATH to print clearly. See instructions on back of certificate. TION is very important.

Spec.—1-12-29—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 76002

193-001

E 76002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

4-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1312 Mulberry ST. (or) WARD) 19-16

2-FULL NAME Beatrice Ringold

(a) RESIDENCE No. 1312 W. Mulberry ST., 16 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 7 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Queen Anne Co. Md.

PARENTS

10 NAME OF FATHER: Samuel Ringold

11 BIRTHPLACE OF FATHER (city or town) (State or country): Queen Anne Co. Md.

12 MAIDEN NAME OF MOTHER: Georgia Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Queen Anne Co. Md

14 Informant (Address): Mrs Ringold 1312 W Fayette St

15 Filed JAN 7 1932 S. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/19/ 1932

17 I HEREBY CERTIFY, That I attended deceased from 1/11 , 1932, to 1/19 , 1932,

that I last saw him alive on 1/18 , 1932,

and that death occurred, on the date stated above, at 2:30 m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation, Dil Coronary Hypertrophy Sclerosis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Previous History

(Signed) W. H. Fitzhugh M. D.

, 19 (Address) 709 Henry St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion

DATE OF BURIAL: 1/22 1932

20 UNDERTAKER: Isaac L Bloom

ADDRESS: 109 W Montgomery

CAUSE OF DEATH in plain terms. See instructions on back of certificate. TION is very important

A&Co. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76003 — 97 E 76003 — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2903 Westfield Ave St. 27-43 Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Martha E. Miller

(a) Residence: No. 2903 Westfield Ave St., Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edmond Miller

6. DATE OF BIRTH (month, day, year) Aug 6, 1852

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	81	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lawrence Hammond

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Catherine

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Edmond Miller

(Address) 2903 Westfield Ave

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cem

Date Jan 22 19 32

19. UNDERTAKER J. H. Cole & Son

(Address) Lanvale & Linden Ave

20. FILED JAN 22 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 1931 to Jan 19 1932

I last saw her alive on Jan 19 1932 death is said to have occurred on the date stated above, at 5:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Arteriosclerosis	

Other contributory causes of importance:

Hypostatic Pneumonia.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm Krause M. D.

(Address) Med. Arts Bldg

State CAUSE OF DEATH in this space. See instructions on back of certificate. OCCUPATION is very important.

AaCo. 5-H 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76004

CERTIFICATE OF DEATH

93 E 76004

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 17-24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John C. Waters

(a) Residence: No. 531 Dolphin St. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month day year) Mar 17, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	51	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Benjamin Waters

14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER

15. MAIDEN NAME Elizabeth Williams

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 1/23 19 32

19. UNDERTAKER Samuel H. Hemsley
(Address) 1201 McCulloh St.

20. FILED JAN 27 1932 C. HAMILTON JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1931, to Jan. 20, 1932

I last saw him alive on Jan. 20, 1932 death is said to have occurred on the date stated above, at 6:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr	Sept 1930

Other contributory causes of importance:

Hypertension — Arteriosclerosis — Cystitis

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. E. Hamond Jr. M. D.

(Address) City Hosp.

State CAUSE OF DEATH in every case. OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

Cassell

E 76005 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76005

CERTIFICATE OF DEATH

11-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 N. Bidle ST. 17 WARD 4

2. FULL NAME Catherine Cassell

(a) RESIDENCE NO. 517 N. Bidle ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Col	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Life Women Shelter 517 N Bidle St

15 Filed JAN 27 1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 21 1932

17 I HEREBY CERTIFY, That I attended deceased from January 18 1932 to January 21 1932

that I last saw h[illegible] alive on January 20 1932

and that death occurred, on the date stated above, at 9 A. M.

The CAUSE OF DEATH* was as follows:

Grippe

(duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Pettit M. D.

, 19 (Address) 517 Huntington Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL 1/26/32

20 UNDERTAKER Samuel H Hendley

ADDRESS 517 N Bidle

CAUSE OF DEATH in plain terms. Indefinite answers such as "Heart Failure," "Old Age," "Senility," "Exhaustion," "Uremia," "Convulsions," "Infection," "Septicemia," "Pneumonia," "Tuberculosis," "Cancer," "Abscess," "Hemorrhage," "Accident," "Fracture," "Injury," "Burns," "Drowning," "Poisoning," "Suicide," "Homicide," "Unknown," "Undetermined," "Found Dead," "Still-born," "Premature," "Congenital," "Debility," "Marasmus," "Malnutrition," "Inanition," "Asthenia," "Cachexia," "Dropsy," "Tumor," "Ulcer," "Carbuncle," "Gangrene," "Necrosis," "Embolism," "Thrombosis," "Meningitis," "Encephalitis," "Myelitis," "Neuritis," "Paralysis," "Apoplexy," "Epilepsy," "Chorea," "Tetanus," "Rabies," "Hydrophobia," "Anthrax," "Glanders," "Actinomycosis," "Leprosy," "Syphilis," "Gonorrhea," "Chancroid," "Lymphogranuloma venereum," "Granuloma inguinale," "Trichomoniasis," "Candidiasis," "Blastomycosis," "Coccidioidomycosis," "Histoplasmosis," "Sporotrichosis," "Mycetoma," "Nocardiosis," "Actinomycosis," "Leptospirosis," "Rickettsialpox," "Typhus fever," "Brill's disease," "Scrub typhus," "Tsutsugamushi disease," "Q fever," "Rocky Mountain spotted fever," "Trench fever," "Relapsing fever," "Yellow fever," "Dengue," "Sandfly fever," "Phlebotomus fever," "Oroya fever," "Verruga peruana," "Bartonellosis," "Leishmaniasis," "Kala-azar," "Oriental sore," "Espundia," "Mucocutaneous leishmaniasis," "Chagas' disease," "American trypanosomiasis," "African trypanosomiasis," "Sleeping sickness," "Gambian trypanosomiasis," "Rhodesian trypanosomiasis," "Nagana," "Surra," "Dourine," "Mal de caderas," "Malaria," "Plasmodium falciparum malaria," "Plasmodium vivax malaria," "Plasmodium malariae malaria," "Plasmodium ovale malaria," "Blackwater fever," "Babesiosis," "Piroplasmosis," "Theileriosis," "East Coast fever," "Corridor disease," "Toxoplasmosis," "Pneumocystosis," "Pneumocystis carinii pneumonia," "Microsporidiosis," "Nosematosis," "Encephalitozoonosis," "Cryptosporidiosis," "Isosporiasis," "Cyclosporiasis," "Sarcocystosis," "Balantidiasis," "Balantidial dysentery," "Amebiasis," "Amebic dysentery," "Amebic liver abscess," "Amebic brain abscess," "Amebic lung abscess," "Amebic skin ulcer," "Amebic genital ulcer," "Amebic colitis," "Amebic appendicitis," "Amebic peritonitis," "Amebic pericarditis," "Amebic endocarditis," "Amebic myocarditis," "Amebic meningitis," "Amebic encephalitis," "Amebic myelitis," "Amebic neuritis," "Amebic paralysis," "Amebic apoplexy," "Amebic epilepsy," "Amebic chorea," "Amebic tetanus," "Amebic rabies," "Amebic hydrophobia," "Amebic anthrax," "Amebic glanders," "Amebic actinomycosis," "Amebic leprosy," "Amebic syphilis," "Amebic gonorrhea," "Amebic chancroid," "Amebic lymphogranuloma venereum," "Amebic granuloma inguinale," "Amebic trichomoniasis," "Amebic candidiasis," "Amebic blastomycosis," "Amebic coccidioidomycosis," "Amebic histoplasmosis," "Amebic sporotrichosis," "Amebic mycetoma," "Amebic nocardiosis," "Amebic actinomycosis," "Amebic leptospirosis," "Amebic rickettsialpox," "Amebic typhus fever," "Amebic Brill's disease," "Amebic scrub typhus," "Amebic tsutsugamushi disease," "Amebic Q fever," "Amebic Rocky Mountain spotted fever," "Amebic trench fever," "Amebic relapsing fever," "Amebic yellow fever," "Amebic dengue," "Amebic sandfly fever," "Amebic phlebotomus fever," "Amebic oroya fever," "Amebic verruga peruana," "Amebic bartonellosis," "Amebic leishmaniasis," "Amebic kala-azar," "Amebic oriental sore," "Amebic espundia," "Amebic mucocutaneous leishmaniasis," "Amebic chagas' disease," "Amebic american trypanosomiasis," "Amebic african trypanosomiasis," "Amebic sleeping sickness," "Amebic gambian trypanosomiasis," "Amebic rhodesian trypanosomiasis," "Amebic nagana," "Amebic surra," "Amebic dourine," "Amebic mal de caderas," "Amebic malaria," "Amebic plasmodium falciparum malaria," "Amebic plasmodium vivax malaria," "Amebic plasmodium malariae malaria," "Amebic plasmodium ovale malaria," "Amebic blackwater fever," "Amebic babesiosis," "Amebic piroplasmosis," "Amebic theileriosis," "Amebic east coast fever," "Amebic corridor disease," "Amebic toxoplasmosis," "Amebic pneumocystosis," "Amebic pneumocystis carinii pneumonia," "Amebic microsporidiosis," "Amebic nosematosis," "Amebic encephalitozoonosis," "Amebic cryptosporidiosis," "Amebic isosporiasis," "Amebic cyclosporiasis," "Amebic sarcocystosis," "Amebic balantidiasis," "Amebic balantidial dysentery," "Amebic amebiasis," "Amebic amebic dysentery," "Amebic amebic liver abscess," "Amebic amebic brain abscess," "Amebic amebic lung abscess," "Amebic amebic skin ulcer," "Amebic amebic genital ulcer," "Amebic amebic colitis," "Amebic amebic appendicitis," "Amebic amebic peritonitis," "Amebic amebic pericarditis," "Amebic amebic endocarditis," "Amebic amebic myocarditis," "Amebic amebic meningitis," "Amebic amebic encephalitis," "Amebic amebic myelitis," "Amebic amebic neuritis," "Amebic amebic paralysis," "Amebic amebic apoplexy," "Amebic amebic epilepsy," 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fever," "Amebic amebic dengue," "Amebic amebic sandfly fever," "Amebic amebic phlebotomus fever," "Amebic amebic oroya fever," "Amebic amebic verruga peruana," "Amebic amebic bartonellosis," "Amebic amebic leishmaniasis," "Amebic amebic kala-azar," "Amebic amebic oriental sore," "Amebic amebic espundia," "Amebic amebic mucocutaneous leishmaniasis," "Amebic amebic chagas' disease," "Amebic amebic american trypanosomiasis," "Amebic amebic african trypanosomiasis," "Amebic amebic sleeping sickness," "Amebic amebic gambian trypanosomiasis," "Amebic amebic rhodesian trypanosomiasis," "Amebic amebic nagana," "Amebic amebic surra," "Amebic amebic dourine," "Amebic amebic mal de caderas," "Amebic amebic malaria," "Amebic amebic plasmodium falciparum malaria," "Amebic amebic plasmodium vivax malaria," "Amebic amebic plasmodium malariae malaria," "Amebic amebic plasmodium ovale malaria," "Amebic amebic blackwater fever," "Amebic amebic babesiosis," "Amebic amebic piroplasmosis," "Amebic amebic theileriosis," "Amebic amebic east coast fever," "Amebic amebic corridor disease," "Amebic amebic toxoplasmosis," "Amebic amebic pneumocystosis," "Amebic amebic pneumocystis carinii pneumonia," "Amebic amebic microsporidiosis," "Amebic amebic nosematosis," "Amebic amebic encephalitozoonosis," "Amebic amebic cryptosporidiosis," "Amebic amebic isosporiasis," "Amebic amebic cyclosporiasis," "Amebic amebic sarcocystosis," "Amebic amebic balantidiasis," "Amebic amebic balantidial dysentery," "Amebic amebic amebiasis," "Amebic amebic amebic dysentery," "Amebic amebic amebic liver abscess," "Amebic amebic amebic brain abscess," "Amebic amebic amebic lung abscess," "Amebic amebic amebic skin ulcer," "Amebic amebic amebic genital ulcer," "Amebic amebic amebic colitis," "Amebic amebic amebic appendicitis," "Amebic amebic amebic peritonitis," "Amebic amebic amebic pericarditis," "Amebic amebic amebic endocarditis," "Amebic amebic amebic myocarditis," "Amebic amebic amebic meningitis," "Amebic 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Spec.—9-29—A. & Co.—250 Blks.

E 76006

E 76006 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 144 N. Kenwood Ave. S 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME MARTHA SCHMIDT

(a) RESIDENCE NO. 144 N. Kenwood Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of John Henry Schmidt

6 DATE OF BIRTH (month, day, and year) Jan. 27. 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Lawrence Bobb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Angst

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mr. J. H. Schmidt (Husband) 144 N. Kenwood Ave.

15 Filed JAN 22 1932 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19. 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec 14 - 1931, to Jan 19 - 1932, that I last saw her alive on Jan 19 1932, and that death occurred, on the date stated above, at 8.20p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Gustav C. Thiemy M. D.

1/20 1932 (Address) 164 W. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Jan. 22 1932

20 UNDERTAKER Henry Sander & Sons, Inc.

ADDRESS BALTIMORE & BROADWAY

CAUSE OF DEATH in plain terms, so that it may be understood by all persons. See instructions on back of certificate. TION is very important.

Form — 1-10-21 — M&T — 1500 Blks

E 76007

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76007

CERTIFICATE OF DEATH.

17-002

1-PLACE OF DEATH Franklin Square Hospital — REGISTERED NO.

CITY OF BALTIMORE: (No.) TILDEN ST. 13-536 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard McMorris

(a) RESIDENCE No. 608 W. 33rd St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced (a) HUSBAND of (b) WIFE of Janie McMorris

6 DATE OF BIRTH (month, day, and year) Nov. 11-1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer F. C. Davis Building Supply

9 BIRTHPLACE (City or town) (State or country) Harford Co. Md.

PARENTS

10 NAME OF FATHER George H. McMorris

11 BIRTHPLACE OF FATHER (City or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rachael A. Dills

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Maryland

14 Informant Mrs. Janie McMorris (Address) 608 W. 33rd St. City

15 Filed N 2 2 1932 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-20 1932

17 I HEREBY CERTIFY, That I attended deceased from 12-9 1931 to 1-20 1932

that I last saw him alive on 1-20 1932

and that death occurred, on the date stated above, at 8:30 A m.

THE CAUSE OF DEATH* was as follows:

Duodenal Ulcer

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) yrs. mos. ds.

Where was disease contracted if not at place of death? Gastro-intestinal surg

Did an operation precede death? Date of 12-12-31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. W. Peake, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL Jan. 20 1932

20 UNDERTAKER Horace F. Burgee — ADDRESS 3631 Falls Rd.

Make entries in this space in plain terms, so that it may be properly classified. Entire information called for should be given. CAUSE OF DEATH in plain terms, so that it may be properly classified. Entire information called for should be given. CAUSE OF DEATH is very important. See instructions on back of certificates.

AACo. 5-11 2508

E 76008 HEALTH DEPARTMENT CITY OF BALTIMORE E 76008

46v

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ~~1150~~ 20 yrs St. 12-19 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~1150~~ yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Sarah Oliver

(a) Residence: No. 1807 Towson Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Oliver

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	60?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Worlin, Kent Co. Md.

FATHER

13. NAME Alex Philips

14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER

15. MAIDEN NAME Sarah Henson

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT Records of (Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Jan. ? 1932

19. UNDERTAKER Wm H. G. Elliott (Address) 422 Reedsdale

20. FILED ..... 19 ..... Registrar

State CAUSE OF DEATH in such terms that a copy of this certificate will be sufficient for identification. See instructions on back of certificate. OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1932 to Jan. 17, 1932

I last saw her alive on Jan. 17, 1932 death is said to have occurred on the date stated above, at 8:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Autumn
Starvation	Autumn

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Clinical as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos Thurston Jr M. D.

(Address) Balto. City Hosp.

AUG 22 1932

AaCo. 4-H 1908

HEALTH DEPARTMENT CITY OF BALTIMORE

2E 76009 (6-4)

CERTIFICATE OF DEATH

13 V 2E 76009

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 13-59 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Celesta Williams

(a) Residence: No. 2315 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	Divorced

(a) If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (?)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Isaac Simpson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Octavia Johnson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Mt Calvary Date June 23, 1932

19. UNDERTAKER Mrs. A. G. Elliott
(Address) 1725 Eastlandave

20. FILED JUN 22 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1932 to Jan 20, 1932

I last saw her alive on Jan 20 1932 death is said to have occurred on the date stated above, at 7:45 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis, glomerular	Unknown
Uremia	Jan 14 1932
Other contributory causes of importance: Arteriosclerosis	5-6 years

Name of operation ... Date of ...

What test confirmed diagnosis? clinical + Autopsy? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. W. Ravenel M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain words. See instructions on back of certificate. OCCUPATION is very important.

E 76010

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76010

131

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1214 E North St. 18 WARD)

2-FULL NAME Mr. George Wesley Taylor

(a) RESIDENCE NO. 1214 E North ST. 18 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Sarah Elizabeth Taylor

6 DATE OF BIRTH (month, day, and year) Apr 13, 1845

7 AGE: Years 86 Months 9 Days 8 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: Elias Taylor -

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto., Md.

12 MAIDEN NAME OF MOTHER: X

13 BIRTHPLACE OF MOTHER (City or town) (State or country): X

14 Informant: Mrs Emmett Long

(Address) 1232 E 20th St.

15 Filed JAN 22 1932 19 [illegible] Registrar

C. HARRISON JONES, M.

JAN 22 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21, 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 16th, 1932, to Jan 21st, 1932, that I last saw him alive on Jan 21, 1932 and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bright's Disease -

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Arthur C Monaughan M. D.

1/21, 1932 (Address) 800 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem.

DATE OF BURIAL: 1/23 1932

20 UNDERTAKER: Harry F Witzke, 4101

ADDRESS: Edmondson Ave

CAUSE OF DEATH. See instructions on back of certificate. TION is very important

AaCo. 5-11 2508

E 76011 HEALTH DEPARTMENT CITY OF BALTIMORE

E 76011

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hospital (Street) 24-28 (Ward) 67

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Hahn

(a) Residence: No. 339 Ramsey St. Balt. Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 2 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT [illegible]
(Address) 339 Ramsey St

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 1/23 1932

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED JAN 22 1932 [illegible] Registrar.

MEDICAL CAUSES OF DEATH are very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1932 to Jan 20, 1932

I last saw her alive on Jan 20, 1932 death is said to have occurred on the date stated above, at 5 15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Lymphaticus	1 mos

Other contributory causes of importance:
Hypertrophy of thymus.
Secondary Adenemia-
Leukemia.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) St Joseph Hosp. Balt

AACo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76012

CERTIFICATE OF DEATH

93-E 76012

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 7-13 Ward)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine Richmeyer

(a) Residence: No. 1048 N. Gay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year) April 15, ?

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	74 ?	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine ?

FATHER

13. NAME Jas. W. Green

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Amanda

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 19

19. UNDERTAKER
(Address)

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1931 to Jan. 19, 1932

I last saw her alive on Jan. 19, 1932 death is said to have occurred on the date stated above, at 12:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chr.	4 months

Other contributory causes of importance:

Hypertension	Unknown
Arteriosclerosis	

Name of operation none Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas. Stewold Jr. M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH so that OCCUPATION is very important. See instructions on back of certificate.

JOHNS HOPKINS HOSPITAL JAN 21 1932 DOROTHY C. HANCOCK JONES M.D.

AACo. 5-11 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76013

CERTIFICATE OF DEATH

131 V E 76013

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 24-33 Ward)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augustus Montgomery

(a) Residence: No. 109 E. Oxford St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Augustus R. Montgomery

6. DATE OF BIRTH (month, day, year) June 7- 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) Worchester Co. Md.

13. NAME Isaac A. Moore

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Pearl Insley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Augustus R. Montgomery
(Address) 109 E. Oxford St.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Jan 23. 1932

19. UNDERTAKER Margaret A. Flynn
(Address) 1222 Eutaw Pl. Flynn & Jones, Inc.

JAN 22 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/20 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/4 1932 to 1/20 1932

I last saw h[illegible] alive on 1/20 1932 death is said to have occurred on the date stated above, at 2:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis & hypertension	?
Other contributory causes of importance: Uremia	Jan 3. 1932

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No if so, specify

(Signed) J. H. Homebaker, M. D.

(Address) Univ. Hosp.

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

Spec.—8-16-29—L. P. S.—100 Blks.

E 76014

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76014

93-003

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO. 21-28

CITY OF BALTIMORE: (No. 774 W. Coos ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William F. Sprol

(a) RESIDENCE NO. 774 W. Coos ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Laura Hayslup Sprol

6 DATE OF BIRTH (month, day, and year): May 11. 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foreman

(b) General nature of industry, business, or establishment in which employed (or employer): Balto. City

(c) Name of employer: Balto. City

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Samuel Sprol

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto, Md.

12 MAIDEN NAME OF MOTHER: Catherine Tierney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Mrs Laura Sprol

(Address): 774 W. Coos St

15 Filed ____, 19__ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/20/32.

17 I HEREBY CERTIFY, That I attended deceased from 1/10/. 1932. to 1/20/. 1932.

that I last saw h— alive on 1/20/. 1932

and that death occurred, on the date stated above, at 4.03 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) one day yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis Dis.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Bernard J. Flynn, M. D.

1/21. 1932 (Address) 910 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Jan. 23 1932

20 UNDERTAKER: F. Marquett J. Flynn — ADDRESS: 1422 Light St.

IMPORTANT: See instructions on back of certificates.

AdCo. 5-H 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76015

CERTIFICATE OF DEATH

151 E 76015

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital 710 Ward)

Length of residence in city or town where death occurred ..... yrs ..... mos ..... ds. How long in U.S. If of foreign birth? ..... yrs ..... mos ..... ds.

2. FULL NAME Margaret Mitchell

(a) Residence: No. 619 N. Grove St. Balt. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 13-31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thos. E. Mitchell

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Valeria Zeburger

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Thos. E. Mitchell
(Address) 619 N. Grove St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan 23. 1932

19. UNDERTAKER Maxwell F. Flynn
(Address) 1521 Light St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1931 to Jan 21 1932
I last saw her alive on Jan 21 1932 death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	4 wks.
Uremia	1 day
Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. W. Bamgardner M. D.

(Address) St Agnes Hospital Balto

OCCUPATION is very important. See instructions on back of this sheet.

AaCo. 5-31 250B

E 76016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-60 E 76016

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Length of residence in city or town where death occurred yrs. 3 mos. 22 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernadette Gist

(a) Residence: No. St. Vincents Infant Home Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 30-1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Helen Gist

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Helen Gist
(Address) St. Vincents Infant Home

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 23 1932

19. UNDERTAKER Martin Fisher & Sons
(Address) 1527 N. North Ave.

20. FILED JAN 22 1932 E. B. JONES, M. D. Registrar

OCCUPATION is very important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1932 to Jan 22 1932

I last saw her alive on Jan 22 1932 death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bi lateral Otitis Media	Jan. 12.
Bi lateral Broncho Pneumonia	Jan. 20 -
Tox	

Other contributory causes of importance: Marasmus

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) W. P. Davis M. D.

(Address) University Hospital

AaCo. 5-11 250B

76017 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9 5-76017

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bress City Hospital St., 6-10 Ward)

Length of residence in city or town where death occurred 64 yrs. — mos. — ds. How long in U.S. If of foreign birth 64 yrs. — mos. — ds.

2. FULL NAME Elizabeth Madden

(a) Residence: No. 206 N. Madeira St., — Ward. —
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of William F.

6. DATE OF BIRTH (month, day, year) Apr 7, 1866

7. AGE Years	Months	Days	If LESS than 1 day hrs or min
65	9	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) St Louis, Mo.

FATHER
13. NAME John Wacker
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Marie ?
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records, Bress City Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Jan 25, 1932

19. UNDERTAKER Lilly & Sons Inc.
(Address) 4032 Black St.

20. FILED —, 19 1/4 Registrar

OCCUPATION is very important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-21, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-14, 1931, to 1-21, 1932

I last saw her alive on 1-21, 1932 death is said to have occurred on the date stated above, at 1 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into cerebrum	Mar. 1931
Myocarditis, chronic	Unknown
Arteriosclerosis	
Other contributory causes of importance:	
Bronchopneumonia	1 week

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jas. Stumbaugh, M. D.

(Address) Bress City Hosp

AaCo. 5-31 250P

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76018

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1201 St. or Ward)

Registered No. 31E 76018

Length of residence in city or town where death occurred 57 yrs. I mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. George John Pickert

(a) Residence: No. Wardour, Annapolis, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Mrs. Caroline E. Pickert

6. DATE OF BIRTH (month, day, year) Sept 20, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager C. A. Long Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Peter Pickert Sr.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Schutz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Date Jan 23. 1932

19. UNDERTAKER John F. Denny (Address) 1115 Light St.

20. FILED 19 Registrar

STATE REGISTRAR: OCCUPATION is very important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20. 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14. 1931. to Jan 20. 32

I last saw him alive on Jan. 20 1932 death is said to have occurred on the date stated above, at 5.25 p.m.

The principal cause of death and related causes of importance were as follows:

Uremia, caused by Chronic nephritis with hypertension and myocardial insufficiency.

Date of onset

Other contributory causes of importance:

Pneumonia Left lung at base.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) K Francis, M. D.

(Address) Union Mem. Hosp.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76019 ✓ E 76019

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1831 W. Franklin St. St. 70-27 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Louise White.

(a) Residence: No. 1831 W. Franklin St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar G. White.

6. DATE OF BIRTH (month, day, year) June 23-1886.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	6	29,	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER
13. NAME Henry F. Mühlhan.
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER
15. MAIDEN NAME Juliana Wichenlein.
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) Edgar G. White 1831 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL Dear's Island, Md. Date Jan. 24 1932.

19. UNDERTAKER (Address) Charles J. Schwab 505 N. Monroe St.

Filed JAN 27 1932 C. HAMPSON JONES, M. D. Registrar

OCCUPATION is very important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1st, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1929, to Jan 1st, 1932

I last saw her alive on Jan 1st, 1932 death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	

Other contributory causes of importance:

Age	Jan 1 32

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Walter E. Dreyer M. D.
(Address) 207 Medical Arts Bldg.

FACo. S-11 2908

76020

HEALTH DEPARTMENT—CITY OF BALTIMORE

36 E 76020

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3163 Ravenswood St. 8-40 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Joseph White

(a) Residence: No. 3168 Ravenswood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Oct 18 1912

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	19	03	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME Andrew White

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Anna Welsh

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Andrew White
(Address) 3168 Ravenswood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 3 1932

19. UNDERTAKER J. J. Henderson
(Address) 136 Lanvale

Filed 1-27-1932 C. HAMPSON JONES, M. D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1931, to Jan. 20, 1932

I last saw him alive on Jan. 19, 1932 death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Septicemia	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Blood culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury ..., 19...
Where did injury occur? -
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury -
Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Eugene F. Pavagnet, M. D.

(Address) 514 Drury Lane

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76021

CERTIFICATE OF DEATH.

159 E 76021

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2668 W. Franklin St. 20-69 WARD)

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby girl Hood

(a) RESIDENCE NO. 2668 W. Franklin ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 20, 1932

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of Industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William Edgar Hood

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Pauline Agnes Reinhardt

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Wm E. Hood
(Address) 2668 W Franklin St

15 Filed JAN 22 1932 16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1932 to Jan 20 1932
that I last saw her alive on Jan 20 1932
and that death occurred, on the date stated above, at 5-15 p.m.
The CAUSE OF DEATH* was as follows:

Prematurity (28 wks)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Maternal Nephritis

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) [illegible] M. D.
(Address) Mid Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL: JAN 22 1932

20 UNDERTAKER — ADDRESS

Commissioner Health

CAUSE OF DEATH to print terms, and TION is very important. See instructions on back of certificates.

1-20—M. & T.—100 B—50L.

E 76022

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-09 E 76022

CERTIFICATE OF DEATH

1-PLACE OF DEATH — Enroute from 1234 Greenmount Ave

CITY OF BALTIMORE: (No.) St. Joseph Hospital (ST.) 12-19 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME — Harry Eason

(a) RESIDENCE NO ... (Usual place of abode) ST., 202 E. Lanvale WARD ...

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 13/1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	54	8	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Syracuse, N.Y.

PARENTS

10 NAME OF FATHER Henry Eason

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Marsella ----

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Marsella Eason (Sister)
(Address) 202 E. Lanvale St

15 Filed JAN 22 1932 C. HAMPSON JONES, M. D. Registrar
By ...

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cardiac Valvular Insufficiency

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) ... Coroner, M. D.

Jan. 21/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — St. Vincents — DATE OF BURIAL Jan 23 1932

20 UNDERTAKER — Rita Mudefield — ADDRESS 914 Gramt Ave

CAUSE OF DEATH — See back of certificate. See Instructions on back of certificate. TION is very important.

A4Ca 4-H 2M

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76023 — CERTIFICATE OF DEATH — 46 — E 76023

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 Ensor St. 10-14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nellie R. Brown

(a) Residence: No. 1123 Ensor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Timothy S Brown

6. DATE OF BIRTH (month, day, year): June 1884

7. AGE: Years 47; Months 7; Days 21; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER
13. NAME: Robert Brown
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Annie Grady
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Mr Timothy Brown 1123 Ensor St

18. BURIAL, CREMATION, OR REMOVAL — Place: Cathedral — Date: Jan 25 1932

19. UNDERTAKER (Address): Rita Wittefeld 917 Greenmount Ave

20. FILED: Jan 27 1932 — C. HAMPSON JONES, M. D. (Registrar)

N 22032

State whether NEGRO, MULATTO, or INDIAN. See instructions on back of certificate. OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/22/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/5, 1931, to 1/22, 1932

I last saw h[er] alive on 1/21, 1932 death is said to have occurred on the date stated above, at a m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach — Date of onset

Other contributory causes of Importance:

Name of operation: Removal ovarian cyst — Date of: June/31

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr Bernard Weiss M.D.
(Address) 1216 N Calvert St

Spec.—9-30—A. & Co.—250 Blks.

76024 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 76024

CERTIFICATE OF DEATH

20-27 92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1901 W. Baltimore ST.) (WARD)

2 FULL NAME James P. Hamilton

(a) RESIDENCE NO. (Usual place of abode) 1901 W. Baltimore ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. 10 mos. 28 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Hering

6 DATE OF BIRTH (month, day, and year) Feb. 22, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	85	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER Richard Hamilton

11 BIRTHPLACE OF FATHER (city or town) ----- (State or country) Maryland

12 MAIDEN NAME OF MOTHER Caroline Vernon

13 BIRTHPLACE OF MOTHER (city or town) ------ (State or country) Maryland

14 Informant (Address) Mrs. Ida Hamilton 1901 W. Baltimore St.

15 C. HAMPSON JONES, M. D. Registrar

2 2 1932

TION is very important. See instructions on back

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20. 32

17 I HEREBY CERTIFY, That I attended deceased from June, 1931, to Jan 20, 1932

that I last saw h[e] alive on Jan 18, 1932 at a m.

and that death occurred, on the date stated above, at a m.

The CAUSE OF DEATH* was as follows:

Aortic regurgitation

Uteris-Sclerosis

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) ... — (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Chas F Blake M. D.

Jan 6 1932 (Address) 20 E Preston

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: 1/23 1932

20 UNDERTAKER: Landry & Meade — ADDRESS: 805 N. Calvert

AACo. 4-H 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76025 E 76025

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. ..... St. 19-28 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Dietzel

(a) Residence: No. 1835 Dover St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 29, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7 6	23 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME Fred
14. BIRTHPLACE (city or town) (State or country) ? Germany

MOTHER
15. MAIDEN NAME Elizabeth
16. BIRTHPLACE (city or town) (State or country) ? Germany

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Jan 23 1932

19. UNDERTAKER F. B. Speer
(Address) 856 S. Bells St

20. FILED JAN 22 1932 C. HAMPSON JONES, M. D., Registrar.

OCCUPATION is very important. See instructions

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1931 to Jan. 21, 1932
I last saw him alive on Jan. 21, 1932 death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	7 months

Other contributory causes of importance: Myocarditis, chronic Arteriosclerosis 4 years

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. Edmunds, M. D.
(Address) City Hosp

Spec—9-30—A. & Co.—250 Blks

(Traffic)

76026 HEALTH DEPARTMENT—CITY OF BALTIMORE 76026

CERTIFICATE OF DEATH.

REGISTERED NO. 73

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 Ramsay St. WARD 16-26)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Theo Trippe

(a) RESIDENCE NO. 619 Ramsay St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11/25/1912

7 AGE: Years 19; Months 1; Days 25; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School boy.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): S. Carolina

PARENTS

10 NAME OF FATHER: Jules Trippe

11 BIRTHPLACE OF FATHER (city or town) (State or country): S. Carolina

12 MAIDEN NAME OF MOTHER: Mary Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S. Carolina

14 Informant (Address): Mrs. V. Trippe 619 Ramsay St.

15 Filed 1-22-1932

16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-20-32

17 I HEREBY CERTIFY, That I attended deceased from 12/12/31, to 1/20/32

that I last saw h alive on 1/20/32 at 6.30 P.M.

and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows: Pneumonia Phthisis

(duration) yrs. 1 mos. 0 ds.

CONTRIBUTORY (Secondary) Inf. of B.

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis M. D.

1/21/32 (Address) 424 Park.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery DATE OF BURIAL: Jan 23 1932

20 UNDERTAKER: Sam'l. H. Chase & Son ADDRESS: 638 N. Gilmor

TION is very important. See instructions on

Acton V 001

1-30—M. & T.—100 B—50L

E 76027

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76027

CERTIFICATE OF DEATH

REGISTERED NO. 86

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Enroute St Joseph Hospital

CITY OF BALTIMORE: (No. 12-19 ST., WARD)

2-FULL NAME William Action

(a) RESIDENCE NO. 402 E. Preston St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alceda Action

6 DATE OF BIRTH (month, day, and year) Aug 15/1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	46	5	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Plasterer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) County Galway. Ireland

PARENTS

10 NAME OF FATHER John Acton

11 BIRTHPLACE OF FATHER (city or town) (State or country) County Galway, Ireland

12 MAIDEN NAME OF MOTHER Catherine Conroy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) County Galway, Ireland

14 Informant Mrs. Mary Burke

(Address) 634 79th St., Brooklyn, N.Y.

15 Filed JAN 22 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage- Fracture of skull. Accidently fell down stair (2nd floor) at 1134 Homewood Ave.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

Jan 19 32 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral DATE OF BURIAL 1-23 19 32

20 UNDERTAKER [illegible] ADDRESS 1931 Eutaw

CAUSE OF DEATH. See instructions on back of certificate. ATION is very important

1-30—M. & T.—100 B—50L

E 76028

HEALTH DEPARTMENT—CITY OF BALTIMORE

210-00 E 76028

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 12-50 WARD)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Dawson Spedden.

(a) RESIDENCE NO 441-E.22nd.St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Willie E.Spedden.

6 DATE OF BIRTH (month, day, and year) October 7,1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	66	3	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired merchant.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Rufus Spedden.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Elizabeth Marshall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Louise Heddinger.

(Address) 500-E.22nd St.

15 Filed 1-27-1932 C. HAMPSON JONES, M. D. Registrar

N 27932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 21, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull
Struck and knocked down by an Automobile while crossing the Street (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental Death (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Mt. Royal & North Ave's.

Did an operation precede death? No. Date of January 16, 1932

Was there an autopsy? No.

What test confirmed diagnosis? Inquest.

(Signed) Otto M. Bernhardt, M. D. Coroner

1/22/32 (Address) 917 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cambridge, Md. Cemetery — DATE OF BURIAL: 1/23/1932

20 UNDERTAKER: Wm Cook 1217 St Paul St — ADDRESS

CAUSE OF DEATH must be given in plain terms. See instructions on back of certificates. TION is very important

AACo. 5-11 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76029

133 E 76029

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2604 W. Rogers Ave Ward) 27-55

Length of residence in city or town where death occurred 1 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Charles A. Brown

(a) Residence: No. 2604 W. Rogers Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~or WIFE of~~ Lizzie Hollington Brown

6. DATE OF BIRTH (month, day, year) Oct 22nd 1847

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
84	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Cr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrical

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

MOTHER'S FATHER

13. NAME Wm J. Brown

14. BIRTHPLACE (city or town) (State or country) New Jersey

15. MAIDEN NAME Margaret Tully

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Mrs Erwin F.W. Huber
(Address) 2604 W. Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL. Date Rahway N.J. 1/25/1932

19. UNDERTAKER Jno Cook
(Address) 1217 St Paul St

20. FILED 2 2 1932 19 ... Registrar

OCCUPATION is very important. See instructions.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21st 1932

22. I HEREBY CERTIFY, That I attended deceased from January 1st 1932 to January 21st 1932

I last saw h[illegible] alive on January 20th 1932 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia -	
Acute Nephritis	?

Other contributory causes of importance:

Chronic Cyst. - 12 yrs -
Hypertension - 2 years -

Name of operation None Date of

What test confirmed diagnosis? ? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) [illegible]

Cor.—1-12-23—M&T—100 Blks.

E 76030

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-20 E 76030

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 6-10 WARD)

2-FULL NAME Martin William McAllister

(a) RESIDENCE NO. 2443 Jefferson St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of WIFE of Mary Seibert McAllister

6 DATE OF BIRTH (month, day, and year) July 17.1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	64	6	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer) Railroad
(c) Name of employer Penn. R.R.

9 BIRTHPLACE (city or town) Washington Co.
(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mrs. Mary S. McAllister
(Address) 2443 Jefferson St.

15 Filed ..., 192... Registrar

TION is very important. See instructions

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20. 1922

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Odema
Myocardial Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) [signature] (Surgeon.) , M. D.

Jan 22/32 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Jan. 23 1922

20 UNDERTAKER Hughes & Jones Inc ADDRESS 424 N. Brdy.

C. HAMPSON JONES, M. D.

JAN 27 1932

E 76031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 76031

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 522 Lyndhurst ST. 70-71 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. William Jeff Adams

(a) RESIDENCE NO. 522 Lyndhurst ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 6 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice B. White (A)

6 DATE OF BIRTH (month, day, and year): Dec 4 1850

7 AGE: Years 81 Months 6 Days 17 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Grocer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Wm. T. Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Margaret Mellvaine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Alice White Adams 522 Lyndhurst St

15 2-2 1932 C. HARPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 21 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec 1924 to Jan 21 1932

that I last saw him alive on Jan 21 1932

and that death occurred, on the date stated above, at 2:45 P. m

The CAUSE OF DEATH* was as follows:

Chronic Ecus Cardiac Myocarditis

Chronic Nephritis

Arteria-Sclerosis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted — if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Finding

(Signed) S. L. Wagner, M. D.

19 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Jan 23 1932

20 UNDERTAKER: John U. Mitchell & Bros.

ADDRESS: 1900 Eutaw

TION is very important. See instructions

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76032

23 E 76032

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 7-24 St., Ward)

Length of residence in city or town where death occurred 2 yrs. 5 mos. 12 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Regina Paytas

(a) Residence: No. 1805 Fleet St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) Aug. 10, 1929

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Thomas Paytas
14. BIRTHPLACE (city or town) (State or country) Baltimore Md
15. MAIDEN NAME Florence Sleb
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Thomas Paytas
(Address) 1805 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Jan 23 1932

19. UNDERTAKER John M Richey
(Address) [illegible]

20. FILED ..... 19 .... Registrar

27 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1932, to Jan 22, 1932
I last saw h[illegible] alive on Jan 22 1932 death is said to have occurred on the date stated above, at 7 05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	12/1/31
Miliary Tuberculosis (Pulmonary)	12/27/31

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A Peter Meranda M. D.
(Address) Sydenham Hospital

pec.—1-30—M. & T.—250 Blks.

76033 ✓ 76033

76033 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76033

CERTIFICATE OF DEATH.

122-002

1-PLACE OF DEATH The Church Home & Infirmary

CITY OF BALTIMORE: (No.) N. Broadway (ST.) 6-4 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Nolle Mitchell

(a) RESIDENCE NO. Belair Maryland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Estell Mitchell

6 DATE OF BIRTH (month, day, and year) 10/18/54

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	✓ 77 years	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Isaac Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hartford Co Md

12 MAIDEN NAME OF MOTHER Hannah Bodenwick Jan 22, 1932

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Co Md

14 Informant Mrs Nolle Mitchell

(Address) Belair Md

15 Filed ~~2~~ 3 1932 HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 22, 1932

17 I HEREBY CERTIFY, That I attended deceased from January 20, 1932 to January 22, 1932

that I last saw h in alive on January 22, 1932

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Acute intestinal obstruction mechanical of the lower third of the ileum

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Paralytic ileus

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of January 10, 1932

Was there an autopsy? Yes

What test confirmed diagnosis? History Physical Exam autopsy

(Signed) J. Frank Hemel M. D.

(Address) The Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Lawn Md DATE OF BURIAL January 25 1932

20 UNDERTAKER Lemmon & Sisler ADDRESS Belair Md

AdCo. 5-11 2501

HEALTH DEPARTMENT CITY OF BALTIMORE

7603½

CERTIFICATE OF DEATH

11-E 7603½

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 6-9 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Salvatore Sanzotta

(a) Residence: No. 211 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant.

6. DATE OF BIRTH (month, day, year) Dec 19 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	14	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Salvatore Sanzotta
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rose Simeone
16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSP. Bal.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 23 1932

19. UNDERTAKER Mendell. Address 300 S. Broadway

C. HAMPSON JONES, M. D.

20. FILED Jan 23 1932 Registrar

OCCUPATION is very important. See instructions on back.

N 231932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1932 to Jan 21, 1932

I last saw him alive on Jan 21, 1932 50 death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

Meningitis (influenza) — Date of onset Jan 13, 1932

(Other contributory causes of importance:)

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Alan K. Krause, M. D.

(Address) Johns Hopkins Hosp.

1-30—M & T—200 B—50L

76035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 76035

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 504 N. Gilmor ST. 19-27 WARD

2-FULL NAME Wm Myers

(a) RESIDENCE NO 504 N Gilmor ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
✓ 52	51			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Gardener
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unk

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unk

14 Informant Lizzie Myers (Address) 504 N. Gilmor

15 Filed 2 3 1932 G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 20th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) Inquest thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Nephritis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Jas. Th. Hollins M. D. Coroner

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary Cemetery	Jan 23 1932
20 UNDERTAKER Archibald A. Gaddis	ADDRESS 1840 E. Baltimore St.

CAUSE OF DEATH: See instructions on back of certificate. TION is very important

E 76036

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76036

CERTIFICATE OF DEATH.

125-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 516 N Carrollton St. Ave WARD 26

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Layton

(a) RESIDENCE NO. 516 N. Carrollton St. Ave WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Moses Layton

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63 - 1879	-	-		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer) General

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER John Taylor

11 BIRTHPLACE OF FATHER (City or town) (State or country) Richmond Va

12 MAIDEN NAME OF MOTHER Louise Taylor

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Richmond Va

14 Informant (Address) Robert Layton Son 516 Carroll Ave

Filed Feb 3 1932, 19

Registrar

TION is very important

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 21-Jan, 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec-18, 1931 to Jan 20, 1932

that I last saw h alive on Jany 20, 1932

and that death occurred, on the date stated above, at 12 Noon

The CAUSE OF DEATH* was as follows:

Jaundice

(duration) yrs. mos 2 1/2 ds.

CONTRIBUTORY (Secondary) Torpid Liver Constipation

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical Test

(Signed) J H Walters M. D.

(Address) 1008 N Eden St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudoun Park Va.

DATE OF BURIAL Jan 23 1932

20 UNDERTAKER Carlin's & Co. Gaddis 1841 N Gallows

ADDRESS

AaCo. 5-11 2500

76037

HEALTH DEPARTMENT CITY OF BALTIMORE

23 E 76037

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4104 Northern Parkway St. 27-42 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Frank Sanford

(a) Residence: No. 4104 Northern Parkway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillie Sanford

6. DATE OF BIRTH (month, day, year) July 24, 1875

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
57	56	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture Factory

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frank Sanford

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs. Lillie Sanford
(Address)

18. BURIAL, CREMATION, OR REMOVAL Louden Park Date Jan. 23, 19 32

19. UNDERTAKER John Ullrich
(Address) 2008 Orleans St.

No. FILED ... 19 ... Registrar

OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1931 to Jan 21, 1932

I last saw h[illegible] alive on Jan 20 1932 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tubercular Abscess	Dec 1931
Other contributory causes of importance: Lobar Pneumonia Nov 1931 complicated with abscess	2 mos

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Edward [illegible] M. D.

1/22/32 (Address) 413 Wyoming Ave

AdCo. 5-31 2WB

HEALTH DEPARTMENT CITY OF BALTIMORE

76038

CERTIFICATE OF DEATH

46 E 76038

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2015 E Eager St. 1-17 Ward)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Ann Collins

(a) Residence: No. 2015 E Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/8/1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	67	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coffee Packer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086
10. Date deceased last worked at this occupation (month and year) 2 mo 32
11. Total time (years) spent in this occupation 38 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME George H. Collins
14. BIRTHPLACE (city or town) (State or country) Baltimore
15. MAIDEN NAME Miranda Holland
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Sarah E. Hall
(Address) 2015 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Jan 26 1932

19. UNDERTAKER John Ullman
(Address) 2008 Eastern Ave

N 23 1932 19 [illegible] Registrar

OCCUPATIONS IS VERY IMPORTANT

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21. 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1931 to Jan 21 1932
I last saw h[illegible] alive on Jan 21. 1932 death is said to have occurred on the date stated above, at 10:47 P.m.

The principal cause of death and related causes of importance were as follows:

Chronic Mitral Obstruction
Coronary Thrombosis
Acute Cardial Dilatation

Date of onset: about 4 mo / 1 day

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.
(Address) 2302 E Eager St

Spec.—9-30—A. & Co.—250 Blks.

76039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 E 76039

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 N Mount St. WARD 16-22)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lottie Waters

(a) RESIDENCE No. 721 N Mount St. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Luck Waters

6 DATE OF BIRTH (month, day, and year): 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 07°

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Anne Arundel Co Md

PARENTS

10 NAME OF FATHER: Chas Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country): Anne Arundel Co

12 MAIDEN NAME OF MOTHER: Emma Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Anne Arundel Co

14 Informant: Chas Waters
(Address) 721 N Mount St

15 [illegible] C. HAMPSON JONES, M. D. Registrar
2 3 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 22 1932

17

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931, to Jan 22, 1932

that I last saw her alive on Jan 22, 1932

and that death occurred, on the date stated above, at 7.40 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Uterus
with exhaustion and uremia

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) B F French M. D.

Jan 23, 1932 (Address) 723 Cathedral Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Myers Burying Ground, DATE OF BURIAL: Jan 25 1932

20 UNDERTAKER: Jarrett & Westcott ADDRESS: Edmondson Ave

TION is very important. See instructions

Spec.—9-30—A. & Co.—250 blks

76040 HEALTH DEPARTMENT—CITY OF BALTIMORE

93 L 76040

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No 2418 Fait Ave. ST 1-3 WARD)

REGISTERED NO (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME MARGARET SCHMIDT

(a) RESIDENCE NO 2418 Fait Ave. ST WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of John H. Schmidt

6 DATE OF BIRTH (month, day, and year) Dec.18.1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	68	1	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Kunigunda Gunther

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Pearl Gruebel (Daughter)
(Address) 2418 Fait Ave.

N 2 3 1932 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 21. 1932

17 I HEREBY CERTIFY, That I attended deceased from January 3 1932, to January 21 1932
that I last saw h Er alive on January 21 1932
and that death occurred, on the date stated above, at 8.15 p m.
The CAUSE OF DEATH* was as follows:

Arteriosclerotic Disease Heart
Auricular Fibrillation

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Multiple Thrombosis
(duration) yrs. mos. 18 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Talbot N. Athey M. D.

Jan 22 1932 (Address) 100 E Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Paul's Cemetery — DATE OF BURIAL: Jan. 23. 1932

UNDERTAKER: Henry Sander & Sons, Inc. — ADDRESS: BALTIMORE & BROADWAY.

TION is very important. See instructions on back of certificate

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76041

CERTIFICATE OF DEATH

48 E 76041

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 N. Glover St. 7-10 Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos. ds.

2. FULL NAME Gertie E. Stewart

(a) Residence: No. 503 N. Glover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. E. Stewart

6. DATE OF BIRTH (month, day, year) Jan 5 1882

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	50	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 051

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel, Del.

MOTHER FATHER

13. NAME William H. Wright

14. BIRTHPLACE (city or town) (State or country) Del.

15. MAIDEN NAME Sarah E. Hurlock

16. BIRTHPLACE (city or town) (State or country) Del.

17. INFORMANT Geo. E. Stewart (Address) 503 N. Glover St.

18. BURIAL, CREMATION, OR REMOVAL Laurel, Del. Place Odd Fellows Cem. Date Jan. 25 1932

19. UNDERTAKER Wm. C. Shullo & Son (Address) 2334 Jefferson St.

20. FILED 1-25-1932 19.... Registrar. apm

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22nd 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1931, to Jan 22nd 1932 that saw her alive on Jan 22nd 1932 death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (Uterus)	July 1930

Other contributory causes of importance:

Cardiac Failure

Name of operation Hysterectomy Date of July 1930

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bert S. Kirk M. D.

(Address) 3176 Harford Rd.

AdCo. 5-31 250B

76042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-54 93 L 76042

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Brooks Hall Apts. St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William B. Moses

(a) Residence: No. Brooks Hall Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Moses

6. DATE OF BIRTH (month, day, year) Mch. 29, 1838

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	93	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jacob Moses

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosa Wolf

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Miss. B. Moses Brooks Hall Apts.

18. BURIAL, CREMATION, OR REMOVAL Place Balto. Hebrew Date Jan. 24, 1932

19. UNDERTAKER (Address) David Hamburger's Son 1002 Eutaw Place.

20. FILED 1932 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jany 17, 1932, to Jany 22, 1932

I last saw him alive on Jany 22 1932 death is said to have occurred on the date stated above, at 12.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis — acute Symptoms (arteriosclerotic in origin)	Jany 9 1932
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. Hampson Jones, M. D.

(Address) 1207 Eutaw Place

AaCo. 5-31 2508

E 76043

HEALTH DEPARTMENT—CITY OF BALTIMORE

59, E 76043

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Temple Garden Apts. St. 13-59 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Herford

(a) Residence: No. Temple Garden Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel S. Herford

6. DATE OF BIRTH (month, day, year) Sept. 20, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	75	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Isidore May

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosette

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Nathan Lazarus
(Address) Temple Garden Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~—
Place Oheb Shalom Date Jan. 24, 1932

19. UNDERTAKER Sard Smithmeyer Son
(Address) 1902 Eutaw Place

20. FILED 2 3 1932, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1922, to Jan 22, 1932.

I last saw h 2r alive on Jan 22, 1932 death is said to have occurred on the date stated above, at 11 ½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
angina Pectoris	Fel. 1930
Other contributory causes of importance:	
Diabetes mellitus.	1915

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address) 1810 Eutaw Place.

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76044

CERTIFICATE OF DEATH

131 E 76044

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 717 Hanover St. (Ward) 22-24

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard J. Barlage

(a) Residence: No. 717 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Barlage

6. DATE OF BIRTH (month, day, year) Sept 28, 1854

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	77	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME Frank B. Barlage
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Bernadina Focke
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm. J. Barlage
(Address) 705 Hanover St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Cathedral Cemetery Date 1/5 1932

19. UNDERTAKER Fred. A. Frame & Son
(Address) 703 Hanover St.

2 1932 C. BAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1929 to Jan 2, 1932

I last saw him alive on Jan 2, 1932 (1) death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	about
Other contributory causes of importance: Pneumonia	1/2 32

Name of operation Date of

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.
(Address) 1319 Light

AACo. 5-31 250R

HEALTH DEPARTMENT CITY OF BALTIMORE

76045

CERTIFICATE OF DEATH

67 L 76045

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 N 33rd St. (or) 43-52 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M Station

(a) Residence: No. 520 West 33rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 14 1931

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Baltimore Md

FATHER
13. NAME Charles Station
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME Virginia Burns
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Station
(Address) 520 N 33rd St

18. BURIAL, CREMATION, OR REMOVAL
Druid Ridge Date Jan 25 1932

19. UNDERTAKER Wm F Cook
(Address) 511 S Paul St

Jan 27 1932 HARRISON JONES, M. D. Registrar

23 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1932 to Jan 23 1932

I last saw h[illegible] alive on Jan 20 1932 death is said to have occurred on the date stated above, at 8:00 Pm.

The principal cause of death and related causes of importance were as follows:

Status Lymphaticus — Date of onset

(Other contributory causes of importance:)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, (How?)

(Signed) Wm F Cook M. D.
(Address) 511 S Paul St

Spec.—1-10-21—MAT—1500 Blks.

E 76046

HEALTH DEPARTMENT—CITY OF BALTIMORE

1001

12 E 76046

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No.) 21-24 (Street) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

LOUELA

2-FULL NAME Luella Stallings

(a) RESIDENCE NO. 1216 Eglyndon Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 2 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin R Stallings

6 DATE OF BIRTH (month, day, and year) Nov 11 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Chas W Musgrove

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Louise Zimmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Benjamin R Stallings 1216 Eglyndon Ave

15 Filed JAN 23 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-21 1932

17 I HEREBY CERTIFY, That I attended deceased from 1-19 1931 to 1-21 1932

that I last saw alive on 1-21 1932

and that death occurred, on the date stated above, at 10A m.

The CAUSE OF DEATH* was as follows:

Ventral hernia

(Myocardial failure on operating table)

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Herniotomy Date of 1-21-32

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C W Peake M. D.

1932 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 1-23 1932

UNDERTAKER Bernard E Hake

ADDRESS 1000 S Fremont

IMPORTANT. See instructions on back of certificate.

N 2 31932

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53 VE 76047

76047

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3421 Frederick Ave ST., 70-70 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Augusta Wubbold.

(a) RESIDENCE NO. 3421 Frederick Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Wubbold

6 DATE OF BIRTH (month, day, and year): Nov, 1857

7 AGE: Years 74 | Months 2 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Michael Reis.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Herman Wubbold (Address) 3421 Frederick Ave

15 Filed 2 3 1932 19... S. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 22, 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov 25, 1931, to Jan 22, 1932, that I last saw h e alive on Jan 22, 1932, and that death occurred, on the date stated above, at 10:30 m.

The CAUSE OF DEATH* was as follows: Carcinoma (left foot)

CONTRIBUTORY (Secondary) General Carcinomatosis (duration) 1 yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Physical.

What test confirmed diagnosis?

(Signed) Eliot W Johnson, M. D.

, 19 (Address) 3432 Frederick Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cath Cathedral

DATE OF BURIAL: Jan 25th 1932

20 UNDERTAKER: Chas W. Dill.

ADDRESS 3709 Fredk Ave.

1-30—M & T—100 B—50L

E 76048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-00 | E 76048

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital ST. 16-25 WARD)

2-FULL NAME Thos P. Kelson

(a) RESIDENCE NO 1005 Carrollton Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 5-1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	10	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Major P. Kelson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co Md

12 MAIDEN NAME OF MOTHER Gertrude Neal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Leonard Md

14 Informant Emma Gordon

(Address) 1005 Carrollton Ave

15 Filed 2 3 1932 (G) HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 21st 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

Sudden (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Blick Coroner, M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Jan. 24, 32

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pennsylvania

CAUTION—IT IS VERY important See instructions on back of

Spec.—9-20—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

76049

CERTIFICATE OF DEATH

93-003 E 76049

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. N 3V Division ST.) 14-20 (WARD)

2 FULL NAME Mary Ballard

(a) RESIDENCE NO. 1835 V Division ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Ri

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Lemuel Ballard

6 DATE OF BIRTH (month, day, and year): Dec 7th, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	11/12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Fannie Ross

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Rebecca Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Cora Foster 527 N. Bond St

15 Filed [illegible] 19 [illegible] Registrar: C. HAMPSON JONES, M. D.

2 3 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/21/32

17

I HEREBY CERTIFY, That I attended deceased from August, 1931, to 1/21/32

that I last saw h[illegible] alive on 1/20/32

And that death occurred, on the date stated above, at 4 Hr m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Org. work

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and

(Signed) K. Lee Lee M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 1/23 19 32

20 UNDERTAKER: Edmund H. Hensley

ADDRESS: 1727 N Bond

1-30—M. & T.—200 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76050 | 93-00 | E 76050

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 76050

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 609 S Belnord ST. 16-70 WARD

2-FULL NAME Theresa Heine

(a) RESIDENCE NO 705 Rosedale St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 2 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70	10	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Bernard Heine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Freeman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Helen Schrode

(Address) 705 Rosedale St

15 1 3 1932

C. HAMPSON JONES, M. D. Registrar

By A. E. H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) C. Hampson Jones M. D. Coroner

1/23/32 19 (Address) 305 N Eutaw Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Jan 25 1932

20 UNDERTAKER: J. J. Herrdon — ADDRESS: 136 Eugene

CAUSE OF DEATH IS VERY important. See instructions on back of certificate.

E 76051

Time of burial postponed 1-21-32 by J. Frederick Stanfield Undertaker

HEALTH DEPARTMENT—CITY OF BALTIMORE. 76051

1 PLACE OF DEATH — DISTRICT OF DEATH — REGISTERED NO

CITY OF BALTIMORE: (No.) West Balto Genl Hosp ST. 13-16 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James Hanover Livingston Euston

(a) RESIDENCE NO. Hamilton Euston — ST.. WARD

(Usual place of abode) Sange, Md. (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced. (write the word): Single

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month) (day) (year): Dec 26, 1884

7 AGE — Years: 47 — Months: 1 — Days: 25 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unknown

(b) General nature of industry, business, or establishment in which employed (or employer): 087

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Van Buren Arkansas

PARENTS

10 NAME OF FATHER: Jeremy L. Euston

11 BIRTHPLACE OF FATHER (State or country): Van Buren Ar Kansas

12 MAIDEN NAME OF MOTHER: Mary Ann Nicodemus

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Ohio.

14 Informant (Address): Mrs. Marian Vincenheller Leavenworth Kans

15 Date received: 2 4 1932 — Registrar: HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/21/32

17 I HEREBY CERTIFY, That I attended deceased from 1/16/32, 19__, to 1/21, 1932, that I last saw him alive on 1/21, 1932, and that death occurred, on the date stated above, at 11.20 p.m.

The CAUSE OF DEATH was as follows:

Encephalo-Myelitis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? Clinical

What test confirmed diagnosis?

(Signed) H. Ashman M. D.

19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Van Buren, Arkansas — DATE OF BURIAL: Jan 23 1932

20 UNDERTAKER: Easton Sons — ADDRESS: Ellicott City Md

Spec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76052

CERTIFICATE OF DEATH.

46 ✓

REGISTERED NO. E 76052

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 Edmonson ave ST. 14-27 WARD)

2-FULL NAME Sophia Dorsey

(a) RESIDENCE NO. 1637 Edmonson ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Louis Dorsey

6 DATE OF BIRTH (month, day, and year) 1-1-1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	60	5	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laundress 041
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co Md

PARENTS
10 NAME OF FATHER John Anderson
11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co Md.
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co

14 Informant Bessie Jackson
(Address) 1637 Edmonson ave

15 Filed NOV 24 1932 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-22-32

17 I HEREBY CERTIFY, That I attended deceased from 1-12-, 1932, to 1-22-, 1932, that I last saw her alive on 1-22-, 1932, and that death occurred, on the date stated above, at 9:45 A m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes mellatus
Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical and Lab. diagnosis

(Signed) Frank A. Saunders, M. D.

1-22 1932 (Address) 1029 N. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New York City

DATE OF BURIAL Jan. 25 1932

20 UNDERTAKER Alvin H. Johnson

ADDRESS 64 N. Caroline St.

A&Co. 5-H 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 76053

E 76053

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3713 Reisterstown Rd St. 15-54 Ward)

Length of residence in city or town where death occurred 2 3/12 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Silbert

(a) Residence: No. 3713 Reisterstown Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacques Silbert

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Wm Leighton

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Mack

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Simon Silbert
(Address) 3713 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Levy Brothers Date 1-24 1932

19. UNDERTAKER Levy Bros
(Address) 2300 E. Pratt St

JAN 24 1932 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23- 1932

22. I HEREBY CERTIFY, That I attended deceased from July 3 1931, to Jan. 23, 1932

I last saw her alive on Jan. 23 1932 death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pyloric end of stomach	July 3 1931

Other contributory causes of importance:

Chronic Myocarditis	1931

Name of operation Gastro enterostomy Date of

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. A. Nicholson, M. D.

(Address) 2230 Eutaw Pl.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001 E 76054

E 76054

REGISTERED NO. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 S Bond St. ST., 2-4 WARD)

2-FULL NAME Jennie Stern Brandeis

(a) RESIDENCE NO 711 S. Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — Brandeis

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	70	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Solomon Stern

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Nannie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Sarah Klein

(Address) 1201 N Patterson Park ave

15 Filed JAN 24 1932 192 Registrar HAM JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? History

(Signed) H. J. Berman M. D., M. D. Coroner

1/23, 1932 (Address) 1305 N Patterson Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship

DATE OF BURIAL 1-24 1932

20 UNDERTAKER Jack Levin Inc

ADDRESS 1457 E Baltimore St

TION is very important See instructions on back

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

153 E 76055

76055

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 27-56 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Abraham (Albert) Kaplin

(a) Residence: No. 4814 Pimlico Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Kaplin

6. DATE OF BIRTH (month, day, year): Feb. 22, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?
10. Date deceased last worked at this occupation (month and year): ?
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): ? Georgia

FATHER

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL. Place: Rosedale Date: Jan 27 1932

19. UNDERTAKER: Sol Levinson + Bro (Address) 1127 E Balto st

20. Filed JAN 24 1932 C. HAMPTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1931 to Jan. 22, 1932

I last saw him alive on Jan. 22, 1932 death is said to have occurred on the date stated above, at 3:40 A.M.

The principal cause of death and related causes of importance were as follows:

Pemphigus Vegetans — Date of onset July 1931

Other contributory causes of importance: Unknown secondary — 2 months

Name of operation None — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas Edmunds Jr M. D.

(Address) Balto. City Hosp.

1-30—M. & T.—100 B—50L

E 76056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 √-001
E 76056
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3406 Harmony Ct ST. 76-37 WARD)

2-FULL NAME Maria Gianpietro

(a) RESIDENCE NO 3406 Harmony Ct ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Donato Gianpietro

6 DATE OF BIRTH (month, day, and year) Nov 26 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76 77	1	26 27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Augustine Derrace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Mutendon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Antonio Mordone
(Address) 3400 Harmony Ct

15 [illegible] JAN 24 1932 HARRY C. JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) D F Herzog md M. D.
Coroner
1/23, 1932 (Address) 305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem.

DATE OF BURIAL: 1/25 1932

20 UNDERTAKER: Lilly & Sales Inc. 403 W Fay St

ADDRESS

TION is very important See instructions on back

AaCo. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76057

CERTIFICATE OF DEATH

E 76057

Registered No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3327 Fleet St. 26 Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Meisel

(a) Residence: No. 3327 Fleet St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frederick Meisel

6. DATE OF BIRTH (month, day, year) Sept 27-1862

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	70	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME ?

MOTHER

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anthony Meisel
(Address) 3327 Fleet St

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Mem. Date Jan. 26 1932

19. UNDERTAKER Lilly & Bulgin
(Address) 1128 W. Fayette St.

20. FILED ——— 19—— ———— Registrar.

OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22. 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1931, to Jan. 22, 1932

I last saw her alive on Jan. 22, 1932 to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach-Exhaustion.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ——, 19——
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm J Schmick M. D.

(Address) 701 N. Kenwood Ave

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76058

CERTIFICATE OF DEATH

107-E 76058

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2213 N. Calvert ST. 17-50 (WARD)

2 FULL NAME Georgia L. Johnson

(a) RESIDENCE NO. 2213 N. Calvert ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of James W. Johnson

6 DATE OF BIRTH (month, day, and year) Dec. 13, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ----------
(State or country) Virginia

PARENTS

10 NAME OF FATHER Joshua T. LeGrande

11 BIRTHPLACE OF FATHER (city or town) ------
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ----
(State or country) Unknown

14 Informant James W. Johnson Jr.
(Address) 347 E. 22nd Street

15 JAN 27 1932 19 C. HAMP[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22/32

17

I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1932, to Jan. 21, 1932

that I last saw h[illegible] alive on Jan. 20, 1932

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia -
Dermoid cyst & Metastasimon - (congenital)

(duration) -- yrs. -- mos. 5 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) -- yrs. -- mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of about 10 yrs ago

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) D.A.D. McElwain M. D.

, 19 (Address) 31 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 1/25 19 32

20 UNDERTAKER: Henry A. Myers

ADDRESS: 1805 N. Calvert

Spec.—9-30—A. & Co.—250 Blks

E 76059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34E 76059

1 PLACE OF DEATH Baltimore City Hospitals — REGISTERED NO.

CITY OF BALTIMORE: (No.) Balto Md ST. 24 WARD 35 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Williams

(a) RESIDENCE NO. 1431 Woodall St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Williams

6 DATE OF BIRTH (month, day, and year) 10-1-84

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Electric Welder
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Maryland

PARENTS
10 NAME OF FATHER Wm. Williams
11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland
12 MAIDEN NAME OF MOTHER Elizabeth Orgel
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Balto City Hospitals

15 Filed JAN 24 1932 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-22-32

17
I HEREBY CERTIFY, That I attended deceased from 12-4- 1931, to 1-22- 1932
that I last saw h[illegible] alive on 1-22- 1932
and that death occurred, on the date stated above, at 1.40 P.M.
The CAUSE OF DEATH* was as follows:

General Paralysis of Insane
(duration) yrs. 1 mos. ds.
CONTRIBUTORY (Secondary) Luetic Infection
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Symptoms
(Signed) Harry S. Erwin M. D.
1 yr 1932 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem — DATE OF BURIAL Jan 26 1932

20 UNDERTAKER Charles L. S[illegible] — ADDRESS 1[illegible] E Fort Ave

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

76060

CERTIFICATE OF DEATH

105 V E 76060

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: No. [illegible] St. [illegible] Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME John Lacher Jr.

(a) Residence: No. 2022 Jefferson St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eva Lacher

6. DATE OF BIRTH (month, day, year) June 1/83

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	48	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Ry. 17

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME John Lacher Sr.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Scholt

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Eva Lacher

(Address) 2022 Jefferson

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 1/26 1932

19. UNDERTAKER Philip Herring

(Address) 2016 Pitcairn St

20. FILED 1/27 1932 C. HAMPSON JONES, M. D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1932 to Jan 23, 1932

I last saw him alive on Jan 23, 1932 death is said to have occurred on the date stated above, at 10 3/4 m

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset Jan 17 32

Other contributory causes of importance:

Dyspnea

Myocardial Failure

3 ds

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) St Joseph Hosp Balt

Spec.—8-16-29—L. F. S.—100 Blks.

E 76061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-082 E 76061

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3407 Taney Rd ST. 27-L WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Randolph Jackson

(a) RESIDENCE NO. 3407 Taney Rd ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. 1 mos. 28 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Jackson

6 DATE OF BIRTH (month, day, and year) Nov. 24/1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired R.R. Mail Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John R. Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Ballard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Annie Jackson (Address) 3407 Taney Rd

15 Filed JAN 24 1932 HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22-1932

17 I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1921, to Jan 22 1932 that I last saw h[illegible] alive on Jan 22 1932 and that death occurred, on the date stated above, at 20 m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular disease

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) pulmonary edema (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. V. Lox M. D.

(Address) 2211 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem DATE OF BURIAL Jan. 25 1932

20 UNDERTAKER Chas. E. Isaneck ADDRESS 802 Madison Ave

Spec.—9-30—A. A. Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76062

CERTIFICATE OF DEATH.

95-002

E 76062

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2014 Mad ave STREET OR WARD)

2 FULL NAME Susie L. Monroe

(a) RESIDENCE NO. 744 Mad. ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8-1-

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Moses Monroe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Eliza Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Lillie Thomas 704 Mad ave

15 1-24 1932 E. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/24/32

17

I HEREBY CERTIFY, That I attended deceased from Dec 30, 1931, to 1/24, 1932, that I last saw h alive on 1/24, 1932, and that death occurred, on the date stated above, at 5:50 P.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Organic heart trouble

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Lee Lewis M. D.

(Address) 724 Mad ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: W. Arlington — DATE OF BURIAL: 1/27 1932

20 UNDERTAKER: Geo. C. Kelland — ADDRESS: 1631 Druid Hill

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 76063

~~C~~ 76063

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 545 Presstman ST. 14-20 WARD)

2 FULL NAME George H. Brown

(a) RESIDENCE No. 545 Presstman ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Gladys Brown

6 DATE OF BIRTH (month, day, and year) — — 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Harder

(b) General nature of industry, business, or establishment in which employed (or employer): Op

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Daniel E. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Ferguson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md Baltimore

14 Informant: Charles Bullitt
(Address): 1101 Madison Ave

15 Filed ..., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20, 1932

17

I HEREBY CERTIFY, That I attended deceased from 1/7/32 19.. to Jan 20, 1932

That I last saw h[illegible] alive on 1/18/32, 1932

and that death occurred, on the date stated above, at 1:35 P.m.

The CAUSE OF DEATH* was as follows: Coronary Thrombosis

(duration) yrs. 3 mos. 14 ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 745 Druid Hill Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) H. Lee Ellis, M. D.

1/22, 1932 (Address) 824 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 1/24/1932

20 UNDERTAKER: Wm. Geo. H. Holland — ADDRESS: 168 Druid Hill

JAN 24 1932 HAMILTON H. PO[illegible]

AACo. 5-11 2508

76064

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002 ✓

CERTIFICATE OF DEATH

Registered No. E 76064

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Sickels

(a) Residence: No. 1641 W. Lafayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Sickels

6. DATE OF BIRTH (month, day, year) Feb. 2, 1898

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	33	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Moses Kyle

14. BIRTHPLACE (city or town) (State or country) ? Va.

MOTHER

15. MAIDEN NAME Sarah Jones

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL. Place Ft. Bailey Date 1/26, 1932

19. UNDERTAKER (Address) Wm. A. Brown 1511 Druid Hill Ave

FILED JAN 24 1932 C. PAUL JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1931 to Jan. 23, 1932

I last saw her alive on Jan. 23, 1932 death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, rheumatic	1926

(Other contributory causes of importance)

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas Shannon Jr. M. D.

(Address) Balto. City Hosp.

AdCo. 5-11 2108

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76065

CERTIFICATE OF DEATH

107-00E 76065

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 76065

1. PLACE OF DEATH Baltimore City Hospitals (St. 27-57 Ward)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George Brooks (George E. Brooks)

(a) Residence: No. 5003 Elmer Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ada M. Brooks

6. DATE OF BIRTH (month, day, year): March 1, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Const.
10. Date deceased last worked at this occupation (month and year): 1926
11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Pikesville Md.

MOTHER FATHER

13. NAME: William Brooks
14. BIRTHPLACE (city or town) (State or country): ? Md.
15. MAIDEN NAME: Sarah Fishpaw
16. BIRTHPLACE (city or town) (State or country): ? Md.

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL: Place Druid Ridge Cem. Date Jan. 25, 1932

19. UNDERTAKER: Hooff & Cook (Address) 1607 W. Baltimore St.

JAN 24 1932 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1931 to Jan. 22, 1932

I last saw him alive on Jan. 22, 1932 death is said to have occurred on the date stated above, at 3:45 m. PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arthritis, deformans	1918

(Other contributory causes of importance)

Anemia, Secondary — Duration 5 days

Bronchopneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas Glennon M. D.
(Address) Balto. City Hosp.

Spec.—8-16-29—L. F. S.—100 Blks.

E 76066

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76066

93-003

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2035 W. North Ave ST. 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wm Oliver Bolden

(a) RESIDENCE NO. 2035 W North Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Clara May Bolden

6 DATE OF BIRTH (month, day, and year): Jan 22, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tinsmith.

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer: Penna. R.R.

9 BIRTHPLACE (city or town) (State or country): Baltimore.

PARENTS

10 NAME OF FATHER: Wm Bolden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard County

12 MAIDEN NAME OF MOTHER: Rachael Vinyard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Cumberland.

14 Informant: Robt H Bolden jr.

(Address) 2908 Hollins Ferry Rd

15 Filed JAN 24 1932 in the office of HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 21, 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1932 to Jan 21, 1932

that I last saw h ~~im~~live on Jan 21, 1932

and that death occurred, on the date stated above, at 7.20 PM

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. mos. 14 ds.

Arterio & cleorosis & chronic

CONTRIBUTORY (Secondary) myocarditis (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~~v~~

Did an operation precede death? no Date of ~~v~~

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) H Lawrence Wheeler M. D.

1/24, 1932 (Address) 2910 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lutheran Cemetery, Reisterstown Md

DATE OF BURIAL: Jan. 25 1932

20 UNDERTAKER: Joseph B Cook

ADDRESS: 1003 West Baltimore St.

AaCo. 5-31 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76067 Funk

E 76067

CERTIFICATE OF DEATH

122-012

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 16-37 Ward)

Length of residence in city or town where death occurred yrs. mos. 14 yds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Funk

(a) Residence: No. 407 S. Macon St., Ward. Pulaski

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 2, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Textile 1936

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER FATHER

13. NAME Louis Funk

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Mary Starbuttzel

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Hospital Record.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Lot Rose Sa Date 1/24/32

19. UNDERTAKER George G. Fraley & Sons

(Address) Belmont & Fayette

JAN 25 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 24 1932

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1932 to January 24, 1932

that I saw him alive on January 24 1932 death is said to have occurred on the date stated above, at 6:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction 4 Days?	

Other contributory causes of importance:

Gangrene, Perforation Intestine	?
Generalized Peritonitis	?

Name of operation Exploratory Laparotomy Date of Jan. 22

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis Boyd, M. D.

(Address) Mercy Hospital

Rec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76068

CERTIFICATE OF DEATH

51

REGISTERED NO. E 76068

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 Penrose Ave ST. 26-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clarence Horace B Staley

(a) RESIDENCE NO. 1810 Penrose Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced. (write the word): Married

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: Regina M Staley

7 DATE OF BIRTH (month, day, and year): Nov 22 1898

8 AGE: Years 33 32 | Months 2 | Days | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk 609

(b) General nature of industry, business, or establishment in which employed (or employer): Dept Store

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

11 NAME OF FATHER: Isaac Staley

11 BIRTHPLACE OF FATHER (City or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Byers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs Rhoades

(Address): 1810 Penrose Ave

15 Filed JAN 24 1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 22, 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 8 . 1932 to Jan 22 . 1932

that I last saw h/m alive on Jan 21 . 1932

and that death occurred, on the date stated above, at 5 15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary): Toxemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No . Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo E. Shannon , M. D.

Jan 23 1932 (Address) 700 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Calladral Cem — DATE OF BURIAL: 1/28 1932

20 UNDERTAKER: Siegel & Turley Fulton — ADDRESS: Fayette

Spec.—9-30—A. A. Co.—250 Blks.

E 76069 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76069

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. 14-27 ST. (WARD)

2 FULL NAME Mrs. Annie Dyer

(a) RESIDENCE NO. 1847 West Lexington St. ST. WARD D.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX	3 COLOR OR RACE	4 Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry W Dyer

6 DATE OF BIRTH (month, day and year) July 10 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Talbot County Md

PARENTS

10 NAME OF FATHER George W Laymon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Shard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Mrs Katherine W Dyer 1847 W Lexington

15 Filed Jan 26 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 23-'32

17

I HEREBY CERTIFY, That I attended deceased from January 23, 19 32, to January 23, 19 32

that I last saw h er alive on January 23, 19 32

and that death occurred, on the date stated above, at 7 00 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Accident

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Due to Obstruction) Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John K Ross M. D.

. 19 (Address) 6 W. Mt Royal Ave Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Clare Cem Dorchester Md	1/26 1932

20 UNDERTAKER George C Jolley Fulton & Fayette ADDRESS

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76070

210-001

E 76070

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST. 8-16 WARD)

2-FULL NAME William A. Bell.

(a) RESIDENCE NO. 1630 N. Bradford St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, HUSBAND of Lillian Bell.

6 DATE OF BIRTH (month, day, and year) April 17, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	9	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Painter. 050
(b) General nature of industry, business, or establishment in which employed (or employer): City of Baltimore.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): South Carolina.

PARENTS

10 NAME OF FATHER: Clarence Bell.

11 BIRTHPLACE OF FATHER (city or town) (State or country): South Carolina.

12 MAIDEN NAME OF MOTHER: Elizabeth De Core.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do not know.

14 Informant: Lillian Bell. (wife)
(Address) 1630 N. Bradford St.

15 Filed JAN 24 1932 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 22, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his (Inquest, autopsy or inquiry.) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal injuries due to a crushed chest, Struck and knocked down by an automobile while standing in the street (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental Death (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Harford Ave & 20th st. January 22, 1932

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquest

(Signed) Otto M. Reinhardt, Coroner, M. D.

1/28/32 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 1/25/1932

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

TION is very important

AaCo. 5-31 2500

Dr Wright 1014 S. Elwood Ave Wol 1688

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76071

CERTIFICATE OF DEATH

23 E 76071

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1339 Clinton St. 26-37 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles L. Bevans

(a) Residence: No. 1339 S. Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~wife of~~ HUSBAND of Caroline Bevans

6. DATE OF BIRTH (month, day, year) Sept 30th 1885

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
46	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Artist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles T. Bevans

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary R. Emery

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Chas T. Bevans 1339 S. Clinton St

18. BURIAL, CREMATION, OR REMOVAL Mt Carmel Cemetery Date 1/25/1932

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22nd, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1932 to Jan 22, 1932

last saw h— alive on Jan 22, 1932 death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. W. Wright, M. D.

(Address) 1014 S. Elwood Ave

AACo. 5-31 2-OB

Rypanek 801 N. Kenwood Ave

76072 HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 76072

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1931 E. Chase St. 713 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr. 8 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius J. Healy

(a) Residence: No. 1931 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, (or) WIFE of Julius J. Healy

6. DATE OF BIRTH (month, day, year) Aug 25th 1899

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
32	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe Fitter 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Municipal Air Port

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME John E. Healy

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Laura V. Bertrand

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Laura V. Healy
(Address) 1931 E Chase St

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cemetery Date 1/25/1932

19. UNDERTAKER Wm Cook
(Address) 217 St Paul St

Registered C. HARRISON JONES, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22nd 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1932 to Jan 22 1932

I last saw him alive on Jan 22 1932 death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 15 32

Other contributory causes of importance: Acut. Cardiac Dilatation

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) William Rypanek M. D.

(Address) 801 N Kenwood Ave

AACo. 5-11 2500

E 76073 **HEALTH DEPARTMENT CITY OF BALTIMORE** ✓

CERTIFICATE OF DEATH 122-00 E 76073

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp St., 8-16 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Manning

(a) Residence: No. 2416 E Federal St St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 14th 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Compositor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Jesse Manning

14. BIRTHPLACE (city or town) Westminster (State or country) Md

MOTHER

15. MAIDEN NAME Virginia Allison

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Virginia Manning (Address) 2416 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL Parkwood Cemetery Date 1/25/1932

19. UNDERTAKER Wm Cook (Address) 1217 E Fayette St

20. FILED ..... C. HARRISON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22-32 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1932 to Jan 22, 1932

I last saw him alive on Jan 22, 1932 death is said to have occurred on the date stated above, at 8.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Scrotal Hernia Right	2 hrs ?
Toxemia	48 hrs ?
Paralytic Ileus	?

Other contributory causes of importance:

Name of operation Hemiplasty Date of 1/22/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, how?

(Signed) W B Hendrix, M. D.

(Address) 1211 Bond St. Wkgrd

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-002E 76074

76074

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 9-46 St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Smith

(a) Residence: No. 1814 Chilton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) June 17, 1865

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	66	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME John Schaumann

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Mary (Unknown)

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Parkwood Cemetery Date 1/25/1932

19. UNDERTAKER W. M. Cook
(Address) 217 E. Saul St.

20. FILED JAN 25 1932 C. HARRY JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1932, to Jan. 22, 1932

I last saw her alive on Jan. 22, 1932 death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intussusception, jejunal Asthenia, due infection Myocarditis, chr	More than 1 year

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas. E. Howard Jr. M. D.

(Address) City Hosp.

AdCo 5-31 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76075

CERTIFICATE OF DEATH

93-003 E 76075

Registered No. 9-18

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1829-Hope Street St., Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles A. Zipp

(a) Residence: No. 1829-Hope Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henrietta Zipp

6. DATE OF BIRTH (month, day, year) 7/31/1850

7. AGE Years	Months	Days	If LESS than 1 day: hrs. or min.
81	5	21	xxxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tanner
10. Date deceased last worked at this occupation (month and year) 05
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Philip C. Zipp
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Julianna (Unknown)
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Walter Zipp
(Address) 1829-Hope Street

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 1/25/32

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1932, to Jan 21, 1932

I last saw h.[illegible] alive on Jan 21, 1932 death is said to have occurred on the date stated above, at 9-30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Jan 12-32
Edema Lungs	Jan 21 32

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? NY
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) C Gill Hall, M. D.
(Address) 1631 E Monument

Spec.—7-17-26—A Co.—200 Bks.

E 76076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 76076

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp) St. _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Johnson

(a) RESIDENCE NO. 630 N Bridle St. Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lawrence Johnson

6 DATE OF BIRTH (month, day, and year): [illegible] 1884

7 AGE: Years 48 Months Days

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Samuel J. Williams

11 BIRTHPLACE OF FATHER (City or town): Balto. Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Mary V. Brown

12 BIRTHPLACE OF MOTHER (city or town): Balto. Md.

(State or country)

14 Informant (Address): Lawrence Johnson 635 N. Bridle St.

15 Filed _____ 19 _____ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 3 1932 to Jan 22 1932

that I last saw h[illegible] alive on Jan 22 1932

and that death occurred, on the date stated above, at 1.20 P.M.

The CAUSE OF DEATH* was as follows:

I. Pulmonary Cardiac Failure

Contributory Renal disease

(duration) 6 yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical - Lab.

(Signed) P. Watson M. D.

1/22, 1932 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial: Jan. 25, 1932

20 UNDERTAKER: Wm. H. A. Elliott — ADDRESS: 1325 Rutland

Fill up the blanks in ink. Write plainly. Do not abbreviate. See instructions on back of certificates. Answer every question. Be particular to make entries in every item. Every item is very important.

AaCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76077

CERTIFICATE OF DEATH

131 E 76077

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2217 Madison Ave St., 13-54 Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Annie E Johnson

(a) Residence: No. 2217 Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown.

6. DATE OF BIRTH (month, day, year) ? Sept 16 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Jno Elliott

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Annie Hall

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Addison Johnson (Son)
(Address) 2217 Mad

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date June 26, 1932

19. UNDERTAKER Mrs. R. A. Elliott
(Address) 1126 Cleveland Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/23, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/3, 1932, to 1/23, 1932

I last saw her alive on 1/13, 1932, death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

Ch. Nephritis, 7 Uremia

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Bur R Elliott, M. D.

(Address) 2126 Madison Ave

Smart

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 76078

E 76078

CERTIFICATE OF DEATH.

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 N. Wolfe St., 7-13 WARD)

2-FULL NAME Addison Smart

(a) RESIDENCE NO. 917 N. Wolfe St., WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Col. | 5 Single, Married, Widowed, or Divorced: Married

9a If married, widowed, or divorced HUSBAND of (or) WIFE: Ophelia R. Smart

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE: Years: About 56 year. Months: _____ Days: _____ If LESS than 1 day, hrs. or min. _____
(Date of birth unknown)

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman 062

(b) General nature of industry, business, or establishment in which employed (or employer): Gas Range manufacturer

(c) Name of employer: Weir Kittel Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore Co.

PARENTS

10 NAME OF FATHER: Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown.

12 MAIDEN NAME OF MOTHER: unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown.

14 Informant (Address): Boyle Campbell 917 N. Wolfe Street.

Filed JAN 24 1932 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21/1932

17 I HEREBY CERTIFY, That I attended deceased from (9 Jan. 1932, to 21 Jan. 1932

that I last saw h in alive on 21 Jan. 1932

and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Several weeks (b)
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) arteriosclerosis cardiac dilatation
(duration) about 4 yrs

18 Where was disease contracted if not at place of death? Baltimore, Md.

Did an operation precede death? No Date of _____

Was there an autopsy? No.

What test confirmed diagnosis? None.

(Signed) E. Mayfield Boyle M. D.

22/1/1932 (Address) 1616 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — DATE OF BURIAL: Jan 24, 1932

20 UNDERTAKER: Wm. P. G. Elliott — ADDRESS: 1705 Eastlander

AACo. 5-H 2508

76079 HEALTH DEPARTMENT CITY OF BALTIMORE E 76079

CERTIFICATE OF DEATH

Registered No. 76452 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Wilmer

(a) Residence: No. Belleton, Maryland (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Mrs T. A. Wilmer

6. DATE OF BIRTH (month, day, year) [illegible] 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belleton, Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Hosp. Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Hillsdale Md Date Jan 29 19 32

19. UNDERTAKER John C. Butler

(Address) 2035 E. Chase St

FILED 2-4-1932 HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1931 to Jan 24 1932

I last saw him alive on Jan 24 1932 death is said to have occurred on the date stated above, at 2 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	Jan 21, 1932

Other contributory causes of importance:

Benign Prostatic Hypertrophy	Dec 15, 1931

Name of operation Suprapubic cystotomy + Prostatectomy Date of Jan 13, 1932

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emil G. C. Hildenbrand, M. D.

(Address) University Hospital

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76080

CERTIFICATE OF DEATH

E 76080 164-001 E 76080

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1912 Eutaw Place (Hosp. or Inst.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norma J. McAuley

(a) RESIDENCE NO 1912 Eutaw Pl. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 7th 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	2	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laboratory 067
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Jos. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Emma Dutrow

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country)

14 Informant Mrs. Dutrow
(Address) 529 Longwood

15 Filed JAN 25 1932 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and hour) January 23rd 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy, personal view) thereon and from the evidence obtained by said (Inquest, autopsy or personal view) find that said deceased came to (his, her) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide
Asphyxia
(Duration) Ill. Gas. hrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? 1912 Eutaw Place

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) Harold Blank, M. D.
Coroner

Jan 23 1932 Address Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery DATE OF BURIAL: Jan 27 19 32

20 UNDERTAKER: J. Tippett & Son ADDRESS: 1300 W. Baltimore

1-30—M. & T.—100 B—50L

E 76081

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76081

CERTIFICATE OF DEATH

+22

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 9-17 WARD)

2-FULL NAME Gordon Sheffield

(a) RESIDENCE NO 2 Summit Ave at Chesaco Ave., ST. Rosedale, Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Co., Md.

PARENTS

10 NAME OF FATHER Robert B. Sheffield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Co., Md.

12 MAIDEN NAME OF MOTHER Mamie Winkers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U.S.

14 Informant Mamie Sheffield

(Address) 2 Summit Ave

15 Filed JAN 25 1932 19 LAWSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Tetanus-Accidentally stepped on nail Dec 23/31

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) _____, M. D.
Coroner

Jan. 23/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem DATE OF BURIAL Jan 26 1932

20 UNDERTAKER [illegible] ADDRESS 2128 Orleans

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76082

CERTIFICATE OF DEATH

1932 E 76082

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lydenham Hospital St. 8-16 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 6 mos. 24 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Fraley

(a) Residence: No. 1938 No Patterson Park Av. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) June 30, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Lawrence Fraley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Keen

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Annie Fraley
(Address) 1938 No Patterson Park Av.

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cem. Date Jan 1932

19. UNDERTAKER John H. Ford
(Address) 800 Eastern Av.

20. FILED JAN 25 1932 H. M. [illegible] M.D. Registrar
AT

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1932, to Jan 24, 1932

I last saw him alive on Jan 24, 1932 death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis (Streptococcus)	1/22/32

Other contributory causes of importance:

Maple

Name of operation Lumbar Puncture Date of

What test confirmed diagnosis? Final Puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Peter Mosenkis M.D.
(Address) Lydenham Hospital

AACo. 5-31 250B

76083 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 76083

CERTIFICATE OF DEATH

82-001

27-48

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4611 York road St. ..... Ward)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John H Ulrich

(a) Residence: No. 4611 York road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
male	white	married

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Dora Ulrich

6. DATE OF BIRTH (month, day, year) Oct 3 rd 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 40yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John T Ulrich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Wegefarth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Dora Ulrich
(Address) 4611 York road

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date June 25 1932

19. UNDERTAKER John H. Ulrich
(Address) [illegible]

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23 rd. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1932 to Jan 23, 1932

I last saw h[illegible] alive on Jan 23 1932 death is said to have occurred on the date stated above, at 3 a m

The principal cause of death and related causes of importance were as follows:

(1) Cerebral Hemorrhage — (Hemiplegia)

Date of onset

Other contributory causes of importance: Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? O If so, specify .....

(Signed) Chas Dennis, M. D.

(Address) 474 N Hartford Road

Spec.-7-17-26—A Co.—200 Bks.

E 76084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

E 76084

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 1532 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Gordon

(a) RESIDENCE NO. 1532 Brunt St. ____ Ward ____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ____ ds. How long in U. S. if of foreign birth? yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) May 21, 1931

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	0	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER Samuel Gordon

11 BIRTHPLACE OF FATHER (City or town) Balto Md.

(State or country)

12 MAIDEN NAME OF MOTHER Mary C. Gordon

13 BIRTHPLACE OF MOTHER (city or town) Prince G. Co. Md.

(State or country)

14 Informant Mary C. Gordon

(Address) 1532 N. Brunt St.

15 Filed JAN 25 1932 C. H. Hamilton Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1932

17 I HEREBY CERTIFY, That I attended deceased from 1-21, 1932, to 1-23, 1932,

that I last saw him alive on 1-23, 1932,

and that death occurred, on the date stated above, at 11:50 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia (R) lung

(duration) ____ yrs. ____ mos. 6 ds.

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? no Data of ____

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) George M. McDonald M. D.

1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

Date of Burial 1/25 1932

20 UNDERTAKER Thomas C. Nelson

ADDRESS 1503 Pennsylvania

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 76085

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76085

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 646 N. Bruce ST. 16-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Cure

(a) RESIDENCE NO. 646 N. Bruce ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

6a If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Mary Cure

6 DATE OF BIRTH (month, day, and year) 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Cure

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna. Co. Md.

12 MAIDEN NAME OF MOTHER Elizabeth Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna. Co. Md.

14 Informant Mary Cure

(Address) 646 N. Bruce St

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/22/32

17 I HEREBY CERTIFY, That I attended deceased from 1/15/ 1932, to 1/22/ 1932

that I last saw h[illegible] alive on 1/20/ 1932

and that death occurred, on the date stated above, at 1.27 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(daration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) O V B Hawkins M. D.

1/24/ 1932 (Address) 912 Eilwood St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL 1-25 1932

20 UNDERTAKER Jno. E. Adam

ADDRESS 1323 Pennsylvania Ave

Spec.—9-30—A. & Co.—250 Blks

E 76086

76086 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 PLACE OF DEATH
CITY OF BALTIMORE (No.) 6 Charles Apt 31 St. 12-44 WARD 13V

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary H. Kimberly

(a) RESIDENCE NO. Cambridge Arms Apt. WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 29 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	4	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Not Any
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS
10 NAME OF FATHER Geo L. S. Kimberly
11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md
12 MAIDEN NAME OF MOTHER Lucia H. Ware
13 BIRTHPLACE OF MOTHER (city or town) Cambridge (State or country)

14 Informant (Address) Alec. M. Kimberly Cambridge Arms Apt.

15 Filed . 19 C. HARRISON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-23-32

17 I HEREBY CERTIFY, That I attended deceased from Dec 1. 31 to Jan. 23. 32
that I last saw her alive on Jan. 22. 32
and that death occurred, on the date stated above, at 1 a. m.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis. 3 mos. ds.
(duration)
CONTRIBUTORY (Secondary) Valvular Heart disease
(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown.
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical
(Signed) Thos. C. Black M. D.
1-23-32 (Address) 709 Med. Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Green Mount Cem. DATE OF BURIAL. Jan 25 19 32

20 UNDERTAKER John O. Mitchell & Son ADDRESS 49 Eutaw St.

AdCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

76087

CERTIFICATE OF DEATH

93 E 76087

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 East Preston St., W'd 11)

Length of residence in city or town where death occurred yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos ds.

2. FULL NAME Elizabeth Gilder Walsh

(a) Residence: No. 207 East Preston St., 11 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	White	Widow

5a. If married, widowed, or divorced (WIFE) of Harold Walsh

6. DATE OF BIRTH (month, day, year) 13th June 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
70	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME William Hughes Gilder.

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

MOTHER

15. MAIDEN NAME Mary Howard.

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

17. INFORMANT Carrie B. Schutzenhofer R.N.
(Address) 207 East Preston St.

18. BURIAL, CREMATION, OR REMOVAL
Place GREENMOUNT Date JAN. 25, 1932.

19. UNDERTAKER Perry F. Griffin Funeral Home
(Address) Pennsylvania-Eutaw sts.

20. FILED 1932 HARRISON HOUGH, M. D. Registrar

OCCUPATION. BE VERY EXPLICIT.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1931, to Jan 23, 1932

I last saw her alive on Jan 23 1932 death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	1900

Other contributory causes of importance:

Gastroenteritis	3 mos

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, how —

(Signed) Wm. R. Stewart M. D.

(Address) 1403 Park Ave

76088

HEALTH DEPARTMENT—CITY OF BALTIMORE 76088

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2607 E Preston St WARD)

2 FULL NAME Benjamin Washington Denton

(a) RESIDENCE NO. 2607 E Preston St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. — mos. — ds. How long in U. S., if of foreign birth? 63 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha M. Denton

6 DATE OF BIRTH (month, day, and year): May 4, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): Carpentering

(c) Name of employer: Stone

9 BIRTHPLACE (city or town) (State or country): (Calvert Co. Md.

PARENTS

10 NAME OF FATHER: John Denton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland (Calvert Co.)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown (Calvert Co. Md.)

14 Informant (Address): Mrs. Dan. J. Denton (Son) Brookside Rd. Catonsville

15 JAN 25 1932 C. HAMILTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 23 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1931, to Jan 23, 1932

that I last saw him alive on Jan 23, 1932

and that death occurred, on the date stated above, at 2: A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinically

(Signed) W. F. Campbell M. D.

Jan 25, 1932 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Jan 25, 1932

20 UNDERTAKER: Stewart Williams & Sons — ADDRESS: Wells

1-30—M & T—100 B—561.

76089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1932 1001

E 76089
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (STREET) 16-26 (WARD)

2-FULL NAME Rosina Weyforth

(a) RESIDENCE NO 938 W. Lexington ST., WARD
(Usual) place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 9 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of)

6 DATE OF BIRTH (month, day, and year) Apr. 22 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	77	9	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer — None do

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Chasar Weyforth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Struger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Alsace-Lorraine

14 Informant Mrs. Mary. Kuester

(Address) 601 Park Heights Ave

15 Date N 25 1932 Registrar HAWSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture of neck of left femur (Accidental death

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Feller, M. D. Coroner

1/23. 1932 (Address) 213 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL Jan. 25 1932

20 UNDERTAKER Wm. J. Tackney & Sons ADDRESS North & Pa

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76090 CERTIFICATE OF DEATH E 76090

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals St. 25-7b Ward

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Jones

(a) Residence: No. 3334 Tulip St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sara Jones ?

7. DATE OF BIRTH (month, day, year) ?

8. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
60	?	?	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) James City Virginia

MOTHER FATHER
13. NAME Jim Jones ?
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME Tina Clark
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 1-24-32

19. UNDERTAKER Jacob Bros Inc
(Address) 1st & Montgomery

20. FILED 1-25-1932 19. [illegible] JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-25-31, 19.., to 1-22-32, 19..

I last saw h[illegible] alive on 1-22-32, 19.. death is said to have occurred on the date stated above, at 3:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of Esophagus ?	? 1-6-31
Other contributory causes of importance: Lobular Pneumonia	1-20-32 (2 days)
Rectal Hemorrhage (?)	"
Name of operation Laparotomy Date of 1-2-32	
What test confirmed diagnosis? Was there an autopsy? No	

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Luther E Tyree M. D.
(Address) Balto. City Hospitals

AaCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

23

E 76091

76091

CERTIFICATE OF DEATH

1. PLACE OF DEATH 1116 Fremont ave Balto md

CITY OF BALTIMORE: (No. 1116 Fremont ave St. 16-23 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds Life

2. FULL NAME Idella Barnes

(a) Residence: No. 1116 Fremont ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. WHETHER MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Floyd Barnes
6. DATE OF BIRTH (month, day, year): Jan 26 1908
7. AGE: Years 23 | Months 11 | Days 26 | If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

OCCUPATION

12. BIRTHPLACE (city or town) (State or country): Balto Md
13. NAME: Barnes
14. BIRTHPLACE (city or town) (State or country): Md
15. MAIDEN NAME: Clarkson
16. BIRTHPLACE (city or town) (State or country): Clarkson

MOTHER FATHER

17. INFORMANT: Della Hunter
(Address): 1459 N Fremont Ave
18. BURIAL, CREMATION OR REMOVAL: Place Mt Calvary Cem Date Jan 28 32
19. UNDERTAKER: Samuel H Kemsley
(Address): 1918 N Broadway

Filed JAN 25 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-22-32

22. I HEREBY CERTIFY, That I attended deceased from 1-18-32 to 1-22-32

I last saw h[illegible] alive on 1-22-32 death is said to have occurred on the date stated above, at 3:15 Am

The principal cause of death and related causes of importance were as follows:

Pul Tuberculosis — Date of onset 8/1930

Other contributory causes of importance:

Bronchitis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W R Boyer M. D.

(Address) 1512 Fulton

30—M & T—100 B—501.

E 76092

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76092

CERTIFICATE OF DEATH

93-003

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 523 Archer ST. 21-24 (WARD)

2-FULL NAME Emma Freeman

(a) RESIDENCE NO 523 Archer ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

5a If married, widowed, or divorced (or) WIFE of James Freeman

6 DATE OF BIRTH (month, day, and year) Aug. 26, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	4	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER James Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie Queen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Annie Brown

(Address) 523 Archer St.

15 Filed _____ 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 21st 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry), thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism (duration) suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocardial Disease (duration) ?? yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Sign

(Signed) Guy Y. Cromwell M. D. Coroner

1/23 1932 (Address) 203 Patapsco Ave. Boot Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem

DATE OF BURIAL Jan 25 1932

UNDERTAKER Samuel Stevens

ADDRESS 518 N

Typer.—9 30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76093

E 76093.

CERTIFICATE OF DEATH

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2818 Hamilton Ave ST. WARD 43

2 FULL NAME Ella Virginia Stuett

(a) RESIDENCE NO 2818 Hamilton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~. (Write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. E. Stuett

6 DATE OF BIRTH (month, day, and year) Mar 5-1862

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
70	—	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Jacob Bittner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Jane Fox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Interment (Address) Mt Lafayette Cem. 2418 Hamilton Ave.

15 Filed Dec 23 1932 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 22-1932

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931, to Jan 22, 1932

that I last saw h Ev alive on Jan 22, 1932

and that death occurred, on the date stated above, at 8:10 (a. m.)

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Edgar P. Sandrock M. D.

, 19 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL Jan 26-1932

UNDERTAKER Putnam Gore ADDRESS

Spec.—0 30—A. & Co.—250 Blks

76094

HEALTH DEPARTMENT—CITY OF BALTIMORE

76094 E

CERTIFICATE OF DEATH

36

1 PLACE OF DEATH

CITY OF BALTIMORE (No Sinai Hospital 5-60 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Margaretta Hetzner Sindell

(a) RESIDENCE NO. 1635 Thomas Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Partial Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Sindell

6 DATE OF BIRTH (month, day, and year) Apr. 11. 1909.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waitress

(b) General nature of industry, business, or establishment in which employed (or employer) S

(c) Name of employer Freemount Restaurant

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Frederick Hetzner

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known (State or country)

14 Informant Mrs Clifford E. Baxter

(Address) 1635 Thomas Ave.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22, 1932

17

I HEREBY CERTIFY, That I attended deceased from Jan 15 , 1932 , to Jan 22 , 1932

that I last saw h alive on Jan 22 , 1932

and that death occurred, on the date stated above, at 5 54 m.

The CAUSE OF DEATH* was as follows:

Septicemia (Hemolytic staphylococcus)
(Focus - Paronychia)

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood Culture

(Signed) M. B. Kirch M. D.

, 19 (Address) Sinai Hospital -

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL Jan. 25, 1932

20 UNDERTAKER Henry Sander & Sons, Inc.

ADDRESS Baltimore St. & Broadway.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76095

CERTIFICATE OF DEATH

E 76095

43-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 788 W. Mulberry St. 17th Ward)

Length of residence in city or town where death occurred 1 yr. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie L. Hamilton

(a) Residence: No. 788 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced — HUSBAND of (or WIFE of): James Hamilton

6. DATE OF BIRTH (month, day, year): DEC 1, 1885

7. AGE — Years: 46 | Months: 1 | Days: 20 | If LESS than 1 day, hrs. or min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Presser
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shirt factory
10. Date deceased last worked at this occupation (month and year): DEC 1931
11. Total time (years) spent in this occupation: 15 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER FATHER
13. NAME: Thomas C. Cummings
14. BIRTHPLACE (city or town) (State or country): Maryland
15. MAIDEN NAME: Luliana L. Nicholas
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Jas E. Bowley
(Address): 1806 Orleans St

18. BURIAL, CREMATION, OR REMOVAL
Place: Ashburn Date: Jan 25 1932

19. UNDERTAKER: Mrs. J. A. Elliott
(Address): 1725 Eastland ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/24/32 19

22. I HEREBY CERTIFY, That I attended deceased from January 16 1932 to January 21 1932
I last saw her alive on Jany 21 1932 Death is said to have occurred on the date stated above, at 12 30 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Chron. Myocarditis	A

Other contributory causes of importance:
2 Pulmonary Edema 1.16.32

Name of operation ..... Date of .....
What test confirmed diagnosis? Neg Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? (If so, specify) .....

(Signed) Wm. F. Roecker M. D.
(Address) 601 N. Carrollton Ave

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76096

6096.

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 1343 James St. 21 Ward)

Length of residence in city or town where death occurred 83 yrs 3 mos 6 ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Bessie McLaughlin

(a) Residence: No. # 1343 James St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct 18th 1848

8. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	83	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER FATHER

13. NAME John McLaughlin
14. BIRTHPLACE (city or town) (State or country) Ireland.
15. MAIDEN NAME Bridget Owens
16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Miss Maggie C. McLaughlin
(Address) 1343 James St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 1/27/1932

19. UNDERTAKER John J. Gowan & Son
(Address) 1901 Collins Ave.

20. FILED ..... 19.. HARRISON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24/1932.

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1927, to Jan 24, 1932
I last saw h.. alive on Jan 22, 1932 death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile arteri-sclerosis	[illegible]
Senile Cardiac Disease	[illegible]

Other contributory causes of importance:

Cancer of Breast	[illegible]

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry C. White, M. D.
(Address) 1212 W. Fayette St.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76097

CERTIFICATE OF DEATH

E 76097

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 706½ W. Fairmount St. (WARD) 40th

2-FULL NAME John W. Chase

(a) RESIDENCE NO. 706½ W. Fairmount St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella Chase

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Alice Chase

(Address) 706½ W. Fairmount Ave

Filed JAN 25 1932 G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Cyrus Zellers M. D.
Coroner

(Address) 139 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lyon Cemetery

DATE OF BURIAL: Jan 25th 1932

20 UNDERTAKER: Marietta R. Williams

ADDRESS: 922 Union Ave St

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76098

CERTIFICATE OF DEATH

10 E 76098

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden ham Hospital St. ..... Ward)

Length of residence in city or town where death occurred 1 yrs. 1 mos 22 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Douglas Jones

(a) Residence: No. 719½ N. Saratoga St., ... Ward.
(usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) Dec. 2, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Roosevelt Jones

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lucy Williams

16. BIRTHPLACE (city or town) (State or country) No. Carolina

17. INFORMANT Roosevelt Jones
(Address) 719½ N. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Cem. Date Jan. 26, 1932

19. UNDERTAKER M. Luther Williams
(Address) 302 N. Fremont St.

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1932, to Jan 24, 1932
I last saw him alive on Jan. 24 1932 death is said to have occurred on the date stated above, at 6 55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nasal & Laryngeal Diphtheria	1/16/32

Other contributory causes of importance:

Diphtheritic Myocarditis	1/22/32

Name of operation None Date of .....

What test confirmed diagnosis Culture? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. Peter Mennecke M. D.

(Address) Lyden ham Hospital

BACo. 5-11 250R

HEALTH DEPARTMENT CITY OF BALTIMORE

76099 E 76099

CERTIFICATE OF DEATH

Registered No. 157

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 1000 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Baby Crowl

(a) Residence: No. 1702 St James St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F | 4. Color or Race: Black | 5. Single, Married, Widowed, or Divorced (write the word):

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan 15-32

7. AGE: Years | Months: — | Days: 5 | If LESS than 1 day hrs or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER

13. NAME Waverly Crowl

14. BIRTHPLACE (city or town) (State or country) Md

FATHER

15. MAIDEN NAME Georgianna Walker

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Date JAN 25 1932 19

19. UNDERTAKER C. HADYSON JONES, INC.

(Address)

FILED JAN 25 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932 to Jan 20, 1932

I last saw h[illegible] alive on Jan 20 1932 death is said to have occurred on the date stated above, at 10:55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart disease	Birth

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dan C Sutton M. D.

(Address) J. Hopkins Hospital

Co. 5-31 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

76100 E 76100

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Good Shepherd General Hospital | Registered No. 31
CITY OF BALTIMORE: (No. 1512 N. Gilmor St., ~~Ward~~ Unknown) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME James J Scott

(a) Residence: No. 878 MC Kim St., Ward
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
49	1883	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) City Charities

18. BURIAL, CREMATION, OR REMOVAL: Place HOSPITAL 1932 Undertaker

19. UNDERTAKER

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22- 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 31- 1931 to Jan 22- 1932
I last saw him alive on 1-22- 1932 death is said to have occurred on the date stated above, at 5:05 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	Oct 1931
Hemiplegia	
Nephritis	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M B Boykin M. D.
(Address) 1512 N Gilmor

JAN 25 1932 JOHNS HOPKINS HOSPITAL

ACo. 5-11 2408

76101 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 76101

CERTIFICATE OF DEATH

Louise Bayless 131

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 417 Lovanaugh St. 15-7 Ward)

Length of residence in city or town where death occurred 3 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Louise Bayless

(a) Residence: No. 417 Lovanaugh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced (or) WIFE of John Bayless

6. DATE OF BIRTH (month, day, year) Aug. 29, 1863

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	68	4	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER
13. NAME Henry Morman
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Easter Monday
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Josephine Meredith
(Address) 1812 Lovanaugh St

18. BURIAL, CREMATION, OR REMOVAL
Place Bedford Va Date 1/26 1932

19. UNDERTAKER Thomas E. Kelsey
(Address) 1303 Pennsylvania Ave

Jan 29 1932 19 ADH Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/21 1932 to 1/24 1932

I last saw him alive on 1/24 1932 death is said to have occurred on the date stated above, at 10:34 A m.

The principal cause of death and related causes of importance were as follows:

Cer. Nephritis + Uremia

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Brig Rutty , M. D.
(Address) 2134 E Pratt

...—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

76102

CERTIFICATE OF DEATH.

E 76102

REGISTERED NO. 145

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Inf ST., 27-43 WARD)

2-FULL NAME Mrs Carrie R Kress

(a) RESIDENCE NO. 3700 Frankford Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced
~~HUSBAND of~~ or) WIFE of Edward Kress

7 DATE OF BIRTH (month, day, and year) Feb. 1st 1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER W. Edward Robt.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Cora Fadoley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Edward Kress
(Address) 3748 Frankford Ave

15 Filed Jan 29 1932, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28-1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1932, to Jan 28, 1932,

that I last saw her alive on Jan 28, 1932,

and that death occurred, on the date stated above, at 11 50 m.

The CAUSE OF DEATH* was as follows:

Puerperal Septicemia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Multiple phlebitis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) William E. Miller, M. D.

, 19 (Address) 1000 Belvidere Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frank Chapel Cem. DATE OF BURIAL Jan 28 1932

20 UNDERTAKER Clarence E. Luther ADDRESS Fork Md.

AaCo. 5-11 2500

76103 HEALTH DEPARTMENT CITY OF BALTIMORE E 76103

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

Registered No. 15-68

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1825 Poplar Grove St., Ward)

Length of residence in city or town where death occurred Lifetime da. How long in U.S. if of foreign birth? yrs. mos. da.

2. FULL NAME Leah Cohn

(a) Residence: No. 1825 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hyman Cohn

6. DATE OF BIRTH (month, day, year) May 16, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME ---------- Blum

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. Hyman Cohn
(Address) 1825 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL
Place Heb. Friendship Date 1/26/ 1932

19. UNDERTAKER David Sandman & Son
(Address) 1902 Eutaw Place

20. FILED 2/5/1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from JANUARY 9, 1932, to JANUARY 24, 1932

I last saw her alive on JAN. 24, 1932 death is said to have occurred on the date stated above, at 4.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC INTERSTITIAL NEPHRITIS	1929
(Other contributory causes of importance:)	
BRONCHITIS ACUTE.	1/9/32
CARCINOMA OF BREAST (LEFT)	1928

Name of operation RADICAL BREAST AMP Date of MAY 1928

What test confirmed diagnosis? LAB Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ., 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) L. W. Hoffman, M. D.
(Address) 8 East Read St.

Spec.—9-30—A. A. Co.—200 Blks

76104 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 76104

CERTIFICATE OF DEATH

95-02

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2012 E 31st. St. ST 9-46 WARD

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Hester Anna Orndorff

(a) RESIDENCE NO 2012 E. 31st. ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James R. Orndorff

6 DATE OF BIRTH (month, day, and year) June 8, 1849,

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Sarah Fletchall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Nellie Haver

(Address) 2012 E. 31st. St

15 1 25 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24. 1932

17

I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932 to Jan. 24, 1932

That I last saw h alive on Jan 23, 1932

and that death occurred, on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (secondary) Varied age. acteri-Sclerosis. (duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(signed) C V Meyers Dr M. D.

1/24 19 32 (Address) 1520 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stanford Lincoln (a Ry) DATE OF BURIAL Jan 25 1932

20 UNDERTAKER Wm C. Black ADDRESS 121 N. Broadway

Spec.—7-17-26—A Co.—200 Blks

76105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 76105

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 48-76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Johnnie Walker

(a) RESIDENCE NO. 920 Vine St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	Colored	infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 1931

7 AGE	Years	Months	Days	IF LESS than 1 day, hrs. or min..
		11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1932, to Jan 24, 1932

that I last saw him alive on Jan 24, 1932

and that death occurred, on the date stated above, at 8 10 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia and Meningitis

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Pneumonia Lobar

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Baltimore.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms & Autopsy

(Signed) Geo. M. Thomas M. D.

1-24 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

JAN 25 1932

very important. See instructions on back of

BCo. 5-31 2500

76106 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 76106

CERTIFICATE OF DEATH

Registered No. 162

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 E 25th St. 12-50 St., (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M^c Devitt

(a) Residence: No. 317 E 25th St St., Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Francis M^c Devitt

7. DATE OF BIRTH (month, day, year) 6-16-1833

8. AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
98	4	32	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Galway Ireland

13. NAME Francis M^c Devitt

14. BIRTHPLACE (city or town) (State or country) Galway Ireland

15. MAIDEN NAME Ellen Higgins

16. BIRTHPLACE (city or town) (State or country) Galway Ireland

17. INFORMANT Mrs James Burke

(Address) 317 E 25th St

18. BURIAL, CREMATION, OR REMOVAL

Place Loyola Mg. Date Jan. 26 1932

19. UNDERTAKER Mary M^c Medfield

(Address) 301 E 32nd St

25 1932 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/24/31, 19 to 1/24/32, 19

I last saw h^r alive on 1/23/32 19 death is said to have occurred on the date stated above, at 1.51 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age	

Other contributory causes of importance:

None -

Name of operation None Date of

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Sudders M. D.

(Address) 32, E 25th

aCo. 5-31 250M

76107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-603 ✓

E 76107

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 3-5 ..... Ward)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie O'Connor

(a) Residence: No. 206 S. Eden St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

7. DATE OF BIRTH (month, day, year) Aug. 5, 1876

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	55	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winchester Va.

MOTHER FATHER

13. NAME George Eagle

14. BIRTHPLACE (city or town) (State or country) ? Va.

15. MAIDEN NAME Jemnus Anderson

16. BIRTHPLACE (city or town) (State or country) ? Va.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Winchester Va. Date 1-25 1932

19. UNDERTAKER Bernard E. Hafer
(Address) 1012 E. Fayette St.

20. FILED 25 1932 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1932 to Jan. 24, 1932

I last saw her alive on Jan. 24, 1932 death is said to have occurred on the date stated above, at 10:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency Congestion	Two ago
Other contributory causes of importance: Myocarditis Chronic	1 yr ago

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

1-25 (Signed) C. Hampson Jones M. D.

(Address) Balto. City Hosp.

Spec.—9-30—A. & Co.—250 Blks.

5108 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 76108

CERTIFICATE OF DEATH.

97

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. Sinai Hospital ST. 7-13 (WARD.)

2 FULL NAME Michael Weiler

(a) RESIDENCE NO. Old Folks Home - Sinai Hospital ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6 DATE OF BIRTH (month, day, and year) Jan 6 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	—	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10 NAME OF FATHER Charles Weiler
11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto-Md.
12 MAIDEN NAME OF MOTHER Kron Foble
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs. Max Thanhauser Temple Gardens Apts

15 Filed 2 5 1932, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-24-32

17
I HEREBY CERTIFY, That I attended deceased from
Aug. 19 31, to 1-24 19 32
that I last saw h im alive on 1-24 19 32
and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:
General arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) M. B. Kirsh M. D.
19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Hebrew cem	1/26 1932
20 UNDERTAKER	ADDRESS
J Ahrens Co	2457 Reisterstown Rd

Charles Thle

HEALTH DEPARTMENT—CITY OF BALTIMORE

76109

CERTIFICATE OF DEATH

108 E 76109

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 19-28 Ward)

Length of residence in city or town where death occurred ..... yrs ..... mos ..... da. How long in U.S. if of foreign birth? ..... yrs ..... mos ..... da.

2. FULL NAME .....

(a) Residence: No. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) .....

7. AGE — Years: ..... Months: ..... Days: ..... If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 19

19. UNDERTAKER .....
(Address)

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 19 32 to Jan. 23, 1932

I last saw h[illegible] alive on Jan 23, 1932 death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 15

Other contributory causes of importance:

None.

Name of operation None Date of

What test confirmed diagnosis? [illegible] Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

3 1932

ACo. 5-31 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

131 E 76110

76110

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 16-67 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME .....

(a) Residence: No. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced
RUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) .....

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 19

19. UNDERTAKER .....
(Address)

20. FILED ..... 19 .... Registrar.

23 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 14th 1931 to Dec 23 1932

I last saw h[illegible] alive on Dec 23 1932 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
arter sclerosis	
chronic nephritis	

Other contributory causes of importance: Chronic Bronchitis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) W Marshall M. D.
(Address) 2901 Edmondson Ave

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76111

CERTIFICATE OF DEATH

23

76111

1—PLACE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 902 E. 36th ST. (or WARD) 4-47

2—FULL NAME Dorothy A. Hilse

(a) RESIDENCE NO. 902 E. 36th ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 5, 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
23	23	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer) 009

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Herman G. Hilse

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Magdalena G. Sankey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Herman G. Hilse

(Address) 902 E. 36th St

15 Filed JAN 5 1932, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-24-32

17 I HEREBY CERTIFY, That I attended deceased from 1-14-, 1932, to 1-24, 1932

that I last saw h alive on 1-23, 1932

and that death occurred, on the date stated above, at 12:05 a.m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar over

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

Scarlet (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No Clinical Laboratory

What test confirmed diagnosis:

(Signed) Henry C. Smith M. D.

, 19 (Address) 462 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Jan. 28 1932

20 UNDERTAKER ADDRESS

Henry H. Tritle 4101 Edmondson Ave

Coroners Potter

36—M. & T.—100 H—501.

76112

HEALTH DEPARTMENT—CITY OF BALTIMORE

1002 ✓

124 E 76112

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1516 Aisquith St. 9-16 (WARD)

2-FULL NAME George M. Lynch

(a) RESIDENCE NO. 1516 Aisquith ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~ Carrie Lynch

6 DATE OF BIRTH (month, day, and year) About 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 65				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Metal Worker
(b) General nature of industry, business, or establishment in which employed (or employer): Sheet Iron
(c) Name of employer: Journeyman

9 BIRTHPLACE (city or town) (State or country): New Jersey

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs James Morgan

(Address): 1516 Aisquith St

15 Filed ..... 1932 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Pulmonary Embolism

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cirrhosis of Liver

(duration) ? yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical History

(Signed) D.D. Jones, M. D. Coroner

Jan 25/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: 1/26/1932

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

Spec.—9-30—A & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

76113 — 46 E 76113

CERTIFICATE OF DEATH.

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 E 32nd St. 9-46 (WARD)

2 FULL NAME Chester Bollinger

(a) RESIDENCE NO. 1611 E. 32nd St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia Bollinger.

6 DATE OF BIRTH (month, day, and year) June 7, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stationary Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 30 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Glen Rock Valley York Co Penna

PARENTS

10 NAME OF FATHER Cornelius Ballinger

11 BIRTHPLACE OF FATHER (city or town) Hanover (State or country) Penna

12 MAIDEN NAME OF MOTHER Engarth Scharfer

13 BIRTHPLACE OF MOTHER (city or town) Hanover (State or country) Penna

14 Informant (Address) Mrs. Virginia Ballinger (wife) 1611 E 32 St.

15 Filed 2 5 1932 19 C. HARRISON JONES, Registrar

By Deputy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 25-32

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1 19 31 to January 25 19 32

That I last saw h. alive on January 25 19 32

and that death occurred, on the date stated above, at 8 30 A. M.

The CAUSE OF DEATH* was as follows:

Carcinoma Liver.
Carcinoma Stomach

(duration) yrs. 4 mos. 25 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) Chas. A. Stevens M. D.

1-24-32 (Address) 1878 Harford

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL Jan 28 1932

20 UNDERTAKER William Cook

ADDRESS 1217 St Paul

20—M. & T.—100 B—50L.

E 76114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76114

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3511 Hayward ave ST., 27-56 WARD

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotta R. Freuburger 4600 Hamilton Ave

(a) RESIDENCE NO. ~~3511~~ ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 ~~Single, Married, Widowed, or Divorced (write the word)~~ Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter L. Freuburger

6 DATE OF BIRTH (month, day, and year) Aug 11 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	58	5	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework.
(b) General nature of industry, business, or establishment in which employed (or employer) Home.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Edward Cuyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Elmira Bowen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs. Emma Coleman (Address) 3511 Hayward ave

15 Filed JUN 25 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/24 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tabular Neuritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

1/25, 19 32 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Jan 27 1932
20 UNDERTAKER	ADDRESS
Williams Bros	2317 E. Chase

M & T—100 B—501.

E 76115

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76115

CERTIFICATE OF DEATH

REGISTERED NO. 92-001

1-PLACE OF DEATH

CITY OF BALTIMORE (NO. 718 W 34th St. ST. 13-52 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Shetter.

(a) RESIDENCE NO. 718 W 34th St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Howard C. Shetter

DATE OF BIRTH (month, day, and year) July 7, 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	54	6	23	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) md.

10 NAME OF FATHER Simon Eyler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Louisa Franck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

Informant Howard C. Shetter

(Address) 718 W 34th St

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/24 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Goitre

Nervous Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. Hammett, Jr. M. D. Coroner

19 (Address) 562 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Wash Pumping

DATE OF BURIAL Jan 27 1932

20 UNDERTAKER Greenwood Dodson

ADDRESS 345 Chestnut Ave

Spec.—9-30—A. A Co.—250 Blks

76116 HEALTH DEPARTMENT—CITY OF BALTIMORE 76116

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Clifton Park St. 8-45 Ward) REGISTERED NO. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anna M. Kelly.

(a) RESIDENCE NO. Clifton Park St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Kelly.

6 DATE OF BIRTH (month, day, and year) Oct 21, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework. 31 0

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Phillip Hare

11 BIRTHPLACE OF FATHER (city or town) Pa

(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Albaugh

13 BIRTHPLACE OF MOTHER (city or town) Pa

(State or country)

14 Informant George W. Kelly.

(Address) Clifton Park

15 5 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25, 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1931, to Jan 25, 1932

that I last saw h alive on Jan 25, 1932

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial mal Fibrillation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Sendroe

(Signed) C. Reed Swink. M. D.

Jan 25, 1932 (Address) 4702 Harford Rd

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem DATE OF BURIAL Jan 28, 1932

20 UNDERTAKER Thanowitch Son ADDRESS 2515 Eastern Ave

M. & T.—100 B—50L.

E 76117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76117

REGISTERED NO. 94-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (St.) 24 (WARD) 23

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irvin H. Lees.

(a) RESIDENCE NO 1204 Battery Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs 9 mos 15 ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Eva M. Lees.

7 DATE OF BIRTH (month, day, and year) April 8 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	9	15	

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Sheet Metal Worker. (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Hyred H. Lees.

11 BIRTHPLACE OF FATHER (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Gertrude Radcliffe

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Hyred H. Lees (Address) 1204 Battery Ave

15 Filed ____, 192 ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23rd 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Injuries from an Explosion Accidental

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

1932 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Nat'l Cem. DATE OF BURIAL 1 26 1932

20 UNDERTAKER E + R Hartz ADDRESS 115 E Mead St

30—M A T—100 R—581

E 76118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

209 E 76118

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) University Hospital ST. 17-25 WARD

2-FULL NAME Ida Black

(a) RESIDENCE NO 710 N. Paca ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Not known

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mrs. Bronniger

(Address) 324 N. Paca St

15 Filed JAN 25 1932 By G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Struck by Street Car.
Accidental Death

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Howard & Clay St

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Chas W. Tillett, M. D. Coroner

1/25 1932 (Address) 239 Fortress Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL 1/27/32

20 UNDERTAKER C. H. Bowers

ADDRESS East St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

76119

CERTIFICATE OF DEATH

+ 115-01

E 76119

REGISTERED NO.

1-PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. ST. 12-51 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO.

2-FULL NAME William T. Lanham

(a) RESIDENCE NO. U.S. Coast Guard Depot, Curtis Bay ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) May 1, 1909

8 AGE

Years	Months	Days	If LESS than 1 day, hrs or min
22	8	22	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman 2/c

(b) General nature of industry, business, or establishment in which employed (or employer) U.S. Coast Guard

(c) Name of employer U.S. Government

10 BIRTHPLACE (city or town) (State or country) Kentucky

PARENTS

11 NAME OF FATHER Charles W. Lanham

12 BIRTHPLACE OF FATHER (city or town) (State or country) Ky.

13 MAIDEN NAME OF MOTHER Nora Sullivan

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Ky.

14 Informant Records, U.S. Marine Hospital (Address) Baltimore, Md.

15 Filed JAN 26 1932 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 23, 1932

17 I HEREBY CERTIFY, That I attended deceased from January 6, 1932, to January 23, 1932, that I last saw him alive on January 23, 1932 and that death occurred, on the date stated above, at 3:30 A. m.

The CAUSE OF DEATH* was as follows:

Tonsillitis, acute, follicular (duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary) Abscess, peritonsillar, left Abscess, pulmonary right lung - about 10 da (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & lab findings

(Signed) G. Abbott, M. D.

1/23, 1932 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington Cemetery, Fort Myer, Virginia

DATE OF BURIAL Jan 26, 1932

20 UNDERTAKER E. Leroy Stiffler, Inc.

ADDRESS 125 E. North ave

Dec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76120

CERTIFICATE OF DEATH

89- E 76120

1 PLACE OF DEATH Sinai Hosp

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 96-36 ST. WARD

2 FULL NAME Fredrick Friedel

(a) RESIDENCE No. 1901 Newkirk St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 1st 1931

7 AGE: Years — Months: 6 — Days: 23 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Fredrick Friedel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Estelle Kirchmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant (Address): Fredrick Friedel 1901 Newkirk St.

15 Filed 1/26, 1932 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-24-32

17

I HEREBY CERTIFY, That I attended deceased from 1-18, 1932, to 1-24, 1932

that I last saw him alive on 1-24, 1932

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Bilateral Pulmonic meningitis

* Bilateral mastoiditis meningitis Purulent (duration) 2 wks mos. Cultured

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Milton B. Cirst M. D.

1932 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cem. — DATE OF BURIAL: 1/28/32

20 UNDERTAKER: Theo. J. Fitzbrothers — ADDRESS: 1420 Druid Hill Ave.

BACo. 5-31 2500

76121 HEALTH DEPARTMENT—CITY OF BALTIMORE

51 E 76121

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Mercy Hospital
CITY OF BALTIMORE: (No. 2411 Eutaw St., Ward) 8C
Length of residence in city or town where death occurred 47 yrs. 7 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Sperry

(a) Residence: No. Ingersdale Pa St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of Bess Gertrude Sperry

7. DATE OF BIRTH (month, day, year) Jan 26th 1886

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	11	30	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frostburg Md

MOTHER FATHER
13. NAME Joshua Sperry
14. BIRTHPLACE (city or town) (State or country) England
15. MAIDEN NAME Dora Mc Miller
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Gertrude Sperry
(Address) 300 Lincoln Ave Ingersdale Pa

18. BURIAL, CREMATION, OR REMOVAL
Place Ingersdale Pa Date 11/26/ 1932

19. UNDERTAKER John Cook
(Address) 1217 St Paul St

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-25-1932

22. I HEREBY CERTIFY, That I attended deceased from June 1 1931 to Jan 25 1932
I last saw h alive on Jan 25 1932 death is said to have occurred on the date stated above, at 6 45 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, how? .....

(Signed) W B Lee M. D.
(Address) St Joseph Hospital

6122

HEALTH DEPARTMENT—CITY OF BALTIMORE

461 E 76122

CERTIFICATE OF DEATH.

1 PLACE OF DEATH West Baltimore Emergency Hospital — S 21-53 WARD

REGISTERED NO (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2 FULL NAME Mrs Mary E Smith

(a) RESIDENCE NO 728 Deepdene Road ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, ~~widowed or divorced~~ (or) WIFE of Thomas H. Smith

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Theodore Burch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Europe

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Thomas H. Smith
(Address): 728 Deepdene Rd

15 Filed . 19 . THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/24/32

17 I HEREBY CERTIFY, That I attended deceased from Jan. 11 — , 1932, to Jan 24 , 1932

that I last saw h er alive on Jan 24 , 1932

and that death occurred, on the date stated above, at 7 1/2 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Head of Pancreas

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of Jan 22. 1932

Was there an autopsy? No.

What test confirmed diagnosis? Autopsy

(Signed) John L. Rogers M. D.

1/24 1932 (Address) West Balto Gen'l Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: 1/26/1932

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

20—M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76123

E 76123

CERTIFICATE OF DEATH

93-004

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 733 W. Mulberry ST. 18-26 (WARD)

2-FULL NAME Walter Gaither

(a) RESIDENCE NO. 733 W. Mulberry ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [redacted] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colord

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bleaker Gaither

6 DATE OF BIRTH (month, day, and year): 1899

7 AGE: Years 34 ! | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): S. C.

PARENTS

10 NAME OF FATHER: Thomas Gaither

11 BIRTHPLACE OF FATHER (city or town) (State or country): S. C.

12 MAIDEN NAME OF MOTHER: Mary Peal

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S. C.

14 Informant: Mrs Edith Mangor (Address) 733 W. Mulberry St.

15 Filed [illegible] 192[illegible] [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 23 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zellers, M. D. Coroner

1/25 1932 (Address) 3 E Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Natwood Cem

DATE OF BURIAL: 1/27 1932

20 UNDERTAKER: Jones Taylor

ADDRESS: 916 Pa Ave

30—M & T—100 B—501.

E 76124

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76124

CERTIFICATE OF DEATH

93-001

REGISTERED No. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 739 W. Mulberry ST. 18-N WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mammie Lucas

(a) RESIDENCE No 739 W. Mulberry ST., ...WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [redacted] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	33		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mr. Samuel Perkins

(Address) 739 W. Mulberry St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [redacted], M. D.
Coroner

6/25 1932 (Address) [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	6/27 1932
20 UNDERTAKER	ADDRESS
Samuel Easton	[illegible]

...c.—1-30—M. & T.—250 Bks

76125 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76125

CERTIFICATE OF DEATH.

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 Plum ST. WARD) 31

2-FULL NAME Beatrice White

(a) RESIDENCE No. 825 Plum St. WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. 10 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Raymond White

7 DATE OF BIRTH (month, day, and year) Feb-28-1912

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER William Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co Maryland

12 MAIDEN NAME OF MOTHER Agatha Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co

14 Informant Raymond White

(Address) 825 Plum St.

15 Filed ..... 19 ..... H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan-24-1932

17 I HEREBY CERTIFY, That I attended deceased from 12/24, 1931, to Jan 24, 1932

that I last saw her alive on Jan 24, 1932

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

(duration) — yrs. 8 mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Death Vgl

(Signed) David Truslow M. D.

1/27 1932 (Address) 122 W Lee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL 1/27 1932

20 UNDERTAKER Isaiah Brown Sons

ADDRESS 128 W Montgomery

ec.—1-12-23—M&T—500 Blks.

E 76126

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76126

CERTIFICATE OF DEATH.

108 V

REGISTERED NO. 16-32

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 807 N. Bruce ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jeremiah Owens.

(a) RESIDENCE NO. 807 N. Bruce ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	married

6 If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Mary Owens.

7 DATE OF BIRTH (month, day, and year) May 8. 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	66 yrs	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Jobber

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) New Windsor Md.

PARENTS

10 NAME OF FATHER Joshua Owens

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Windsor Md.

12 MAIDEN NAME OF MOTHER Cotton Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Windsor Md.

14 Informant Mary Owens

(Address) 807 N. Bruce St.

Filed 1-26 1932 M. H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan. 15 1932 to Jan. 25 1932, that I last saw h in alive on Jan. 23 1932 and that death occurred, on the date stated above, at 2.45 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. H. Pigott, M. D.

1/25 1932 (Address) 1536 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Calvary Cem. DATE OF BURIAL 1-27 1932

20 UNDERTAKER Thomas E. Nelson ADDRESS 130 Fairfax

6127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107 001

E 76127

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1336 N. Carey St. 15-23 WARD

2-FULL NAME Molly Johnson

(a) RESIDENCE NO. 1336 N. Carey ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Dec 20, 1900

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	1	5	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Longshoreman 074

(b) General nature of industry, business, or establishment in which employed (or employer) Loading ships

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Reuben Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Sophonia Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Florence Foote 1336 N. Carey St

15 Filed Jan 29 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Jan 28, 1932, that I last saw him alive on Jan 24, 1932 and that death occurred, on the date stated above, at 8.40 A m.

The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Bronchitis (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical

(Signed) H. Walters, M. D.

19 (Address) 1006 N Edan St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Ward, Va.

DATE OF BURIAL Jan 28 1932

20 UNDERTAKER Thomas E. Kelam

ADDRESS 1302 Preston St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 76128

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

6128

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3819 E. Lombard St) WARD 26-37

2 FULL NAME BERTHA PILKER

(a) RESIDENCE NO. 3819 E. Lombard St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if alien or foreign-born? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Michael Pilker

6 DATE OF BIRTH (month, day, and year) June 22, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home 027

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Bernhard Berends

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Johanna Janssen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mr. John M. Pilker (Husband) 3819 E. Lombard St.

1-26-1932 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) Jan. 23. 1932

16

I HEREBY CERTIFY, That I attended deceased from 6/1/31, 19 to 1/23/32, 19

that I last saw h-e alive on 1/22/32, 19

and that death occurred, on the date stated above, at 11.00 a. m.

The CAUSE OF DEATH* was as follows:

Sarcoma Peritoneal Glands.

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Stone.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frederick A. Herrmann M. D.

1/26/32 (Address) 2136 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Jan. 26 1932

20 UNDERTAKER Henry Sinder & Sons, Inc.

ADDRESS BALTIMORE & BROADWAY.

20—M & T—100 B—501.

76129

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76129

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 9-47 34 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John R. Hardell

(a) RESIDENCE NO 814 Cator Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hester Ann Hardell

6 DATE OF BIRTH (month, day, and year) Jan 18/1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	53	0	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Composer 063
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Baltimore Sunpaper

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John R. Hardell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Mary A. Peters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Mary H. Hardell

(Address) 814 Cator Ave

15 Filed Jan 26 1932, 192 M. HAMMOND, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8 A.M. Jan 23/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopay or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopay or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia rt lower lobe
Syphilitic Aortitis with stenosis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis? .....

(Signed) Jos Mullen, M. D. Coroner

Jan 26 1932 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Jan 26, 19 32

20 UNDERTAKER John A. Moran

ADDRESS 2000 E Balto St

AACo. 1-31-2000

HEALTH DEPARTMENT CITY OF BALTIMORE

76130 76130

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Eastern Ave St. 8th Ward)

Length of residence in city or town where death occurred 65 yrs 11 mos 10 ds. How long in U. S. If of foreign birth? yrs mos ds

2. FULL NAME Mary Margaret Morgan

(a) Residence: No. 1615 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) July 4 1866

8. AGE 65 Years	Months 11	Days 10	If LESS than 1 day hrs or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Patrick Morgan
14. BIRTHPLACE (city or town) (State or country) England
15. MAIDEN NAME Bridget Carlisle
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Peter Morgan
(Address) 615 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 1/27/32 19

19. UNDERTAKER Richard Bruce or
(Address) 1620 Ashburton

20. FILED ..... 19 1/28/32 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12 1932 to Jan. 27 1932

I last saw her alive on Jan 23 1932 death is said to have occurred on the date stated above, at 11:10 Pm.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset Dec

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benj. L. Hart M. D.

(Address) 1216 E. Baltimore St.

Co. 5-11 2508

E 76131 HEALTH DEPARTMENT CITY OF BALTIMORE E 76131

CERTIFICATE OF DEATH

93-E 76131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 5-8 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa S. Wagner

(a) Residence: No. 442 N. Gay St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

13. NAME Charles Wagner

14. BIRTHPLACE (city or town) Balto. Md
(State or country)

15. MAIDEN NAME Barbara Arnold

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL.
Place Holy Redeemer Cem. Date Jan. 27 1932

19. UNDERTAKER Henry Breidenbach Inc
(Address) 30 E. Lexington ~~JONES, INC~~

20. FILED 19 Feb 3 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1911 to Jan. 24, 1932

I last saw her alive on Jan. 24, 1932 death is said to have occurred on the date stated above, 1:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial disease Chronic Nephritis	
Other contributory causes of importance: Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, so, specify .....

2-3-32 Elmer Hitchcock M. D.
(Signed)

(Address) Balto. City Hosp.

Co. 5-11 2M

76132 HEALTH DEPARTMENT CITY OF BALTIMORE E 76132

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Inc.) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 15-21 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Russell Johnson

(a) Residence: No. 635 Cumberland st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Nov. 9, 1907

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	24	2	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Howard Johnson

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Daisy Addison

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cem. Date 1-27 1932

19. UNDERTAKER Byron Wright
(Address) 1211 McCulloh St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28 1931 to Jan. 24 1932
I last saw h im alive on Jan. 24 1932 death is said to have occurred on the date stated above, at 6.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown
(Other contributory causes of importance)	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lawrence M. Sears M. D.
(Address) Baltimore City Hospitals

30—M & T—100 B—50L

E 76133

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76133

82-001

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 5-9 (WARD)

2-FULL NAME Ella Smith

(a) RESIDENCE NO. 1410 McElderry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/E yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Smith

6 DATE OF BIRTH (month, day, and year): 1879

7 AGE: Years 52; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Bessie Horsey

(Address) 1410 McElderry St

15 Filed [illegible] 1932 G. HAWKINS JR. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 22 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edgar Fuller, M. D. Coroner

1/26, 1932 (Address) 2132 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem.

DATE OF BURIAL: 1-26 1932

20 UNDERTAKER: Byron Hughes

ADDRESS: 1218 McElderry St

per.—9-30—A. & Co.—200 Blks.

E 76134

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76134

CERTIFICATE OF DEATH

REGISTERED NO. 131

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 423 Edgewood St. 20-20 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Missouri R. Lewis

(a) RESIDENCE NO. 423 Edgewood St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 If married, widowed, or divorced, HUSBAND of (or) WIFE of: Rev. Robert L. Lewis

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 DATE OF BIRTH (month, day, and year): Nov. 1852

7 AGE: Years 79 Months 2 Days —

If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Edward Redhead

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Eliz. Mantua

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): William E. Wiley 423 Edgewood St.

15 Filed 1932, HAMILTON JONES, M.D. Registrar

16 Burial

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 25 - '32

17 I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1932, to Jan. 25, 1932

That I last saw her alive on Jan. 24, 1932

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

Chronic Nephritis (duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) arthritis (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) John S. Nichols M.D.

Jan. 25 1932 (Address) 12 E. 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Federalsburg Md.

DATE OF BURIAL: Jan 27 1932

20 UNDERTAKER: Geo. O. Mitchell Sons 1900 Eutaw St.

ADDRESS

Spec.—9-29—A. & Co.—250 Blks

76135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92- E 76135

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 23 N. Carrollton ave (St.) (Ward) 16-24

2 FULL NAME Alice A. Reilley

(a) RESIDENCE NO. 23 N. Carrollton ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed or divorced, HUSBAND of (or) WIFE of Francis H. Reilley

6 DATE OF BIRTH (month, day, and year) May 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home duties

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer:

9 BIRTHPLACE (city or town) (state or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Andrew Anders

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Alice

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Frances H. Reilley 23 N. Carrollton Ave

15 Filed 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25/32

17

I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to Jan 25 1932

that I last saw h[illegible] alive on Jan 23 1932

and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

(duration) Over 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Multiple arthritis

(duration) Over 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Henry C. Ohle M. D.

1-27, 1932 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery DATE OF BURIAL: Jan 27 1932

20 UNDERTAKER: John O. Mitchell ADDRESS: 1700 Eutaw Place

Spec.—9-30—A. A. Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

76136 | 76136

CERTIFICATE OF DEATH

46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1934 E Lombard St. Ward)

2. FULL NAME Killian L Koehler

(a) RESIDENCE NO. 1934 E Lombard St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): married

6 If married, widowed, or divorced — HUSBAND of (or WIFE of): Barbara Koehler

7 DATE OF BIRTH (month, day, and year): may 10 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: American Ice Co

9 BIRTHPLACE (City or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany

14 Informant (Address): Barbara Koehler 1934 E Lombard St

15 Filed 1932 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 24-1932

17

I HEREBY CERTIFY, That I attended deceased from July 17, 1931 to Jan 24, 1932

that I last saw him alive on Jan 23 1932

and that death occurred, on the date stated above, at 4-15 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

1

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Toxic Absorption

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Wood M. D.

1/25 1932 (Address) 418 N Washington St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Jan 27 1932
20 UNDERTAKER	ADDRESS
Lilly & Bulen Inc	453 S Wolfe

c.—2-29-28—J. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

E 76137

76137

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 6608 Park Heights Ave. 21-55 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna K. Lamp

(a) RESIDENCE NO. 6608 Park Heights Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if foreign birth 62 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of J. George Lamp

6 DATE OF BIRTH (month, day, and year) June 4, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Wm. F. Schluderberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia -----

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant J. George Lamp

(Address) 6608 Park Heights Ave.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25, 1932.

17 I HEREBY CERTIFY, That I attended deceased from September 11, 1929, to January 25, 1932.

that I last saw her alive on January 3 1932

and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Apoplexy)

(duration) yrs. mos. ds. (Holy Home)

CONTRIBUTORY (Secondary) General Arterio Sclerosis Hypertension

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. E. Wilson M. D.

, 19 (Address) 3 W. Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

20 UNDERTAKER E. LeRoy Stifflemire

DATE OF BURIAL Jan 27, 1932

ADDRESS 125 E. Monument

Co. 5-11 2508

76138

HEALTH DEPARTMENT—CITY OF BALTIMORE

81 E 76138

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 6-11 St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sylvester Wushnak

(a) Residence: No. 145 N. Ellwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Agnes Wushnak

DATE OF BIRTH (month, day, year) March 5, ?

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	45?	10	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crane operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) 1½ yrs. ago.

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Sylvester Wushnak

14. BIRTHPLACE (city or town) (State or country) ? Germany

15. MAIDEN NAME Mary Wilkinson

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 28, 1932

19. UNDERTAKER John F. Magan
(Address) 3000 E. Balto. St.

CO. FILED ... 19... Registrar

EC 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1931 to Jan. 24, 32

I last saw him alive on Jan. 24, 1932 death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Amyotrophic lateral sclerosis

Date of onset: Feb. 1930

Other contributory causes of importance:

Name of operation Autopsy Date of Feb

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

1-29-32 (Signed) Chas. Kightlinger M. D.

(Address) Baltimore City Hospitals

aCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76139

CERTIFICATE OF DEATH

10 E 76139

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden ham Hospital St. 19-28 Ward)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 0 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Phillips

(a) Residence: No. 1626 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) July 21, 1928

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	6	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salamanca
(State or country) N. Y.

13. NAME Anthony Phillips

14. BIRTHPLACE (city or town) W. Va
(State or country)

15. MAIDEN NAME Florence Evans

16. BIRTHPLACE (city or town) New York
(State or country)

17. INFORMANT Anthony Phillips
(Address) 1626 Hollins St

18. BURIAL, CREMATION, OR REMOVAL
Place Date
Interred and buried in Mt Olivet Cem
Feb 4 - 1932

19. UNDERTAKER Baker Booth & Son Calhoun Holl
(Address)

20. FILED Feb 4 1932 19 Filed Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1932, to Jan 25, 1932

I last saw her alive on Jan 25, 1932 death is said to have occurred on the date stated above, at 10 45/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Faucial and laryngeal Diphtheria	1/18/32

Other contributory causes of importance:

Diphtheritic Myocarditis	1/23/32

Name of operation none Date of

What test confirmed diagnosis Cultures Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J Pyle Mercanti M. D.

(Address) Lyden ham Hospital

Co. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

76140

CERTIFICATE OF DEATH

E 76140

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 16-23 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Dorsey

(a) Residence: No. 1110 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Dorsey

DATE OF BIRTH (month, day, year)?

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	45?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc out of work
10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Tom Turner

14. BIRTHPLACE (city or town) (State or country) ? Md.

15. MAIDEN NAME Anne Harris

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Jan 28 1932

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1931 to Jan. 25, 1932
I last saw her alive on Jan. 25, 1932 death is said to have occurred on the date stated above, at 1:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystadeno carcinoma of ovary	Apr. 1931

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

1-26-32 (Signed) [illegible] M.D.
(Address) Baltimore City Hospitals

Co. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 E 76141

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 76141

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1338 W Lafayette Ave 1-23 St. ..... Ward)

Length of residence in city or town where death occurred 50 yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Mary Edwards

(a) Residence: No. 1338 W. Lafayette Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	C	Widow

6. If married, widowed, or divorced (or) WIFE of Geo. Edwards

7. DATE OF BIRTH (month, day, year) 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME A. Smith

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Louella Custer
(Address) 1338 W Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 26 1932

19. UNDERTAKER Edward F. Ahearn & Son
(Address) 606 W. Lafayette Ave

20. FILED JAN 26 1932 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 4. 1931 to Jan 23. 1932

I last saw h[illegible] alive on Jan 21 1932 death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis & Nephritis — Date of onset 1930
Cerebral Hemmorrhage — 23 Jan 1932

Other contributory causes of importance: Severe Bronchitis — Jan 4, 1932

Name of operation None — Date of

What test confirmed diagnosis? Physical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. J. Young M. D.
(Address) 424 Le Mommedieu St

HEALTH DEPARTMENT—CITY OF BALTIMORE

76142

CERTIFICATE OF DEATH

Registered No. E 76142

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospitals St. 19-28 (Ward)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mrs Anna Luessen (Balto)

(a) Residence: No. 1602 Holland St., Ward. (If non resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Luessen

7. DATE OF BIRTH (month, day, year) 23/VII/1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	76	4	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME Michael Reupert

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anne Wenlein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Lottie Becker

(Address) 1531 W. Balto. St

18. BURIAL, CREMATION, OR REMOVAL.

Place Mount Carmel Date Jan 28 1932

19. UNDERTAKER Lewis Hermann & Brendsing

(Address) [illegible]

JAN 29 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 25/I, 1932

I HEREBY CERTIFY, That I attended deceased from Jan 11, 1932 to Jan 25, 1932

last saw h alive on Jan 25 1932 death is said to have occurred on the date stated above, at 3-50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	?

Other contributory causes of importance:

Name of operation Colostomy Excision Sigmoid & Rectum Date of 1-20-32

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Not to specify

(Signed) Samuel McLanahan M. D.

(Address) Union Mem. Hospital

Co. 5-H 2505

HEALTH DEPARTMENT CITY OF BALTIMORE

76143 108 E 76143

CERTIFICATE OF DEATH

76143

1. PLACE OF DEATH Baltimore City Hospitals (15-21 ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 50 yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME William Michael

(a) Residence: No. 815 Washington Ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Michael

DATE OF BIRTH (month, day, year) Feb. 20, 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	11	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lonaconing Maryland

13. NAME Conrad Michael

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rachel Emma

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Annie Michael
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Jan. 27 1932

19. UNDERTAKER Morton Tapper & Sons
(Address) 1827 N. North Ave.

CERTIFIED ..... 19 ..... Registrar

1932 ABH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-17-31, 19.., to 1-25-32, 19..

I last saw h[illegible] alive on 1-24-32 19.. death is said to have occurred on the date stated above, at 2:25 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular renal disease	
Chronic nephritis	

Other contributory causes of importance:

Lobar Pneumonia	1-17-32

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard G Tuttle M. D.

(Address) Balto City Hospitals

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

76144

CERTIFICATE OF DEATH

E 76144

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) Edgewood Sanitarium ST. 27-48 97 WARD

2 FULL NAME Annie D. Coolahan

(a) RESIDENCE NO. Edgewood sanitarium ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~ Female

4 COLOR OR RACE: white

5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word): Widowed

6 If married, widowed, or divorced (or) WIFE of: Michael J. Coolahan

7 DATE OF BIRTH (month, day, and year): 1862

7 AGE: Years 70; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Miss Julia Coolahan 4308 Main Ave

15 Filed JAN 28 1932 WM. HAMPSON JONES, M. D. Registrar

By MKK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 24. 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 3rd, 1931, to Jan 24th, 1932

that I last saw h[illegible] alive on Jan 22nd, 1932

and that death occurred, on the date stated above, at 6.30 A. M.

The CAUSE OF DEATH* was as follows:

Generalized Arterio-Sclerosis

(duration) 54 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Uraemia

(duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Gordon Wilson M. D.

, 19 (Address) 715 Park Av.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Jan. 27 1932

20 UNDERTAKER: Martin Daley & Sons — ADDRESS: 1827 N. North Ave.

76145 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76145

CERTIFICATE OF DEATH X 131 REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3635 Belvedere Ave WARD 27-56

2 FULL NAME Tobias C. Stouksdale

Finksburg Md

(a) RESIDENCE No. (If usual place of abode) ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara B. Stouksdale

6 DATE OF BIRTH (month, day and year): July 12 1845

7 AGE: Years 86 87 | Months 5 6 | Days 13 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Finksburg Md.

PARENTS

10 NAME OF FATHER: Noah Stouksdale

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Catherine Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Mrs. Wesley Fennell 4110 Rathlawn Ave

15 Filed JAN 26 1932 G. HAMPSON JONES, M. D. Registrar. N. C. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Jan. 25 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 17 1932, to Jan 25 1932

That I last saw h[e] alive on Jan 25 1932

and that death occurred, on the date stated above, at 7.20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) uremia

(Duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no Laboratory + Physical

What test confirmed diagnosis?

(Signed) W S Lon M. D.

1/26 1932 (Address) 2211 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes (1st) (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Finksburg Md.

DATE OF BURIAL: Jan 27 1932

20 UNDERTAKER: Wm + Son Inc

ADDRESS: Sykesville Md.

Co. 5-11 1908

HEALTH DEPARTMENT CITY OF BALTIMORE

6146

23 E 76146

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) 2-4
CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Raymond Farquhar

(a) Residence: No. 1800 Thames st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Oct. 1, 1877

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	54	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 021
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Annapolis
(State or country) Maryland

13. NAME Norman Farquhar

14. BIRTHPLACE (city or town) Pennsylvania
(State or country)

15. MAIDEN NAME ? Whelen

16. BIRTHPLACE (city or town) Maine
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Freedom Md. Date Jan 27 1932

19. UNDERTAKER Harrison Bros.
(Address) Sykesville Md.

20. FILED ..... Registrar

S 1932 C. Hampton Jones, M. D. R.P.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1931 to Jan. 25, 1932

I last saw him alive on Jan. 25, 1932 death is said to have occurred on the date stated above, at 3.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Lawrence S. Sena, M. D.

(Address) Baltimore City Hospitals

Co. 5-31 250B

6147 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 76147

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 39-002

CITY OF BALTIMORE: (No. ..... St. 16-67 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Catherine L. Oliver.

(a) Residence: No. 320 Brighton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of Mr. Harold Oliver.
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 12, 1902

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	29	2	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore,
(State or country) Maryland

13. NAME Joseph Leland Cox

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country) Pennsylvania

15. MAIDEN NAME Catherine L. Cox

16. BIRTHPLACE (city or town) Baltimore,
(State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 1/27 1932

19. UNDERTAKER Walter J. Pontzon
(Address) 2235 N. North Ave

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-25, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-7-32, 19 , to 1-25, 1932

I last saw her alive on 1-25, 1932 death is said to have occurred on the date stated above, at 7:18 A.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Laryngitis Edema Appendicitis (ovr)	4 days
Other contributory causes of importance: Paralytic Ileus	7 day

Name of operation Laryngotomy Date of 1/24/32
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) Mont J. Clements, M. D.
(Address) Md. General Hospital

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

76148

CERTIFICATE OF DEATH.

E 76148

REGISTERED NO. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 916 Leadenhall ST. 23-31 (WARD)

2-FULL NAME Baby Girl Council.

(a) RESIDENCE NO. 916 Leadenhall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1-24-32

7 AGE: Years | Months | Days | If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Cecil Co. Md.

PARENTS

10 NAME OF FATHER Jack Council.

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Mary Collins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cecil Co. Md.

14 Informant (Address) UNIVERSITY OF MARYLAND

15 Filed . 19 Registrar

C. LAMPSON JONES, M. D. Commissioner of Health

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-24-1932

17 I HEREBY CERTIFY, That I attended deceased from 1-24, 1932, to 1-24, 1932

that I last saw h alive on 1-24-, 1932

and that death occurred, on the date stated above, at 10:00 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity. (2 wks)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Twin Pregnancy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Emil Novak M. D.

. 19 (Address) Emil Novak

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL JAN 25 1932 19

20 UNDERTAKER

ADDRESS

Commissioner of Health

Per [illegible]

Spec. — 1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

76149

CERTIFICATE OF DEATH.

159 E 76149

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 916 Leadenhall ST. 23-31 WARD)

2-FULL NAME Baby ~~Boy~~ Girl Farmer.

(a) RESIDENCE NO. 916 Leadenhall ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced: (write the word)
Female	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1-24-32

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — A

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (City or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Alex. Farmer.

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Mary Gatlin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot Co Md.

14 Informant (Address)

15 Filed 6 1932 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-24 1932

17 I HEREBY CERTIFY, That I attended deceased from 1-24, 1932, to 1-24, 1932, that I last saw h alive on 1-24, 1932, and that death occurred, on the date stated above, at 10:20 A m.

The CAUSE OF DEATH* was as follows:

Prematurity (20 wks) (duration) 1 hr mos ds.

CONTRIBUTORY (Secondary) Pneumonia (duration) hrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Lond H Loodglass M. D.

, 19 (Address) Mun Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND
JAN 25 1932

6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

76150

CERTIFICATE OF DEATH.

REGISTERED NO. 10-E 76150

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) RESIDENCE No. 757 Grantley St., ST. 16-67 WARD.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert H. Convery

(a) RESIDENCE No. 757 Grantley St. ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. 2a How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: White

5 Single, Married, Widowed or Divorced (write the word): Widower

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Widower of Elizabeth Convery

6 DATE OF BIRTH (month, day, and year): 1844-10-15

7 AGE: Years 87 Months 3 Days 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer (retired)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown.

14 Informant (Address): Mrs. Geo. C. Ensley 757 Grantley St. Ft Hills

15 Filed: JAN 6 1932 C. HAMPSON JONES, M. D. Registrar By A. V. L.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 25, 1932

17 I HEREBY CERTIFY, That I attended deceased from November 1, 1931, to Jan 25, 1932,

that I last saw h dau alive on Jan 23, 1932

and that death occurred, on the date stated above, at 9:45 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Physical Exam

What test confirmed diagnosis?

(Signed) L. A. Lalley, M. D.

, 19 (Address) 3517 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: McKendree Cemetery — DATE OF BURIAL: Jany 27 1932

20 UNDERTAKER: C. M. Waltz — ADDRESS: Winfield, Md.

20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76151

E 76151

CERTIFICATE OF DEATH

REGISTERED NO. 9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 15-60 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernice Booze

(a) RESIDENCE NO. 2408 Stockton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 18/1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	~~1~~	10	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER David Booze

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Bertha Freeman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant David Booze (Address) 2408 Stockton St

15 Filed JAN 28 1932, 192 By ..... Registrar C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8.35 A.M. Jan 25/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pneumonia- Pertussis

(duration) ..... yrs. ..... mos ..... ds

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) John Pocan, Coroner, M. D.

Jan 26/32 (Address) 208 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Jan 27, 1932

20 UNDERTAKER Thomas E. Kelcon

ADDRESS 1303 Pleasant St

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76152

CERTIFICATE OF DEATH

131 E 76152

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 Hanover St. (Ward) 23-31)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma M Murray

(a) Residence: No. 1124 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John E. Murray
6. DATE OF BIRTH (month, day, year): June 18 1877
7. AGE: Years 54 Months 7 Days 6 If LESS than 1 day hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

OCCUPATION

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER FATHER

13. NAME: John Schmitt
14. BIRTHPLACE (city or town) (State or country): Balto. Md.
15. MAIDEN NAME: Catherine Winkler
16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMANT (Address): Mr. John Murray 1124 Hanover St.
18. BURIAL, CREMATION, OR REMOVAL: Place Cathedral Date Jan 27 1932
19. UNDERTAKER (Address): Margret & Light 1442

2-6-1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1929, to Jan. 24, 1932

I last saw her alive on Jan. 23, 1932 death is said to have occurred on the date stated above, at 12 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	Mar. 25th, 1929
Uraemia	14 days

Other contributory causes of importance

Name of operation - - - - Date of - - -

What test confirmed diagnosis? P.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify - -- - -

(Signed) Harry Leibel, M. D.
1/25/32
(Address) 1224-1226 Hanover St.

20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

T 140

76153

76153

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital ST. 18-7½ (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Rasin

(a) RESIDENCE NO. 1009 Edmondson Ave ST., WARD Easton Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Unknown Rasin

6 DATE OF BIRTH (month, day, and year) Aug 18/1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	5	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Maid
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Joseph Blackwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Catherine Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Hopkins Hospital Record

(Address)

15 Filed NOV 21 1932 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25/1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Pneumonia- Septicemia due to Probable Spontaneous Abortion.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at Hopkins Hospital

What test confirmed diagnosis?

(Signed) Joseph Walker M. D. Coroner

Jan 26/1932 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richards Cem Easton Md — DATE OF BURIAL Jan 28 1932

20 UNDERTAKER Sam'l W. Chase & Son — ADDRESS 638 N Gilmor

Co. 5-31 250M

E 76154 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 76154

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3417 Mondawmin Ave. 15-61 Ward)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel S. Belt

(a) Residence: No. 3417 Mondawmin Ave Ward. Catonsville Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie R. Belt

7. DATE OF BIRTH (month, day, year) Aug. 16 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	5	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Wm. Belt

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elizabeth Waters

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Edith B Silance

(Address) 3417 Mondawmin Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Freedom Md Date Jan 27 1932

19. UNDERTAKER Wm. J. Tuckerman

(Address) Catonsville Md

20. FILED JAN 27 1932 EDWIN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25. 1932

22. I HEREBY CERTIFY That I attended deceased from Dec 17 31 to Jan 25. 1932

I last saw h[illegible] alive on Jan 4 1932 death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular disease of Heart	1930

(Other contributory causes of importance:

Arteriosclerosis	Dyp

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm J Tuckerman M. D.

(Address) Cor Wilkens and Ave

...—0-30—A. & Co.—250 Blks

76155

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76155

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 N. Stricker St. 6-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Ellen Drinks

(a) RESIDENCE NO. 102 N Stricker ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of James E Brown and Henry Drinks

7 DATE OF BIRTH (month, day, and year) Dec 31-1858

8 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
73	0	24 23	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Scotland Md

PARENTS

10 NAME OF FATHER Dennis Calligan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Margaret Fields

(Address) 102 N Stricker

15 Filed 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1931, to Jan 24, 1932

that I last saw h[illegible] alive on Jan 24, 1932

and that death occurred, on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J Cook M. D.

1/24 1932 (Address) 113 N Washington

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Jan 28 1932

20 UNDERTAKER Frank V. Petitone

ADDRESS 2818 E. Baltimore

JAN 27 1932 HAMPSON REES, M. D.

Amass

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76156

CERTIFICATE OF DEATH

94-E 76156

1 PLACE OF DEATH Sinai Hosp

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 6-9 ST. WARD)

2 FULL NAME Sarah Cowen

(a) RESIDENCE NO. 1117 Jefferson ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac

7 DATE OF BIRTH (month, day, and year) 1867

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

11 NAME OF FATHER Wm. Sobel

12 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

13 MAIDEN NAME OF MOTHER Dorothy —

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

15 (Interment) Ethel Henderson (Address) 1119 Jefferson St.

(Date) JAN 27 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26/32

17

I HEREBY CERTIFY, That I attended deceased from 1-22, 1932, to 1-26, 1932

that I last saw h[illegible] alive on 1-26, 1932

and that death occurred, on the date stated above, at 4:00 m.

The CAUSE OF DEATH* was as follows:

Acute Coronary Thrombosis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? (Clinical)

(Signed) H. B. Wirth M. D.

1/26, 1932 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: Jan 27, 1932

20 UNDERTAKER: S. Jameson Burial — ADDRESS 1112 E. [illegible]

76157

HEALTH DEPARTMENT—CITY OF BALTIMORE

97 E 76157

CERTIFICATE OF DEATH

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1726 E Lamont St 15-67 (WARD)

2 FULL NAME Wm Franklin Slaughter

(a) RESIDENCE NO. 1726 E Lamont St. WARD
(Usual place of abode) (If non-resident give CITY or TOWN and STATE)

Length of residency in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M | 4 COLOR OR RACE: W. | 5 ~~single, married, widowed~~ or Divorced, (write the word): Divorced

6a If married, widowed, or divorced — (a) HUSBAND of (or) WIFE of: Eliza Jane Slaughter

6 DATE OF BIRTH (month, day, and year): Aug 8th 1856

7 AGE — Years: 75 | Months: 5 | Days: 15 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (state or country): Talbot Co Maryland.

PARENTS
10 NAME OF FATHER: Frank Slaughter.
11 BIRTHPLACE OF FATHER (city or town) (state or country): Md.
12 MAIDEN NAME OF MOTHER: Tamar Sullivan
13 BIRTHPLACE OF MOTHER (city or town) (state or country): Md

14 Informant (Address): Mrs Chas Frank 1726 E Lamont St

15 Filed MAY 27 1932 — H. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 26-1932

17 I HEREBY CERTIFY, That I attended deceased from Jan. 20th 1932 to Jan 26th 1932
that I last saw he/she alive on Jan 25th 1932
and that death occurred, on the date stated above, at 8 45 a. m.
The CAUSE OF DEATH* was as follows:

Chronic Endocarditis and Enlarged Heart.

(duration) 5 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Acute dilation of Heart (duration) ____ yrs. ____ mos. 6 ds.

18 Where was disease contracted if not at place of death? ____
Did an operation precede death? No Date of ____
Was there an autopsy? No
What test confirmed diagnosis? ____
(Signed) Isaac E Dickson M. D.
(Address) 3656 N. North Ave 5/26/32

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: June 28 1932

UNDERTAKER: Return J Gore — ADDRESS: 2224 Gilmor St.

...—1-30—M. & T.—250 Blks.

6158

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76158

CERTIFICATE OF DEATH.

× 92-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home ST. 64 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Marie Ebersberger.

(a) RESIDENCE NO. Pimlico & Turkey Pt Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of or) WIFE of Gustav A Ebersberg

DATE OF BIRTH (month, day, and year) Dec 5. 1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	1	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Anton Hornberg.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Gustav Ebersberger

(Address) Pimlico Rd & Turkey Pt Road

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-26-32

17 I HEREBY CERTIFY, That I attended deceased from 1-21 .1932. to 1-26 .1932.

that I last saw her alive on 1-26 .1932.

and that death occurred, on the date stated above, at 12 ~~PM~~ AM m.

The CAUSE OF DEATH* was as follows:

Streptococcus Septicemia (Viridans)

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Mitral stenosis and Insufficiency (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Allyn B. Chase M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem

DATE OF BURIAL Jan 28, 1932

20 UNDERTAKER John Ellis Co

ADDRESS 2008 Eutaw

27 1932 C. HAMPSON JONES, M. D.

ec—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76159

E 76159

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 128 N. Washington St. 6-9 WARD)

2 FULL NAME Agnes Marsalek

(a) RESIDENCE NO. 128 N Washington ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | 4 COLOR OR RACE white | 5 Single, Married, Widowed, or Divorced, (write the word) married

6 If married, widowed, or divorced (or) WIFE of James Marsalek

7 DATE OF BIRTH (month, day, and year) Jan 10-1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	0	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS
10 NAME OF FATHER Joseph Vanicek
11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant James Marsalek (Address) 128 N Washington

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1932, to Jan 26, 1932

that I last saw him alive on Jan 25, 1932

and that death occurred, on the date stated above, at 3 A M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Liver

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward [illegible] M. D.
1/26 1932 (Address) 413 N Washington

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Jan 29 1932

20 UNDERTAKER Frank Brack Son — ADDRESS 906 Gold and 6

Spec.—9-30—A. A. Co.—250 Blks

E 76160

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76160

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 839 N. Modeira ST.) 7-17 (WARD) 34

2 FULL NAME Sophia Klima

(a) RESIDENCE NO. 831 N. Modeira ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Klima

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 48 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 637

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Austria

PARENTS

10 NAME OF FATHER: Joseph Klima

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant (Address): Walter Klima 831 N. Modeira St

15 Filed JAN 21 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 25/32

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1932, to Jan 25, 1932

that I last saw her alive on Jan 25, 1932

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis of liver. Ascites.

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Joseph Pokorny M. D.

19 (Address) 2208 E Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jan 25 1932

20 UNDERTAKER: Frank Cracolon — ADDRESS: 1406 E Baltimore

Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 76161

E 76161

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No.) 1128 Brewer St. 17th Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth 25 yrs. mos. ds.

FULL NAME Rosa Anne Miles

(a) Residence: No. 1128 Brewer St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Miles

DATE OF BIRTH (month, day, year) Jan 26 1878

AGE Years	Months	Days	If LESS than 1 day, hrs or min.
54	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan 1932

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) St Mary's Co. Md

13. NAME of Father John Turner

14. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

15. MAIDEN NAME of Mother Sallie Bond

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Estes Miles

(Address) 1128 Brewer St

18. BURIAL, CREMATION, OR REMOVAL. Place St Luke's Date Jan 27 1932

19. UNDERTAKER Dent Parker

(Address) 216 Pine St

FILED JAN 27 1932 HARRY JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1932 to Jan 26, 1932

I last saw h[er] alive on Jan 25, 1932 death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-17-32

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) John Woodridge, M. D.

(Address) 703 W Lafayette

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76162

CERTIFICATE OF DEATH

23 E 76162

E 76162

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 7-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Carter

(a) RESIDENCE NO. 543 Moore St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Child

5a If married, widowed, or divorced WIFE of (or) HUSBAND of

Child

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	6			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Robert Carter

11 BIRTHPLACE OF FATHER (City or town) Baltimore

(State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Dorsey

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md

14 Informant (Address) Sarah Carter 543 Moore St

15 Filed ..... 19 ..... Registrar

Dec

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec 21 1931 to Jan 22 1932

that I last saw him alive on Jan 22 1932

and that death occurred, on the date stated above, at 7:40 m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Bone not found on Path. Exam.

(duration) yrs. mos. da.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & X-ray

(Signed) George Dennis M. D.

1-23 19 32 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Auburn Cem	Jan 27 1932
20 UNDERTAKER Dennis Easton	ADDRESS 916 Pa ave

AC- 5-11 2500

Dr W.M. Pearce East Coast Apts

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76163

CERTIFICATE OF DEATH

93-E 76163

E 76163

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 Barclay St. 10-15 Ward)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Helen L Phalan

(a) Residence: No. 1112 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If ~~married~~ widowed, ~~or divorced~~
(or) WIFE of Henry B Phalan

7. DATE OF BIRTH (month, day, and year) Mar 16th 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass.
13. NAME OF FATHER James Lenhane
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME OF MOTHER Helen V (Unknown)
16. BIRTHPLACE (city or town) (State or country) N.Y.
17. INFORMANT Alice B. Ahlgren
(Address) 1112 Barclay St
18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery 1/28. 1932
19. UNDERTAKER Wm Cook
(Address) 1617 E Fayette St
20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1932 to Jan 25, 1932
I last saw him alive on Jan 25, 1932 death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	Jan 23
Other contributory causes of importance: Chronic arthritis	?

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm Pearce M. D.
(Address) 1 East Paul St Preston St.

M & T 100 B 50L

E 76164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001 E 76164

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hospital 516 (WARD)

2-FULL NAME Mary E. Thomas

(a) RESIDENCE NO 1309 Rose ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6 If ~~married~~ widowed, ~~or divorced~~ ~~(or) WIFE of~~ (or) WIFE of Capt Wesley Thomas

7 DATE OF BIRTH (month, day, and year) Oct 16th 1854

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER Owen B Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER ~~Hunter~~ (Unknown)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant Esther Thomas

(Address) 1036 N. Milton Ave

15 Filed ____, 193__ [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia-Accidently fell down stairs in residenceon Jan 3/32. and fractured left hip.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Watkins, M. D. Coroner

Jan 26 1932 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: 1/28/1932

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

21 1932 [illegible]

Co. 5-H 2M8

E 76165 HEALTH DEPARTMENT CITY OF BALTIMORE B 76165

CERTIFICATE OF DEATH

93-

PLACE OF DEATH Baltimore City Hospitals (27-30 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. .....

gth of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

FULL NAME Eliza Dixon

(a) Residence: No. 674 Haw St. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	Colored	?

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	71 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lunchfield Va.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION OR REMOVAL Pt. Lubrie
Place Date Jan 27 1932

19. UNDERTAKER Emmit H. Hempstead
(Address) 5[illegible] Mt. Elliott

20. FILED JAN 27 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1931 to Jan. 24, 1932

I last saw her alive on Jan. 24, 1932 death is said to have occurred on the date stated above, at 1:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chr.	4 months
Other contributory causes of importance: Psychosis, senile	1 year

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leo Stanwood Jr. M. D.
(Address) Balto. City Hosp.

Co. 5-31 250M

76166 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76166

CERTIFICATE OF DEATH

110

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals 10-14 Ward)

Length of residence in city or town where death occurred 6 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

FULL NAME Ellis Bennett

(a) Residence: No. 846 Harford Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	~~S~~ Wid.

If married, widowed, or divorced
HUSBAND of (or) WIFE of unknown (?)

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	52	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga.
13. NAME George Bennett
14. BIRTHPLACE (city or town) (State or country) Ga
15. MAIDEN NAME Seamer Anderson
16. BIRTHPLACE (city or town) (State or country) Unknown
17. INFORMANT City Hospital (Address)
18. BURIAL, CREMATION, OR REMOVAL. Place Asbury Date 27 Jan 1932
19. UNDERTAKER Jos. O'Mealey (Address) 1502 E. Monument St
20. FILED 2 FEB 1932 D. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/25, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-8, 1931 to 1-25, 1932

I last saw him alive on 1/25 1931 death is said to have occurred on the date stated above, at 9:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema of Left Pleural	8-1-31 Operation
(Other contributory causes of importance:) Acute Heart Failure Anginal	1 da.

Name of operation Thoracotomy Date of 8-11-31
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Eustace S. Fitch M. D.
(Address) Baltimore, Maryland

76167

HEALTH DEPARTMENT—CITY OF BALTIMORE

93 E 76167

CERTIFICATE OF DEATH

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) Old Spring Lane Greenspring Ave ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Frank Anne Jean Lee

(a) RESIDENCE NO. Waverly Baltimore 2nd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 If married, widowed, or divorced: Widowed

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of: Columbus O'Donnell Lee

7 DATE OF BIRTH (month, day, and year): Oct 22nd 1856

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75 yrs.	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (state or country): Sykesville Carroll County Md

PARENTS

10 NAME OF FATHER: James Wood Tyson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Dawson

13 BIRTHPLACE OF MOTHER (city or town) (state or country): Rhela Pa

14 Informant (Address): Mrs. William Gibbs Richard 1506 Garrandy Ave

15 Filed JAN 27 1932 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 26/1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 24th, 1932, to Jan 25th, 1932

that I last saw h[illegible] alive on Jan 25th, 1932

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Auricular Fibrillation

Myocardial Insufficiency

Pulmonary Edema

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Arterio. Sclerosis Chronic Myocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Signs & symptoms

(Signed) J A Richard M. D.

Jan 26 1932 (Address) 300 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Friends Cem Harford Rd

DATE OF BURIAL: 1-28 1932

20 UNDERTAKER: Henry W. Jenkins Son Co

ADDRESS: Orchard Mc Culloh St

Co. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE 76168

76168

CERTIFICATE OF DEATH

93-003

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 17 N. Kenwood Ave St. 6-11 Ward)

gth of residence in city or town where death occurred 60 yrs. - mos 5 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Annie Elizabeth Bien

(a) Residence: No. 17 N. Kenwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry C. Bien

DATE OF BIRTH (month, day, year) Jan. 20-1872

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	60	-	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.
13. NAME Tobias Fetzner
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Mary Schiener
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT (Address) Henry C. Bien 17 N. Kenwood Ave
18. BURIAL, CREMATION, OR REMOVAL. Place TrinityCem. Date Jan.28. 1932.
19. UNDERTAKER (Address) George W. Zirkler 1737 E. Eager St.

C. HAMPSON JONES, M. D.
N FILED. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25. 1932

22. I HEREBY CERTIFY, That I attended deceased from January 10th, 1932, to January 25 1932.

I last saw her alive on January 25 1932 death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	Unknown
Myocarditis	Unknown
Other contributory causes of importance:	
Cerebral Thrombosis	3 days.

Name of operation Clinical. Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Theodore Augustus Liberti M. D.
(Address) 2542 E. Fayette St.,

ec.—9-30—A. & Co.—250 Blks

E 76169

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76169

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospital ✕ 34
CITY OF BALTIMORE (a) Balto Md ST. 26-37 WARD)
REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Louise Mackey

(a) RESIDENCE NO 200 St Helen Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Dundalk Md How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of John Mackey

7 DATE OF BIRTH (month, day, and year) 7-11-1901

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	6	24	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) W. Virginia

11 NAME OF FATHER Henry Chapman

12 BIRTHPLACE OF FATHER (city or town) (State or country) W. Virginia

13 MAIDEN NAME OF MOTHER Effie Mercer

14 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Virginia

15 Informant (Address) Records Balto City Hosp

Filed JAN 27 1932 REGISTRAR Registered

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-25-32

17 I HEREBY CERTIFY, That I attended deceased from 12-24-, 1931, to 1-25, 1932

That I last saw her alive on 1-25, 1932

and that death occurred, on the date stated above, at 9.40 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Infection (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Mary St Gorini M. D.

1/26, 1932 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cameron, Hunt Co

20 UNDERTAKER J. H. Cook

DATE OF BURIAL 1/28, 1932

ADDRESS 1217 E Fayette

Spec. 1-1021 MAT 1000 No.

76170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76170

REGISTERED NO.

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. 21-29 ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna McCleary

(a) RESIDENCE NO. 1212 Glyndon Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John McCleary

6 DATE OF BIRTH (month, day, and year): Mar. 29, 1867

7 AGE: Years 64 Months 9 Days 24

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Gotleib Huster

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Jane Lemmon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant (Address): Elmer M. Wilkens 1212 Glyndon Ave

15 Filed: JAN 27 1932 Registrar: C. HAMPTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-25 1932

17 I HEREBY CERTIFY, That I attended deceased from 1-24 1932 to 1-25 1932

that I last saw her alive on 1-25 1932,

and that death occurred, on the date stated above, at 6.40 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed Diagnosis? Laboratory

(Signed) C. W. Deuke M. D.

1932 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: 1/28, 1932

UNDERTAKER: Frederick A. Cole

ADDRESS: 1200 W. Lombard St.

ec—0-30—A. A. Co.—250 Blks.

76171 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 76171

CERTIFICATE OF DEATH

131

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1012 E. North Avenue St 9-18 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William P. Collins

(a) RESIDENCE NO 1012 E. North Avenue ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	3 COLOR OR RACE	4 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or WIFE of) Catherine G. Collins

6 DATE OF BIRTH (month, day, and year) March 12, 1863

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Furniture Business

(b) General nature of industry, business, or establishment in which employed (or employer) 94 1

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Peter Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary O'Connor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Catherine Geigan Collins
(Address) 1012 E. North Avenue

15 Filed JAN 27 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27/32

17 I HEREBY CERTIFY, That I attended deceased from Dec 5 . 1931 . to Jan 27 . 1932
that I last saw him alive on Jan 26 . 1932
and that death occurred, on the date stated above, at 12.15 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.
& Chronic Nephritis.

(duration) unknown yrs. mos. ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry Hyde M. D.

1/30 1932 (Address) 1008 Eastern

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	1/30 1932

UNDERTAKER Chas. F. Grace & Son (Address) 118 W. Mt. Royal Ave

0—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

76172

E 76172

CERTIFICATE OF DEATH

X 210-002

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital. ST. 4 - 30 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Newlon H.Fell.

(a) RESIDENCE NO 10 High St. Cambridge, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed or divorced HUSBAND of Elizabeth D.Fell.

7 DATE OF BIRTH (month, day, and year) August 21, 1899

8 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	32	5	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Letter carrier.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cambridge, Md.

PARENTS

10 NAME OF FATHER William Fell.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Ethel Henry.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cambridge, Md.

14 Informant Marion F.Cosles.(brotherinlaw)

(Address) 330 N.North Ave.

15 Filed 1932 G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) January 27, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of the skull. Striking of a telephone pole by the automobile which Newlon H. Fell was operating (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental Death (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Cambridge, Md. January 26, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquest

(Signed) Otto M. Reinhardt, M. D. Coroner

1/27/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL, Cambridge, Md. Episcopal Cem. DATE OF BURIAL Jan 27 1932

20 UNDERTAKER John F. Denny ADDRESS 70 Light St

Co. 5-31 2908

76173 HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

+47 E 76173

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Mercy Hospital St. 4-7 Ward)

gth of residence in city or town where death occurred yrs. mos 1 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Frank W. Lamacost

(a) Residence: No. 228 E. King St, Chambersburg Pa. St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Lamacost.

DATE OF BIRTH (month, day, year) Sept. 19, 1877

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	54	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Textile
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland?
13. NAME Wm. L. Lamacost.
14. BIRTHPLACE (city or town) (State or country) Maryland.
15. MAIDEN NAME Ida Natale
16. BIRTHPLACE (city or town) (State or country) Maryland.
17. INFORMANT Hospital Record.
(Address)
18. BURIAL, CREMATION, OR REMOVAL. Place Chambersburg Pa Date Jan 31 1932
19. UNDERTAKER H Bankard & Son
(Address) Waynesboro Pa
FILED 2/1/1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27 1932

22. I HEREBY CERTIFY, That I attended deceased from January 24, 1932 to January 27, 1932
I last saw h... alive on January 27 1932 death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	8 mos?
Other contributory causes of importance:	
Myocarditis Arteriosclerosis	1 Day

Name of operation Tracheotomy Date of 1/26/32
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.
(Address) Mercy Hospital

Co. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 15E-76174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Casimir Kwiatkowski

(a) Residence: No. 701 S. Conkling St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER'S STATEMENT

13. NAME Agnetus Kwiatkowski

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Kowalski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Peranda.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Jan. 29, 1932

19. UNDERTAKER H. F. Lyndowski.

(Address) 1740 Gilmor St.

20. FILED Jan 29 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1931, to Jan 27th, 1932

I last saw h[illegible] alive on Jan 27th, 1932, death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mastoiditis	12-15-31
Meningitis, low grade	1-22-32
Hydrocephalus, internal, secondary to meningitis	"

(Other contributory causes of importance)

Name of operation Ventricular air injection Date of 1-25-32

What test confirmed diagnosis? ? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lutz A. Washington, M. D.

(Address) Johns Hopkins Hosp.

Co. 5-31 2500

76175 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 E 76175

PLACE OF DEATH Baltimore City Hospitals

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ____ St., 5-8 Ward)

gth of residence in city or town where death occurred 13 yrs. ____ mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

FULL NAME Andrew Jones

(a) Residence: No. 1111 Low St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 14, ?

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	55 ?	11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Norfolk Va.

13. NAME Robert Jones

14. BIRTHPLACE (city or town) (State or country) ? Va.

15. MAIDEN NAME Carrie ?

16. BIRTHPLACE (city or town) (State or country) ? N.C.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place ____ Date ____ 19

19. UNDERTAKER
(Address)

20. FILED ____ 19 32 C. HARPSON JOPPS M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1931 to Jan. 23, 1932

I last saw him alive on Jan. 23, 1932 death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension. chr	2 months

Other contributory causes of importance:

arteriosclerosis unknown

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Jas Stinnett M. D.

(Address) Balto. City Hosp.

Co. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

76176

CERTIFICATE OF DEATH

93E 003 76176

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Baltimore City Hospitals

TY OF BALTIMORE: (No. ? St. 2-d Ward)

gth of residence in city or town where death occurred? yrs mos ds How long in U.S. If of foreign birth? yrs mos ds.

FULL NAME Regina Marks

(a) Residence: No. 523 S. Ann St. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	80			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ?
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Date 1/28/32

19. UNDERTAKER John J. Foley
(Address) 1315 E. Fayette St.

FILED 1/27/1932 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1932 to Jan. 23, 1932

I last saw her alive on Jan. 23, 1932 Death is said to have occurred on the date stated above, at 10:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr	unknown
Anemia, Secondary	unknown

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas Stewart Jr. M. D.
(Address) Balto. City Hosp.

76177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2-E 76177

1 PLACE OF DEATH Sinai Hosp

CITY OF BALTIMORE: (No 13-56 St. or Ward)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sarah Gebblum

(a) RESIDENCE NO 3434 Auchentroly Ter. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57				

7 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer) 637
(c) Name of employer

8 BIRTHPLACE (city or town)
(State or country) Russia

PARENTS
10 NAME OF FATHER Solomon Sopher
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia
12 MAIDEN NAME OF MOTHER Ida
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

14 Informant Jack Lewis Inc
(Address) 1439 E Baltimore St

15 Filed 2-8 1932 19 [illegible] Registrar
Date [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-26-32

17
I HEREBY CERTIFY, That I attended deceased from Jan 24, 1932, to Jan 26, 1932
that I last saw h[illegible] alive on Jan 26, 1932
and that death occurred, on the date stated above, at 3:30 P m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Arterio sclerosis

(Duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary) Bronchial Pneumonia
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At Home
Did an operation precede death? Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.
, 19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Washington Blvd	1-28 1932
20 UNDERTAKER	ADDRESS
Jack Lewis Inc	1439 E Baltimore St

...—1-30—M. & T.—250 Blks.

76178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 76178

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH The Church Home and Infirmary

CITY OF BALTIMORE: (No. N. Broadway ST. 6-A WARD)

2-FULL NAME Mr. Louis Myers

(a) RESIDENCE NO. 43 Fifth Ave-New York City N.Y. ST. WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 27 ds. How long in U. S., if of foreign birth? 57 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
or) WIFE of Florence B. Myers

DATE OF BIRTH (month, day, and year) Jan-16-1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	X	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Treasurer

(b) General nature of industry, business, or establishment in which employed (or employer) J.D. Rockefeller

(c) Name of employer Institute

BIRTHPLACE (city or town) (State or country) Bayonne N.J.

10 NAME OF FATHER Wm D Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Henrietta Welch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.Y.

Informant Mrs. Florence Myers.
(Address) 43-5th Ave New York City

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 27, 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 29, 1931 to January 27, 1932

that I last saw him alive on January 27, 1932

and that death occurred, on the date stated above, at 8.10 P m.

The CAUSE OF DEATH* was as follows:

Ulcerative Colitis with malnutrition

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? New York City

Did an operation precede death? Yes Date of Jan. 23-1932

Was there an autopsy? No

What test confirmed diagnosis? History - Physical & Proctoscopic

(Signed) C. Frank Hewitt M. D.

(Address) The Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Newark N.J.	Jan 30 1932
20 UNDERTAKER	ADDRESS
Hughes & Hamilton Inc	1111 Broadway

Cor.—10-16-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76179

CERTIFICATE OF DEATH

23 V

E 76179

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Lutz Asylum St. 27 Ward 44)

2-FULL NAME Katherine Liebno

(a) RESIDENCE NO. 4306 Arabia Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth 39 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Liebno

6 DATE OF BIRTH (month, day, and year) Mar. 21 1878

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	53	10	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) Germany
(State or country)

PARENTS

10 NAME OF FATHER Geo Liebt

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Katherine

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant John A Leary
(Address) 4306 Arabia Ave

15 Filed 1-28 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 4306 Arabia Ave

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) C Pinkerton M.D. M. D.

1/27, 1932 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL 1/28 1932

20 UNDERTAKER Philip Sterz — ADDRESS Eastern Ave

0—M. & T.—100 B—501.

76180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3 E 76180

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital WARD

2-FULL NAME Edward Poles.(C)

(a) RESIDENCE NO Freetown, A. A. Co. Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

7 DATE OF BIRTH (month, day, and year) April 12, 1904

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	9	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Athlete.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harrisburg, Pa.

PARENTS

10 NAME OF FATHER Charles Cash.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harrisburg, Pa.

12 MAIDEN NAME OF MOTHER Margaret Poles.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Winchester, Va.

14 Informant Margaret Rainer.(C) mother.

(Address) Freetown, A. A. Co. Md.

15 Filed 2 3 1932 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 25, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (inquest, autopsy or inquiry.) and inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Internal hemorrhage due to a pistol shot wound of the abdomen. Homicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Freetown, A. A. Co. Md.

Did an operation precede death? No. Date of January 28, 1932

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquest.

(Signed) Otto M. Reinhardt, Coroner M. D.

1/27/32 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mollys a. a. Co. Md.

DATE OF BURIAL Jan 28, 1932

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Orland St

Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

6181

CERTIFICATE OF DEATH

93-003

F 76181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Bon Secours Hospital 28-63 Ward)

gth of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

FULL NAME Mrs. Bridget Rossiter

(a) Residence: No. 6503 Armistead Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of John Rossiter

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day hrs or min
71			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——
10. Date deceased last worked at this occupation (month and year) —— 11. Total time (years) spent in this occupation ——

12. BIRTHPLACE (city or town) (State or country) Ireland
13. NAME Colbert
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Ireland
17. INFORMANT Peter Rossiter
(Address) 6503 Armistead Ave
18. BURIAL, CREMATION, OR REMOVAL
Place St Charles Lwn Date Jan 29, 1932
19. UNDERTAKER Rita Rudgett
(Address) [illegible]
FILED JAN 29 1932 C. HAMILTON JONES, M. D. Registrar
[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932, to Jan 26, 1932

I last saw her alive on Jan 26, 1932 death is said to have occurred on the date stated above, at 10:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Senility	

Other contributory causes of importance:

Acute Cardiac dilatation

Name of operation —— Date of ——

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Audro F. Calas, M. D.
(Address) Bon Secours Hospital

Co. 4-H 2168

76182 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 76182

CERTIFICATE OF DEATH

82-0

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 361 N. Preston St. 11-24 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Hester Wunder

(a) Residence: No. 361 N Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home
10. Date deceased last worked at this occupation (month and year) 1929
11. Total time (years) spent in this occupation .....
12. BIRTHPLACE (city or town) (State or country) Balto. City
13. NAME Wm Ballard
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Caroline Wunder
16. BIRTHPLACE (city or town) (State or country) Md.
17. INFORMANT Mary Tyson
(Address) 361 N Preston St
18. BURIAL, CREMATION, OR REMOVAL. Place Mt Auburn Date Jan 28 1932
19. UNDERTAKER Reed & Leland
(Address) 24 E Saratoga St

FILED JAN 29 1932 HAMPSON JOGES, M
Registrar
By .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1931, to Jan 24, 1932
I last saw h~~er~~ alive on Jan 24, 1932 death is said to have occurred on the date stated above, at 5:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	11/27/31
with Rt. hemiplegia	11/27/31
Other contributory causes of importance:	
bronchial pneumonia	Abnd 1/1/32

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. J. Keller M. D.
(Address) 222 W Monument St

10—M. & T.—100 B—501.

E 76133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2419-001

15-21

E 76133

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General Hospital. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Narcisenfeld.

(a) RESIDENCE NO. 1648 N. Monroe St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs ---- mos --- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6 If married, widowed, or divorced, HUSBAND of (or WIFE of) Annie Narcisenfeld.

7 DATE OF BIRTH (month, day, and year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia.

PARENTS

10 NAME OF FATHER David Narcisenfeld.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Ike Narcisenfeld.(son)

(Address) 812-6th St. N.W. Washington D.C.

Filed JAN 28 1932 19 H. H. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 27. 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the ribs, shock. struck and knocked down by an automobile while crossing the street

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental Death

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Monroe & Baker st.

Did an operation precede death? No. Date of January 26, 1932

Was there an autopsy? No.

What test confirmed diagnosis? Inquest.

(Signed) Otto M. Hemkard Coroner, M. D.

1/28/32 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state 1) Means and Nature of Injury, and 2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rivedale Cemetery

DATE OF BURIAL 1-28 1932

20 UNDERTAKER Jack Levin Inc.

ADDRESS 1409 E Baltimore st

Co. 5-31 2400

Colo 2202 Garrison Blvd 2-6-1919

76184 HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 9-100 mi E 76184

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 Abbottston St. 9-46 (Ward)

Length of residence in city or town where death occurred 60 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

FULL NAME Virginia A. Wolfe

(a) Residence: No. 1629 Abbottston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, ~~widowed or divorced~~ (or) WIFE of Nicholas C. Wolfe

DATE OF BIRTH (month, day, year) Jan 11th 1860

AGE Years	Months	Days	If LESS than 1 day hrs or min.
72	0	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Elijah S. Kellam

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Margaret S. Bailey

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Nicholas C. Wolfe

(Address) 629 Abbottston St

18. BURIAL, CREMATION, OR REMOVAL London Park Cem Date 1/28 1932

19. UNDERTAKER Wm Cook

(Address) 127 St Paul St

20. FILED JAN 28 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26th 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1931, to Jan 26, 1932

I last saw h-r alive on Jan 24, 1932 death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage Duration 2½ hours Contributory Arteriosclerosis and chronic nephritis	Jan 26

(Other contributory causes of importance)

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm Cook, M. D.

(Address) 2202 Garrison

Co. 5-11 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

76185 — CERTIFICATE OF DEATH — 82-E 76185

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1129 Riviside Ave St. 24-33 Ward)

Length of residence in city or town where death occurred 66 yrs. mos ds. How long in U.S. if of foreign birth? yrs mos ds.

FULL NAME Frances Meyd.

(a) Residence: No. 1129 Riviside Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Meyd.

DATE OF BIRTH (month, day, year) Feb 4 1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 27

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Peter Keith.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Frances. Gruss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Frank Meyd.
(Address) 1129 Riviside Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 1-29-1932

19. UNDERTAKER E & B Hafer
(Address) 115 E Mt St

20. FILED 1932 C. Hampton Jones M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25. 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1930, to Jan 21, 1932

I last saw h alive on Jan 24 1932 death is said to have occurred on the date stated above, at 11.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	

(Other contributory causes of importance:
Arterio sclerosis & Chronic Arthritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Claud Brueck, M. D.

(Address) 4 N Howard St.

Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76186

CERTIFICATE OF DEATH

9rE 76186

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital (Ward) 33

Length of residence in city or town where death occurred yrs 39 mos 9 ds How long in U.S. If of foreign birth? yrs mos ds

FULL NAME Mr. Joseph Wise

(a) Residence: No. 1141 Riverside Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 5 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	9	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing 566
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Salesman
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME Wm Wise
14. BIRTHPLACE (city or town) (State or country) Not known
15. MAIDEN NAME Genevieve R
16. BIRTHPLACE (city or town) (State or country) Not known
17. INFORMANT Mrs Bessie Harris
(Address) 1141 Riverside Ave
18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 1-29 1932
19. UNDERTAKER Edw B Harder
(Address) 115 E Mass Ave
20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/26 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/22 1932 to 1/26 1932
I last saw him alive on 1/26 1932 death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Myocardial Degeneration	1930
(2) Mitral Insufficiency	

Other contributory causes of importance:
Pulm. Emphysema

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Geo Grala, M. D.
(Address) St Agnes Hospital

Co. 3-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

76187

CERTIFICATE OF DEATH

176E 76187

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Balto City Hospitals S. 5-63 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Susanna Walker

(a) Residence: No. 3506 Garrison Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Mar.

If married, widowed, or divorced
HUSBAND of (or) WIFE of Benjamin Walker

DATE OF BIRTH (month, day, year) June 17, 1849

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	87	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (31)
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) (17)

17. INFORMANT (Address) Mrs Edward Grebber 3506 N. Garrison Ave. Baltimore

18. BURIAL, CREMATION, OR REMOVAL Cemetery Date Jan 29th 1937

19. UNDERTAKER (Address) Harlen Oakley Horseman Maryland Ave. Balto

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-26 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-25 1937 to 1-26 1937

I last saw her alive on 1-26 1937 death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	1-20-37
Acute Cholecystolithiasis	(?)

Other contributory causes of importance:

Acute Heart Failure	1 da.
Surgical.	

Name of operation None Date of

What test confirmed diagnosis? Clinical an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Everett E Fisher M. D.

(Address) Balto City Hospitals

Ada J. Harpson

HEALTH DEPARTMENT—CITY OF BALTIMORE

188

CERTIFICATE OF DEATH

REGISTERED No. 82-E 76188

1 PLACE OF DEATH Home for Incurables
CITY OF BALTIMORE: (No.) 4 [illegible] Hennonte Rd ST. 13-52 (WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ada Hudson Thompson

(a) RESIDENCE No. Home for Incurables ST. WARD Havre de Grace Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Amos Thompson

DATE OF BIRTH (month, day, and year) Feb 13, 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	—	15	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife - 37
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Havre de Grace
(State or country) Maryland

10 NAME OF FATHER Cairo Treadway
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Harre de Grace - Md
12 MAIDEN NAME OF MOTHER Margaret Carroll
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Havre de Grace - Md

14 Informant Hospital Records
(Address) Home for Incurables, Hennonte Rd

15 Filed [illegible] 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan - 28th - 1932

17
I HEREBY CERTIFY, That I attended deceased from Nov. 22 , 1931 , to Jan - 28 , 1932
that I last saw her alive on Jan 26 , 1932
and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Paralysis - Agitans
(duration) 3 yrs. — mos. — ds.
Cerebral Hemorrhage
CONTRIBUTORY (Secondary)
(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? No
Did an operation precede death? Date of —
Was there an autopsy? No
What test confirmed diagnosis? Physical exam
(Signed) W W B Mayo M. D.
1/26 1932 (Address) Medical Arts Bldg —

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westlyn Chapel Cem — DATE OF BURIAL: Jan. 30 1932
20 UNDERTAKER: Penford Co. — ADDRESS: Havre de Grace Md.
H. Madison Mitchell

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

76189

23 E 76189

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No) 1404 Hanover ST. 23-31 WARD

2 FULL NAME Wilbur F. Dixon

(a) RESIDENCE NO. 1404 Hanover St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 5 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of ~~[illegible]~~ Lillian N. Dixon

7 DATE OF BIRTH (month, day, and year) Aug. 15 1908

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer's Helper 03

(b) General nature of industry, business, or establishment in which employed (or employer) Lord Balto. Hotel

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Warren S. Dixon

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Clara E. Willis

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Mrs. Clara E. Wallace

(Address) 122 W. Fort Ave.

15 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26 1932

17

I HEREBY CERTIFY, That I attended deceased from July 5 1931 to Jan. 26 1932

that I last saw h IM alive on Jan. 26 1932

and that death occurred, on the date stated above, at 5.30 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) Indefinite

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) H. F. Campbell M. D.

1/28 1932 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Jun 29 1932

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

0—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76190

76190

CERTIFICATE OF DEATH

165

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 Rosecroft Terrace ST. 20-71 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virgie M. O'Mara

(a) RESIDENCE NO 410 Rosecroft Terrace ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of James A. O'Mara

7 DATE OF BIRTH (month, day, and year) June 21, 1886

8 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45	7	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Washington D. C.

PARENTS

10 NAME OF FATHER Charles F. McLaughlin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Hearty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant James A. O'Mara

(Address) 410 Rosecroft Terrace

15 Filed 2-8 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Hanging-Insane

(duration) about 3-5 min. yrs. mos ds.

CONTRIBUTORY (Secondary) — (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy M. Bromwell, M. D. Coroner

1/28 1932 (Address) 323 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 1/29/32

UNDERTAKER Geo. A. Tuley Sons

ADDRESS Baltimore

Ca. 4-11 1908

HEALTH DEPARTMENT CITY OF BALTIMORE

76191

CERTIFICATE OF DEATH

34 E 76191

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Baltimore City Hospitals (Dec. 31)

TY OF BALTIMORE: (No. ..... St. ..... Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Charles Bryant

(a) Residence: No. 815 Peach Alley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1887

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
45	44			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina
13. NAME Charles Bryant
14. BIRTHPLACE (city or town) (State or country) South Carolina
15. MAIDEN NAME Sarah (Unknown)
16. BIRTHPLACE (city or town) (State or country) Unknown
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL. Place ..... Date JAN 2 1932
19. UNDERTAKER
(Address)
20. FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5 1931 to Jan. 24 1932
I last saw him alive on Jan. 24 1932 death is said to have occurred on the date stated above, at 5.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Luetic aneurism of the aorta	Unknown
Other contributory causes of importance: Cerebral embolism	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lawrence K. Sera, M. D.
(Address) Baltimore City Hospitals

JOHNS HOPKINS HOSPITAL Department of Health
JAN 2 1932 C. Hampson Jones, M.D.

—1-12-33—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

76192

CERTIFICATE OF DEATH.

E 76192

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. 1701 ST. Crystal Ave WARD 5-17)

2-FULL NAME ~~120~~ Baby Boy Scheubel

(a) RESIDENCE NO. 1701 ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	baby

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1/26 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	1 hour	6 minutes		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Wm Scheubel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Chamberlain

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

PARENTS

14 Informant (Address)

15 Filed 1932, 19 C. HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-26 1932

17 I HEREBY CERTIFY, That I attended deceased from 1-26 1932 to 1-26 1932

that I last saw him alive on 1-26 1932

and that death occurred, on the date stated above, at 5.01 P. m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

1 month

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Birth Trauma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gross

(Signed) Paul Miller, M. D.

1/26 1932 (Address) 1 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL JAN 28 1932 19

ADDRESS

20 UNDERTAKER

JOHNS HOPKINS HOSPITAL

Form No. 5-41 2M8

76193 HEALTH DEPARTMENT CITY OF BALTIMORE E 76193

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 9-1 Ward)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME Otho Shriver

(a) Residence: No. 123 31st St. Ward.
(Usual place of abode) Timonium (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Jos. A. Shriver

DATE OF BIRTH (month, day, year) Dec. 11 1875

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	56	1	16	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone cutter
9. Industry of business in which work was done, as silk mill, saw mill, bank, etc. Stone
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England
13. NAME Martha Earle
14. BIRTHPLACE (city or town) (State or country) Darlington, S. C.
15. MAIDEN NAME Hannah Hunter
16. BIRTHPLACE (city or town) (State or country) N. Carolina
17. INFORMANT Record. (Address) JOHNS HOPKINS HOSPITAL
18. BURIAL, CREMATION, OR REMOVAL Place New Port Funeral Date 1/28 1932
19. UNDERTAKER Clayton Dorsey Stone (Address) 824 Fairfield Ave.

Dec. 31 1932 C. Hamilton Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/13, 1932, to 1/27, 1932

I last saw h[illegible] alive on 1/27, 1932 death is said to have occurred on the date stated above, at 1:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ulceration colitis	1930
diabetes	1926

Other contributory causes of importance:

anemia	1 mo 30

Name of operation ..... Date of .....

What test confirmed diagnosis? blood sugar Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Wm. Nicholson M. D.
(Address) Johns Hopkins Hosp

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

89-01 ✓

E 76194

76194

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1719 E. 29th. ST. 9-14 WARD

2-FULL NAME William L. Myers Jr.

(a) RESIDENCE NO. 1719 E. 29th ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 6-/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) 1719 E. 29th St, Baltimore Md.

PARENTS

10 NAME OF FATHER Wm L. Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Viola May Hafer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) Family.

Filed 2-8-1932 G. HAMPSON JONES, M. D. Registrar

By R. C. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 25 1932, to Jan 28 1932, that I last saw him alive on Jan 27, 1932 and that death occurred, on the date stated above, at about 7 a m.

The CAUSE OF DEATH* was as follows:

Meningitis

Type Undetermined

Not Tubercular

(duration) yrs. mos 2+ ds.

CONTRIBUTORY (Secondary) Otitis Media Acute (duration) yrs. mos. 2+ ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No clinical

What test confirmed diagnosis?

(Signed) C Happ, M. D.

, 19 (Address) 1216 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Pk. Cem. DATE OF BURIAL: Jan 30, 1932

20 UNDERTAKER: A. Howard Evans ADDRESS: 38 E. Fort Ave

2-29-28—L. P. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 76195

76195

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2907 Louise ave (WARD) 43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E. Strauer

(a) RESIDENCE NO. 2907 Louise ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 7 mos. 20 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 7=1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) 069

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER John G Strauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Amelia Strauer

(Address) 2020 E Fairmount st

Filed Jan 28 1932 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27. 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 21, 1931, to Jan 27, 1932

that I last saw h alive on Jan 26, 1932

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion + Cachexia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) Chas Emerick, M. D.

Jan 27 1932 (Address) 472 N Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Jan 30 1932
20 UNDERTAKER Henry. Lutz	ADDRESS 1203 N. Broadway

20—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

76196

CERTIFICATE OF DEATH

E 76196

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1829 N Patterson Park Ave (Sec.) 8-16 (WARD)

2-FULL NAME Walter C. Taylor

(a) RESIDENCE NO. 1829 N Patterson Park Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of ~~last Wife of~~ Elsie P. Taylor

7 DATE OF BIRTH (month, day, and year) Dec 18th 1889

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	1	9	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Gold Beater
(b) General nature of industry, business, or establishment in which employed (or employer): Jewelry
(c) Name of employer: Eutnau & Co

10 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

11 NAME OF FATHER: Curtis Taylor

12 BIRTHPLACE OF FATHER (city or town) (State or country): Vermont

13 MAIDEN NAME OF MOTHER: Etta Dunville

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Elsie P. Taylor

(Address) 829 Patterson Park Ave

15 Filed ____, 192 C. THOMPSON JONES, M. D. Registrar

Per H. S. H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulation-Hung himself to joist in cellar of residence.

Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

Jan. 29/32 (Address) 505 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL 1/30/1932

20 UNDERTAKER: Wm Cook

ADDRESS 1217 St Paul st

Spec.—1-10-21—MAT—1500 Blks.

E. 76197

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76197

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1803 W Lexington ST. (WARD) 70-27

2-FULL NAME Robert Posey

(a) RESIDENCE NO. 1803 W Lexington ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) About 1862

8 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
About 70	2.	2.	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Fair Tobacco Warehouse

10 BIRTHPLACE (city or town) Charlestown
(State or country) Md

PARENTS

11 NAME OF FATHER Unknown

12 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

13 MAIDEN NAME OF MOTHER Unknown

14 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

15 Informant: T. W. Raley
(Address) Fair Tobacco Co. Chas. Town

FILED 1932 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 28 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1931, to Jany 28, 1932.
that I last saw him alive on Jany 28, 1932.
and that death occurred, on the date stated above, at 11.30 a m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Mitral Heart Disease
(duration) yrs. Unknown mos. ds.

18 Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) M. V. Neidig M. D.
1/28, 1932 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fulton Park Cemetery — DATE OF BURIAL: 1/30/1932

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 E Fayette St

1-30 M. & T. 250 Blks

76198

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76198

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 Darley Ave. ST. WARD)

2-FULL NAME Ida M.Wells

(a) RESIDENCE NO. 1107 Darley Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob R.Wells

6 DATE OF BIRTH (month, day, and year) Jan 31 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	27	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Kent Co. Md.

10 NAME OF FATHER Alfred Rodgers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.Co.Md.

12 MAIDEN NAME OF MOTHER Agnes Lowery

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.Co.Md.

Informant Effie Gunther

(Address) 14 S.Highland Ave.

Filed 1932 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-27-32

17 I HEREBY CERTIFY, That I attended deceased from January 24, 1932, to January 27, 1932, that I last saw her alive on January 27, 1932, and that death occurred, on the date stated above, at 2:15 P m.

The CAUSE OF DEATH* was as follows:

Abscess of scrotum

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Howard Co.Md. Trinity Chapel Cem.

DATE OF BURIAL Jan 30 1932

20 UNDERTAKER Henry M. Thomas & Son ADDRESS 4204 Ridgewood Ave

Co. 5-H 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76199

CERTIFICATE OF DEATH

V 186 E 76199

Registered No. .....
(If death occurred in a hospital or institution, give P's NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 Bolton St. St. 11-25 (Ward)

Length of residence in city or town where death occurred 84 yrs. 10 mos. 26 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Hewlett Smith

(a) Residence: No. 1325 Bolton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 27th 1847

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	84	10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Mary Robert M. Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Rebecca C. Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT A. Morris Tyson
(Address) 207 N. Calvert St. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Jan 29 1932

19. UNDERTAKER Harry W. Tydings & Sons
(Address) McCulloh & Richards Sts

No. 4152 Jan 29 1932 19 R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1929 to Jan 26 1932

I last saw h[illegible] alive on Jan 26 1932 death is said to have occurred on the date stated above, at 5-25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile dementia	1929

Other contributory causes of importance:

Fracture of femur	1929

Operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury Aug 7. 1929

Where did injury occur? Her home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Her home - 1325 Bolton St. City

Manner of injury Fall on level floor

Nature of injury Fracture of femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1903 Park Ave

Co. 5-11 2508

6200 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-001 E 76200

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 725 E Chase St. 10-14 Ward)

gth of residence in city or town where death occurred 47 yrs. — mos 11 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Rose M. Reilly

(a) Residence: No. 725 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 17 1885

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	47	—	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME James D. Reilly

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary J. Kennedy

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. Mary E. Reilly
(Address) 725 E Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Feb. 1 1932

19. UNDERTAKER Percy Speed Sons, Inc.
(Address) 301 E. Eager St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1932 to Jan 28, 1932
that saw h alive on Jan 28 1932 death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. G. Hornstein, M. D.
(Address) 733 Harpster St

8-16-29—L. F. S.—100 Blks.

E 76201 HEALTH DEPARTMENT—CITY OF BALTIMORE 124-002 E 76201

CERTIFICATE OF DEATH

REGISTER'D NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2034 Druid Hill Av ST. 14-20 WARD)

2—FULL NAME George Winters

(a) RESIDENCE NO. 2034 Druid Hill Av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	Colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 13, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work R.R. Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) R.R.

(c) Name of employer Penna. R.R.

9 BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER Travers Winters

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Georgiana Retz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Minnie Winters

(Address) 2034 Druid Hill Av

Filed ____ 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26, 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1931, to Jan 26, 1932, that I last saw him alive on Jan 25, 1932 and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Employment

Did an operation precede death? yes no Date of June 1931

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. S. McCard, M. D.

1/26, 1932 (Address) 2029 Druid Hill Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gadensville Virginia

DATE OF BURIAL 1/29 1932

20 UNDERTAKER Archibald A. Gaddis ADDRESS 154 W. Baltimore St.

76202 HEALTH DEPARTMENT—CITY OF BALTIMORE E76202

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 235 N. Ann St. J-4 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Florence O. Rice

(a) RESIDENCE NO. 235 N. Ann ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)
F	C	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, and year) 11-19-1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	2	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9. BIRTHPLACE (city or town) Baltimore
(State or country) Md

10. NAME OF FATHER James Rice

11. BIRTHPLACE OF FATHER (city or town)
(State or country) N.C

12. MAIDEN NAME OF MOTHER Arlene Watts

13. BIRTHPLACE OF MOTHER (city or town)
(State or country) N.C

14. Informant Mrs Carline Rice
(Address) 235 N. Ann

15. Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 1-27-32

17. I HEREBY CERTIFY, That I attended deceased from 1-23- 1932, to 1-27- 1932

that I last saw h[illegible] alive on 1-26- 1932

and that death occurred, on the date stated above, at 230 P M.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

1-28-1932 (Address) 611-N Carolina

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem

DATE OF BURIAL 1-29-1932

UNDERTAKER Robert V Williams

ADDRESS 1515 N McCulloh St

[illegible] JONES, M. D.

Co. S-H 250B

76203 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76203

131v

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 S Calhoun St. 19-24 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Charlotte Sagle

(a) Residence: No. 232 S Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar Sagle

DATE OF BIRTH (month, day, year) Sept 7-1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59 60	4	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Mrs Thomas Musgrave

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Anna Bleming

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edgar Sagle
(Address) 232 S Calhoun st

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 1/30 1932

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins sts

Filed 1-30 1932 19 H. HAMILTON JONES, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28. 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/29/31, 19..., to 1/28/, 1932

I last saw h.e alive on 1/28/ 1932 death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis	
Hypertension	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward J. [illegible], M. D.

1/28-32 (Address) 910 Whitmore

Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

76204 — 159 E 76204

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1206 COOKSIE St. 24-35 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME AGNES KURLUK

(a) Residence: No. 1206 COOKSIE St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
X Fem	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 16. 1932

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME David Kurluk
14. BIRTHPLACE (city or town) (State or country) Russian
15. MAIDEN NAME Agnes Posok
16. BIRTHPLACE (city or town) (State or country) Russian
17. INFORMANT (Address) David Kurluk 1206 Cooksie St.
18. BURIAL, CREMATION, OR REMOVAL. Place Russian Indp. Date Jan. 29. 19 32
19. UNDERTAKER (Address) John Greblianckas 433 E Pace St.

FILED ... 19... C. Hilary Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/28. 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/16. 1932 to 1/28. 1932

I last saw h alive on 1/28 1932 death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth — 7 mo. Twin — (2nd in birth)	

Other contributory causes of importance:

None —	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) David Drawbaugh M. D.

(Address) 1111 N Gay St

Co. 5-11 1908

E 76205 HEALTH DEPARTMENT CITY OF BALTIMORE E 76205

CERTIFICATE OF DEATH

Registered No. 1334

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore General Hosp. Ward)

Length of residence in city or town where death occurred yrs mos 1 ds How long in U.S. If of foreign birth? yrs mos ds

FULL NAME ~~James~~ ~~Francis~~ Strayer Bowman

(a) Residence: No. ~~Fort Lincoln~~ Fort Lincoln Maryland Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Rosie E. Bowman

DATE OF BIRTH (month, day, year) Aug 23 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	72	5	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER John Bowman

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Natalie Sheard

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wm. Bowman

(Address) 3812 Falls Rd Balto

18. BURIAL, CREMATION, OR REMOVAL Place Edgewood Cem. Date Feb 1 1932

19. UNDERTAKER F. Elkin & Son

(Address) Mount Vernon Pl.

FILED JAN 29 1934 WILLIAM P. JEFFERSON JONES III Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1932 to Jan 28 1932

I last saw him alive on Jan 28 1932 death is said to have occurred on the date stated above, at 10 50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of Prostate with urinary retention	2 years
acute urinary retention	1 day
uraemia	2 days

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Sullivan M. D.

(Address) 20 Baltimore Ave. Balto

10—M & T—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76206 — 120 — E 76206

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2415 Foster Ave ST. 1-3 WARD)

2-FULL NAME Clarence Greenwell Jr

(a) RESIDENCE NO 2415 Foster Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Oct 19 1934

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
1	7	3	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) Balto md
(State or country)

PARENTS

10 NAME OF FATHER Clarence Greenwell

11 BIRTHPLACE OF FATHER (city or town) Balto md
(State or country)

12 MAIDEN NAME OF MOTHER Florence Pedigo

13 BIRTHPLACE OF MOTHER (city or town) Balto md
(State or country)

14 Informant Clarence Greenwell
(Address) 2415 Foster Ave

Filed JAN 29 1932 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Alcoholic Intoxication

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) D S Herzog md, M. D. Coroner

1932 (Address) 1305 E Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Michaels Cem. Ft. Meyers

DATE OF BURIAL 1/28 1932

20 UNDERTAKER Kelly & Zuber

ADDRESS 4038 Wolfe St

207

HEALTH DEPARTMENT—CITY OF BALTIMORE 6207

CERTIFICATE OF DEATH

82-001

26-1

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3313 O'Donnell ST. WARD)

2 FULL NAME ANNIE WEISS

(a) RESIDENCE No 3313 O'Donnell ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Otto Weiss

7 DATE OF BIRTH (month, day, and year) Jan. 31. 1858

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	28	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER George Franie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant (Address) Mr. Otto Weiss (Husband) 3313 O'Donnell Street

15 Filed 1932, 19 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26. 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1932, to Jan 26, 1932.

That I last saw h e alive on Jan 26, 1932

and that death occurred, on the date stated above, at 10.20a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. J. Davidow M. D.

19 (Address) 3035 O'Donnell St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

20 UNDERTAKER: Henry Sander & Sons. Inc.

DATE OF BURIAL: Jan. 29, 32

ADDRESS: BALTIMORE & BROADWAY

No. 5-H 2968

76208 HEALTH DEPARTMENT CITY OF BALTIMORE E 76208

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 E Monument St (Ward) 5)

Length of residence in city or town where death occurred yrs mos 6 ds. How long in U.S. If of foreign birth? yrs mos ds.

FULL NAME Catherine Hennessey

(a) Residence: No. 1817 E Monument St Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	67	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (City or town) (State or country) Baltimore Md

13. NAME OF FATHER Thos Hennessey

14. BIRTHPLACE (City or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Catherine Bucks

16. BIRTHPLACE (City or town) (State or country) Baltimore Md

17. INFORMANT Mrs Mary Hennessey

(Address) 1817 E Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 1 30 1932

19. UNDERTAKER Wm H Keating & Co

(Address) 1 E Lexington St

Filed JAN 2 1932 19 HARRISON JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 27. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jany 21. 1932 to Jany 27. 1932

I last saw her alive on Jany 26 1932 death is said to have occurred on the date stated above, at 3.30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	1/21/32

Other contributory causes of importance:

Arteriosclerosis	4/19/27

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W H Keating M. D.

1/25/32 (Address) 105 N Sutton Ave

Co. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76209

6209

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 12 E. 21st St. 16-20 Ward)

gth of residence in city or town where death occurred Life mos ds How long in U.S. If of foreign birth? yrs mos ds

FULL NAME George W. Lennox

(a) Residence: No. 3707 Harlem Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Lucy A. Lennox

DATE OF BIRTH (month, day, year) November 15, 1869

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	62	2	11	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Insurance Agent,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John Hancock Ins. Co

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
Dec. 1931	39

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Charles T. Lennox

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Mary Southers

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. Lucy A. Lennox
(Address) 3707 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Jan. 29 1932

19. UNDERTAKER Wm. J. Cook
(Address) 1003 W. Baltimore St.

20. FILED Jan 30 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1931 to Jan 26, 1932
I last saw him alive on Jan 26, 1932 death is said to have occurred on the date stated above, at 4.40 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:
None other

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. L. Long, M. D.
(Address) 418 Southway, Guilford
2711 Eutaw Pl

Co. 5-41 2908

76210 HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

18 E 76210
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Lyden ham Hospital St. 23-33 Ward)

gth of residence in city or town where death occurred 11 yrs. 0 mos. 8 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Clifford Kent

(a) Residence: No. 1528 Olive St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 16, 1921

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	0	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Elmer Kent

14. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

15. MAIDEN NAME Catherine Reed

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

INFORMANT Elmer Kent
(Address) 1528 Olive St

BURIAL, CREMATION, OR REMOVAL Jan. 29 1932
Place Loudon Park

UNDERTAKER George L. Schwab
(Address) 2101 Eutaw Pl.

FILED JAN 29 1932 19
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1932, to Jan 24, 1932

I last saw him alive on Jan. 24 1932 death is said to have occurred on the date stated above, at 7:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis (Meningococcus)	1/18/32

Other contributory causes of importance:

None

Name of operation None Date of
What test confirmed diagnosis? Lumbar puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. I. Levi Menaker M. D.
(Address) Lyden ham Hospital

10—M & T—100 B—50L.

E 76211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

175 E 76211

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals ST. 24-35 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Mereth Patts

(a) RESIDENCE NO 1421 Beason St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard Patts

DATE OF BIRTH (month, day, and year) Aug 4 1902

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	29	5	23	

7 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER George Hinderling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Pauline Mentzel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Switzerland

14 Informant William Mereth

(Address) 1139 Druid Hill Ave

15 Filed , 193 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Septicaemia
Criminal (abortion)
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Vaginal Haemorrhage
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1421 Beason St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H G Hemp md, M. D.
Coroner

2/9, 1932 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL Jan 30 1932

20 UNDERTAKER Chas. L. Stevens

ADDRESS 1101 E Fort Ave

Spec.—1-10-21—MAT—1500 Blks.

76212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 1 E 76212

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 771 W. Saratoga St. 18-No Ward)

2-FULL NAME Daniel Hall

(a) RESIDENCE NO. 771 W. Saratoga St.
(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE: Years 60 | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): O&O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Next of Kin 771 W Saratoga St

15 Filed . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-27 1932

17 I HEREBY CERTIFY, That I attended deceased from 1-25 . 1932 to 1-27 . 1932.

that I last saw him alive on 1-26 . 1932.

and that death occurred, on the date stated above, at 3 p m.

The CAUSE OF DEATH* was as follows:

Chronic Cardio-Vascular renal disease.

Terminal Bronchopneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

1/29/32 (Address) Woodlawn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem.

DATE OF BURIAL: Jan 29 1932

20 UNDERTAKER: Samuel J Stensley

ADDRESS: W Baltimore St

Co. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~E 56833~~ E 76213

CERTIFICATE OF DEATH

~~121 E 76213~~

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

JOHNS HOPKINS Hosp.

CITY OF BALTIMORE: (No. ..... St. 17-24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Lillie Burton

(a) Residence: No. 542 Oxford St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wm

DATE OF BIRTH (month, day, year): Mar-17-1886

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
45	46	10	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md
13. NAME Wm Brown
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Cuthroun
16. BIRTHPLACE (city or town) (State or country) Md
17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL
18. BURIAL, CREMATION, OR REMOVAL Place Ft Cuthrun Date Jan 31 1932
19. UNDERTAKER Samuel E Hensley (Address) 321 N Eutaw St
20. FILED ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1932 to Jan 27, 1932
I last saw h[illegible] alive on Jan 27, 1932 death is said to have occurred on the date stated above, at 11 35 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 (a) Pneumonia, (Bronchopneumonia)	1-25-32
1 (b) Myocardial insufficiency	

Other contributory causes of importance:

Name of operation (Appendectomy) Date of 1-20-32
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles M. McLane M. D.
(Address) Johns Hopkins Hosp

0—M. & T.—100 B—50L

E 76214

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76214

CERTIFICATE OF DEATH

208

REGISTERED NO. 26-37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Oldham & O'Donnell Sts. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis P. Tucker.

(a) RESIDENCE NO 517 S. Tolna St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed or divorced HUSBAND of [illegible] Argil Tucker.

7 DATE OF BIRTH (month, day, and year) April 19, 1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	9	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work U. S. Mail Carrier.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Hampshire.

PARENTS

10 NAME OF FATHER Albert W. Tucker.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Massachusetts.

12 MAIDEN NAME OF MOTHER Blanche Huntoon.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Massachusetts.

14 Informant Argil Tucker. (wife)
(Address) 517 S. Tolna St.

15 Filed 29 1932, 192 H/C Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 27, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest. (Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of the skull, caused by a street car striking the automobile which he was operating

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental Death

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Oldham & O'Donnell

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquest

(Signed) [illegible] M. D. (Coroner)

1/28/32 (Address) 917 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 1/30/1932

20 UNDERTAKER John G. Connelly — ADDRESS Easy

rec.—9 30—A. & Co.—250 Blks

E 76215 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 76215

CERTIFICATE OF DEATH

95-002

9-18

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 738 E. Preston St. ST. (WARD)

2 FULL NAME Mary Manning Bowes.

(a) RESIDENCE NO. 738 E. Preston St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Patrick A. Bowes

7 DATE OF BIRTH (month, day, and year) Sept. 2nd. 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore Md.

10 NAME OF FATHER James Manning

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant P. A. Bowes
(Address) 738 E. Preston St.

15 Filed JAN 28 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28, 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1928, to Jan 28 1932

that I last saw h alive on Jan 28 1932

and that death occurred, on the date stated above, at 12:30 P. M.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation.

(duration) yrs. mos. days

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Albert H. Levy M. D.

1/28/32 Address 747 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Cemetery Govans.

DATE OF BURIAL: Jan. 30th 32

20 UNDERTAKER: Chas. T. Brawner

ADDRESS: 118 W. Mt. Royal Ave

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76216

CERTIFICATE OF DEATH

122-00

E 76216

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 16 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Miss Catherine O'Conor

(a) Residence: No. 1123 Valley St. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 6, 1868

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	64	—	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore County ?

13. NAME Jane O'Conor

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Sarah Farrel

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT (Address) Hospital Record.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Jerome Cem Date Jan 30th 1932

19. UNDERTAKER (Address) Wm. E. Frazier & Son 111 W. Mt. Royal Ave

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 24, 1932 to January 27, 1932

I last saw her alive on January 27, 1932 death is said to have occurred on the date stated above, at 5 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	1 week

Other contributory causes of importance:

Myocardial Insufficiency	?

Name of operation. Intestinal Resection Date of 1/24/32

What test confirmed diagnosis? Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Simon Bruce M. D.

(Address) Mercy Hospital

70—M. & T.—100 B—50L

76217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004 E 76217

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. National Casket Company. ST. East Falls Ave & Lombard St. WARD 3-5

2-FULL NAME Cornelius J.Lyons.

(a) RESIDENCE NO Ashland Balto.Co.Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? 7 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

7 DATE OF BIRTH (month, day, and year) March 5,1874

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	57	10	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Filler.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

10 NAME OF FATHER Timothy Lyons.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Catherine O'Donovan.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Josephine Deal.(sister)

(Address) Ashland, Baltimore Co. Md.

15 Filed APR 20 1932, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 29, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) Otto M. Steinhardt X Coroner, M. D.

1/29/32 (Address) 817 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Louis - Texas

DATE OF BURIAL: 2-1-1932

20 UNDERTAKER: [illegible]

ADDRESS: Sparks, Md

Co. 1-11 2500

6218 **HEALTH DEPARTMENT CITY OF BALTIMORE** B 76218

V 107

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hosp. St. 20-28 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raymond Smith

(a) Residence: No. 2017 Christian St. Balt. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) June 28 1931

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		7	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Paul J Smith

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Jennie Lewis

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Paul J Smith
(Address) 2017 Christian

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cem. Date Jan 31 32

19. UNDERTAKER George A Foley
(Address) Eastern Ave

FILED Jan 29 1932 C. CAMPSON JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932 to Jan 29, 1932

I last saw him alive on Jan 29, 1932 death is said to have occurred on the date stated above, at 6 30 A m

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset Jan 14/32

Other contributory causes of importance:

Uremia — Jan 19/32

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Hammond M.D.

(Address) Hosp.

6219 HEALTH DEPARTMENT—CITY OF BALTIMORE 6219

CERTIFICATE OF DEATH

131V

1 PLACE OF DEATH

CITY OF BALTIMORE (No 2164 Woodbury Ave 43-57 (WARD)

REGISTERED No

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James B Murphy

(a) RESIDENCE NO 2164 Woodbury Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M Murphy

7 DATE OF BIRTH (month, day, and year) July 3 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Lab

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Thomas Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Louisa Webster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Annie M Murphy

(Address) 2164 Woodbury Ave

15 Filed 1/29 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/27/32

17 I HEREBY CERTIFY, That I attended deceased from Jan 26 1932 to Jan 26 1932

that I last saw him alive on Jan 29 1932

and that death occurred, on the date stated above, at 1215 A. M.

The CAUSE OF DEATH* was as follows:

anemia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chron. Int. Nephritis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of none

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Thomas F Kelly M. D.

1/29 1932 (Address) 608 Somerset Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	1/29 1932

20 UNDERTAKER George & Emily Sutton Funeral ADDRESS

...r.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

76220 168 E 76220

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Hotel Grand St. 4-25 (Ward)

2-FULL NAME Harry V. Reese (alias Jones) ~~Orval O. Reese~~

(a) RESIDENCE NO. Buffalo. N. Y. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ...rs. ...mos. ...ds. How long in U. S., if of foreign birth? ...

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Jewell Reese

6 DATE OF BIRTH (month, day, and year) Sept 25-1882

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	49 58?	3	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Nathan Thomas Reeves Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Jennie Newton Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Police Dept Balto Md.

Filed ... 19 ... Registrar

9 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry find that said deceased came to his death ...quest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Incised wound of neck. Suicide.

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Fellers, M. D.

1/26. 1932 (Address) 273 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: [illegible] Jan 29 1932

DATE OF BURIAL

20 UNDERTAKER: J. J. Sterrett 136 Fayette

ADDRESS

Co. VII Box 76221

HEALTH DEPARTMENT CITY OF BALTIMORE

257007 Md

CERTIFICATE OF DEATH

V 10 E 76221

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. JOHNS HOPKINS HOSP. St. 13-51 Ward)

gth of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

FULL NAME Robert Wilson

(a) Residence: No. Florence Littleton St. Home Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	—

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 25 1931

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	—	3 mo.	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Juanita Wilson

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Reeder
(Address) JOHNS HOPKINS HOSP.

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

FILED 19 Registrar

JOHNS HOPKINS HOSPITAL JAN 29 1932 C. HAMILTON SAMS, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24-1932

22. I HEREBY CERTIFY, That I attended deceased from 1-22-, 1932 to 1-24-, 1932

I last saw h[illegible] alive on 1-24-, 1932 death is said to have occurred on the date stated above, at 5:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Pneumonia, primary	1-21
Other contributory causes of importance: Atelectasis of left lung	1-23

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John J. Washington M. D.
(Address) Johns Hopkins Hospital.

...—9-30—A. & Co.—250 Blks

76222 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No) Johns Hopkins Hospital (St.) 30-74 (Ward)

REGISTERED NO 161 E 76222

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Sheebrook

(a) RESIDENCE NO 125 London Av. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	—

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7 DATE OF BIRTH (month, day, and year) Jan - 19 - 32

AGE	Years	Months	Days	If LESS than 1 day, 7 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Dalto

10 NAME OF FATHER Arthur Sheebrook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Maude Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Charles H. Peckham Johns Hopkins Hospital

15 Filed 1-29 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19 - 32

17 I HEREBY CERTIFY, That I attended deceased from 1-11, 1932, to 1-19, 1932

that I last saw her alive on 1-19, 1932

and that death occurred, on the date stated above, at 2.40 P. m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Charles H. Peckham M. D.

1-29-1932 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL

DATE OF BURIAL. JAN 29 1932

20 UNDERTAKER —

ADDRESS —

76223 HEALTH DEPARTMENT—CITY OF BALTIMORE 76223

CERTIFICATE OF DEATH

REGISTERED NO 59

1 PLACE OF DEATH Johns Hopkins Hospital. ST 7-4 WARD 1

CITY OF BALTIMORE. (No

2 FULL NAME Baby Brown

(a) RESIDENCE NO 5 Kramers Run ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
♂	W	

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1-11-32

8 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

11 NAME OF FATHER John Brown

12 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

13 MAIDEN NAME OF MOTHER Ella Young

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Charles H Smithson

(Address) Johns Hopkins Hospital

15 Filed 1-29-1932, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-12-32

17 I HEREBY CERTIFY, That I attended deceased from 1-11, 19 32, to 1-12, 19 32

that I last saw her alive on 1-12, 19 32

and that death occurred, on the date stated above, at 8 12 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did no operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Charles H Smithson M. D.

1-29-32 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19 JAN 2 1932

ADDRESS

20 UNDERTAKER

Commissioner Health

JOHNS HOPKINS HOSPITAL

HAMPSON JONES, M. D.

...—9-30—A. & Co.—250 Blks.

76224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. E 76224

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) No. Johns Hopkins Hospital (ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Baby McLeary

(a) RESIDENCE NO. 1922 E. Lafayette Av. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F | 4. COLOR OR RACE: W | 5. Single, Married, Widowed, or Divorced, (write the word):

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, and year): 12-12-31

8. AGE — Years: / | Months: / | Days: 42 | If LESS than 1 day, ... hrs. or ... min.

9. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

10. BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10. NAME OF FATHER: William McLeary

11. BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12. MAIDEN NAME OF MOTHER: Susie Wood.

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14. Informant (Address): Charles H. Williams, Johns Hopkins Hospital

15. Filed 9 1932, 19 A ... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): 1-23-32

17. I HEREBY CERTIFY, That I attended deceased from 12-12-, 1931, to 1-23, 1932

that I last saw her alive on 1-23, 1932

and that death occurred, on the date stated above, at 9.15-A.m.

The CAUSE OF DEATH* was as follows:

Sepsis bifida

(duration) ... yrs. ... mos. 42 ds.

CONTRIBUTORY ... (Secondary)
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ...

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Charles H. Williams M. D.
JOHNS HOPKINS HOSPITAL

1-23-1932 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL. | DATE OF BURIAL 19 JAN 25 1932

20. UNDERTAKER | ADDRESS

JOHNS HOPKINS HOSPITAL
C. HAMPSON JONES, M. D.
Pathologist

—2-25-25—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

76225

REGISTERED NO. 42 E 76225

—PLACE OF DEATH

TY OF BALTIMORE: (No. 1460 William St. ST. 24-33 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Audrey M. Sothoron

(a) RESIDENCE NO. 1460 William St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 16 yrs. 7 mos. 9 ds. How long in U. S. If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) June 18 1915

LE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	7	9	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER William F. Sothoron

11 BIRTHPLACE OF FATHER (city or town) (State or country) St. Mary's Co. Md.

12 MAIDEN NAME OF MOTHER Annie P. Knott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St. Mary's Co. Md.

Informant Mrs. Sothoron
(Address) 1460 William St

29-1932 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-27-32

I HEREBY CERTIFY, That I attended deceased from Oct 3 1931 to Jan 27 1932

that I last saw h[illegible] alive on Jan 26 1932

and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH was as follows:

Acute Cardiac dilatation

CONTRIBUTORY (Secondary) Endocarditis (duration) yrs. 7 mos. ds.

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. F. Hawkins M. D.

1932 Address 1 E. Randall St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL 1/30 1932

20 UNDERTAKER J. Frew McCully

ADDRESS 1306 E. Fort

Co. 5-31 250B

76226 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 76226

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto Md 1806 Barclay St (Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James V. Munroe

(a) Residence: No. 1806 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frances Munroe

DATE OF BIRTH (month, day, year) Oct 23 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gentleman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER James Munroe

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Mary Murphy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Frances Munroe
(Address) 1806 Barclay St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date Jan 1932

19. UNDERTAKER C. H. WILSON JONES, M. D.
(Address)

FILED Jan 29 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to Jan 27 1932

I last saw him alive on Jan 25 1932 death is said to have occurred on the date stated above, at 4.50 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Dec 31
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Hugh Trimble, M. D.

(Address) 1806 Barclay St.

M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

76227

CERTIFICATE OF DEATH

16-001 E 76227

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1031 Harford Ave ST. 10-44 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Silas E. Gorsuch

(a) RESIDENCE NO 1031 Harford Ave ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Gorsuch

DATE OF BIRTH (month, day, and year) Feb 14/1842

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	89	11	13	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Employee
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Penna R.R. 073

8 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER Perigrine Gorsuch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER Anna Maria -----

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Mrs. Richardson 1033 Harford Ave

15 Filed 1932 C. HARRISON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Intracranial Hemorrhage
Accidently fell out of his bed

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis- General
Arteriosclerosis (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) [signature] Coroner, M. D.

1/28/32 Address 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore

DATE OF BURIAL: Jan 30th 32

20 UNDERTAKER: Rita Wiedefeld

ADDRESS 914 Gramm Ave

Co. 5-31 2508

6228 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 2 V

E.76228

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 5305 Midwood St. 1611 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME William P. Harbin

(a) Residence: No. 5305 Midwood Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 27 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ---
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Oliver Harbin

14. BIRTHPLACE (city or town) (State or country) Texas

15. MAIDEN NAME Madeline Romeo

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Oliver Harbin
(Address) 5305 Midwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Carlo Lawn Date Jan 30 1932

19. UNDERTAKER Chas. J. Miller & Son
(Address) 2334 E. Fayette St.

FILED JAN 29 1932 C. HARPSON JONES, M. D.
By ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1932 to Jan 29, 1932
last saw him alive on Jan. 29, 1932 death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Icterus Neonatorum	1-28-32

Other contributory causes of importance:
Pulmonary Embolism

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. E. Koons, M. D.

(Address) 5600 York Rd. Baltimore Md

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

94E 76229

6229

CERTIFICATE OF DEATH

Registered No. 16-65

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2830 W. Lanvale St. Ward 16

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Anna E. Kreissig

(a) Residence: No. 2830 W. Lanvale St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of August C. Kreissig

DATE OF BIRTH (month, day, year) Jan 18th 1850

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	82	0	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Adam Schütz
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Katherine Andrews
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Chas Kreissig
(Address) 2824 W. Lanvale St
18. BURIAL, CREMATION, OR REMOVAL Western Cemetery Date 2/1 1932
19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED FEB 1 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1931 to Jan 28 1932, that I last saw h~~er~~ alive on Jan 28 1932 death is said to have occurred on the date stated above, at 8.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Cerebral Arteriosclerosis	1 year
Myocardial Degeneration	3 months
Angina Pectoris.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. Mitchell M. D.
(Address) 2401 Edmondson Ave

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

6230

CERTIFICATE OF DEATH

93 E 76230

PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. 13-52 St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs 11 mos 3 ds. How long in U.S. If of foreign birth? yrs mos ds

FULL NAME Mrs Mary L. XXXXXXXXX MALLALIEU

(a) Residence: No. Home of Intended St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 25 1861

AGE	Years	Months	Days	If LESS than 1 day hrs or min
	70	11	3	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balt. Md.

12. NAME Franklin Mallalieu

13. BIRTHPLACE (city or town) (State or country) Balt. Md

14. MAIDEN NAME Martha Ellen Treadway

15. BIRTHPLACE (city or town) (State or country) Balt Md

INFORMANT Patient
(Address)

BURIAL, CREMATION, OR REMOVAL
Place London Pk 6 Date Jan 30 1932

UNDERTAKER J. H. Luckenbach
(Address) 1 North Howard Ave

FILED 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 1932 to Jan 28, 1932

I last saw her alive on Jan 28, 1932 death is said to have occurred on the date stated above, at 1:40 P.M.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction — Date of onset 3 days
Cardiac failure — 1 day

Other contributory causes of importance: Chronic Myocarditis — 2 years

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Wilbert A. Whitehouse, M. D.

(Address) 1 E. Saratoga St.

Co. 5-41 2508

76231 HEALTH DEPARTMENT—CITY OF BALTIMORE 107 E 76231

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Stanley Runkles

(a) Residence: No. 515 Otterbein St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 26 1931

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	0	2	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salto Md.

13. NAME Oscar C. Runkles

14. BIRTHPLACE (city or town) (State or country) Piedmont

15. MAIDEN NAME Elizabeth Porter

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Mrs Ella McCarthy
(Address) 903 Ramsay St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cemetery Date 2/1/1932

19. UNDERTAKER Wm Cook
(Address) 813 S. Paul St

FILED 2-1-1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1932, to Jan 29, 1932

I last saw he alive on Jan 24, 1932, death is said to have occurred on the date stated above, at 1.55 P. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Bilateral Jan 24 (Date of onset)

Other contributory causes of importance: Acute Nephritis (Found at autopsy)?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) A. H. Evans, M. D.
(Address) University Hosp.

o—M. & T.—100 B—501.

E 76232

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76232

CERTIFICATE OF DEATH

93-904

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 N. Chapel ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William W. Murray

(a) RESIDENCE NO. 1807 N. Chapel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs mos ds. How long in U. S., If of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie E. (Chambers) Murray

DATE OF BIRTH (month, day, and year) March 23/1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	71	10	5	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

10 NAME OF FATHER Ephriam Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Caroline Wilhelm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Elsie E. Murray

(Address) 1807 N. Chapel St

15 Filed 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Myocardial Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature], Coroner, M. D.

(Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem.

DATE OF BURIAL Jan. 30th 1932

20 UNDERTAKER George J. Ruth Inc. M.T. Ruth

ADDRESS 1735 Harford Av.

0 1932

Elsie Freisenener

HEALTH DEPARTMENT CITY OF BALTIMORE

76233

CERTIFICATE OF DEATH

71 E 76233

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St. 712 Ward)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U.S. If of foreign birth 49 yrs. mos. ds.

FULL NAME Elsie Freisenener

(a) Residence: No. 619 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Freisenener

DATE OF BIRTH (month, day, year) April 5 1863

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	68	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

12. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Freisenener

(Address) 1400 S. Light St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Jan 31 1932

19. UNDERTAKER Philip Henry

(Address) 2016 Eutaw St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28-1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1932 to Jan 28 1932

I last saw her alive on Jan 28 1932 death is said to have occurred on the date stated above, at 1.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	

Other contributory causes of importance:

Dyspnea	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M B Hendrix M. D.

Address St Joseph Hospital

No. 6234

6234 HEALTH DEPARTMENT CITY OF BALTIMORE

43-083 E 76234

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 3808 Frankford Ave Ward) 27-43

gth of residence in city or town where death occurred 83 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

FULL NAME Caroline Ludwig

(a) Residence: No. 3808 Frankford Ave St., Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed or divorced
HUSBAND of (or) WIFE of late Theo. Ludwig

6. DATE OF BIRTH (month, day, year) Aug. 10 48

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	5	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ger.

13. NAME Henry Deibel

14. BIRTHPLACE (city or town) (State or country) Ger.

15. MAIDEN NAME Katherine

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT (Address) Henry A. Ludwig 3808 Frankfad Ave

18. BURIAL, CREMATION, OR REMOVAL Place Balto. Cem. Date Jan. 30 1932

19. UNDERTAKER (Address) Philip Henry 2016 Orleans st.

JAN 30 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 30th 1928 to Jan 27, 1932

I last saw h[illegible] alive on Jan 27 1932 death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis, chronic myocarditis	3 years 28 days
Other contributory causes of importance:	
Bronchopneumonia	4 days

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If yes or no, specify

(Signed) [illegible] M. D.
(Address) 1224 Linden Ave

10—M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 V

E 76235

REGISTERED NO. 76235

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) University Hospital (Ward) 21-24

2-FULL NAME Joseph Dixon

(a) RESIDENCE NO. 712 Carroll St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel M Dixon

DATE OF BIRTH (month, day, and year) Dec 1-1892

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	39	1	28	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Collector
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Chas. C. Dixon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. Carl Dixon

(Address) 712 Carroll St

15 Dec 30 1932, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-29 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Feller, M. D. Coroner

1-30, 1932 (Address) 729 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 2/1/1932.

20 UNDERTAKER John J. Cowan & Co

ADDRESS 901 Rollins St

No. C 11 1908

76236 **HEALTH DEPARTMENT CITY OF BALTIMORE** ✓ E 76236

CERTIFICATE OF DEATH

107-001

PLACE OF DEATH Baltimore City Hospitals Registered No. 16-37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St. ..... Ward)

gth of residence in city or town where death occurred life yrs mos ds How long in U.S. if of foreign birth? yrs mos ds.

FULL NAME Ada Widerman

(a) Residence: No. none St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

DATE OF BIRTH (month, day, year) 1854 ?

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto.
(State or country) Md.

12. NAME ?

13. BIRTHPLACE (city or town) ?
(State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ?
(State or country)

INFORMANT Records of
(Address) Balto. City Hosp.

BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan. 30 1932

UNDERTAKER [illegible]
(Address) [illegible]

FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1927, to Jan. 28, 1932

I last saw h er alive on Jan. 28, 1932 death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Bronchopneumonia	3 Days

(Other contributory causes of importance)
Senility
Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Not so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

No. 541 2000

6237

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76237

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Mt Hope Retreat St. 26-63 Ward)

gth of residence in city or town where death occurred 5 yrs 6 mos — ds. How long in U.S. If of foreign birth? yrs mos ds.

FULL NAME H. Bruce Boyle.

(a) Residence: No. Westminster Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ush	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) Oct 5. 1851

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	80	3	25.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug Store
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Westminster Md

13. NAME John B. Boyle

14. BIRTHPLACE (city or town) (State or country) Tom's Town Md

15. MAIDEN NAME Elizabeth Scott

16. BIRTHPLACE (city or town) (State or country) Brucetta Md

17. INFORMANT (Address) Mt Hope Records Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL Place Westminster Md Date Feb 1 1932

19. UNDERTAKER (Address) F H Bankard & Son Westminster Md

JAN 30 1932 . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30. 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 27 . 1925 to Jan 30 . 1932

I last saw h alive on Jan 22 1932 death is said to have occurred on the date stated above, at 7.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Arteriosclerosis	?
Chronic myocarditis	?
(Hemiplegia)	?
Cerebral hemorrhage	1 day

Other contributory causes of importance:

Senile dementia	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Milton P. Weller M. D.

(Address) Mt Hope Retreat.

Co. 5-31 2500

E 76238

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76238

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 9-4-5 Ward)
non-resident

Length of residence in city or town where death occurred yrs mos 8 ds How long in U.S. If of foreign birth? yrs mos ds

FULL NAME Herman Klein

(a) Residence: No. Hitchcock Lane, Catonsville, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 9/23/31

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3 4	28 6	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Catonsville Md.

13. NAME George Klein
14. BIRTHPLACE (city or town) (State or country) Balto. Md.
15. MAIDEN NAME Alberta Hampton
16. BIRTHPLACE (city or town) (State or country) N.Y.
17. INFORMANT Mrs. Geo. Klein
(Address) Catonsville Md.
18. BURIAL, CREMATION, OR REMOVAL Mon Cathedral Date 2/1 1932
19. UNDERTAKER Wm. Cook
(Address) 5411 Gardenia
20. FILED JUN 30 1932 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29/32

22. I HEREBY CERTIFY, That I attended deceased from 1/21/32, 19.., to 1/29/32, 19..
I last saw h alive on 1/29/32 death is said to have occurred on the date stated above, at 6:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	1/14/32
Other contributory causes of importance: Bronchial Pneumonia (Bilateral)	1/24/32

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. L. Jackson M. D.
(Address) Sydenham Hospital.

R. 1268-9

76239 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76239

CERTIFICATE OF DEATH

82-001

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1203 Brevard St. 11-2 Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Louise Gross

(a) Residence: No. 1203 Brevard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Howard Gross

DATE OF BIRTH (month, day, and year) [illegible] 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME Samuel Gross

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Julia Riley

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT (Address) John Griffin 1203 Brevard St.

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Jan 30 1932

UNDERTAKER (Address) M. J. S. A. Ellicott 1202 Eastern Ave.

FILED JAN 30 1932 L. C. JONES, M. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1932 to Jan 26 1932

I last saw her alive on Jan 25 1932 Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 21 32
Other contributory causes of importance: Hypertension	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Pearce M. D.

(Address) 2405 Charles St

Spec.—1-10-21—MAT—1500 Blks.

E 76240

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76240

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Franklin Square Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 26-26 St. WARD)

2-FULL NAME Herman Kimble

(a) RESIDENCE NO. 227½ Highland St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If ~~married~~, widowed, or ~~divorced~~
~~(or WIFE of)~~ HUSBAND of Grace H. Kimble

7 DATE OF BIRTH (month, day, and year) About 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	52	2	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Herman Kimble

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rosena Kuntz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Katherine Berg
(Address) 223 S. Highland Ave

15 JAN 30 1932 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-28 1932

17 I HEREBY CERTIFY, That I attended deceased from 1-14- 1932 to 1-28 1932
that I last saw h alive on 1-28 1932
and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:
Carcinoma Larynx

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Touched Larynx
Did an operation precede death? Date of 1-18-32
Was there an autopsy? No
What test confirmed diagnosis? Location
(Signed) C. W. Peake M. D.
1-28-32 (Address) Franklin Square Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park
FUNERAL DIRECTOR

DATE OF BURIAL 2-1 1932
ADDRESS

Co. 5-31 250B

76243 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76243

CERTIFICATE OF DEATH 31

PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 N. Brice St. 16-27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME ELLA A. STANLEY MAGERSUPP

(a) Residence: No. 615 N. Brice St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of: FRED. W= Magersupp

DATE OF BIRTH (month, day, year): Jan 10. 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	0	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Georgetown. D.C
13. NAME of: John. HISER
14. BIRTHPLACE (city or town) (State or country): Switzerland
15. MAIDEN NAME: MARY HATTON
16. BIRTHPLACE (city or town) (State or country): Dont Know
17. INFORMANT (Address): Beulah Magersupp 615 Brice St
18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Cemetery Date 1/30/1932
19. UNDERTAKER (Address): Wm Cook 1217 St Paul St
20. FILED, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 28th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26th, 1931, to Jan 28, 1932
I last saw her alive on JAN 27 1932 death is said to have occurred on the date stated above, at 3 55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertention	
Arterior Schleros is	
Chtovic Nephritis	

Other contributory causes of importance:

Uremia	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Benj. O. McCleary, M. D.
(Address) 408 N Payson St.

0—M & T—100 B—50L

E 76242 ✓ E 76242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital ST. 25-72 WARD 173

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank V. Talbott

(a) RESIDENCE NO 3609 Twin Rivers Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Nora E. Talbott

DATE OF BIRTH (month, day, and year) June 21, 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	7	5	

7 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Dealer
(b) General nature of industry, business, or establishment in which employed (or employer) Gasoline
(c) Name of employer Self

8 BIRTHPLACE (city or town) (State or country) Baltimore Md.

9 NAME OF FATHER Benjamin Talbott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Sarah V. Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Mrs. Nora E. Talbott

(Address) 3609 Twin Rivers Ave.

15 Filed JAN 30 1932 C. HAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry & autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Revolver Wound of Abdomen - Homicide.

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos ? ds.

18 Where was disease contracted if not at place of death? 3605 Twin Rivers Ave.

Did an operation precede death? Yes Date of 1/25/32

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Physical Signs

(Signed) Guy N. Bromwell, M. D. Coroner

1/29, 1932 (Address) 203 E. Lexington, Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL 2/1/1932

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

0—M & T—100 B—50L

E 76243

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76243

CERTIFICATE OF DEATH

1934 60 1-48

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 607 Woodbourne Av ST. (WARD) 27-48

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Denton C. Leitto

(a) RESIDENCE NO 607 Woodbourne ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 2-1910

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	2	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER D. Alonzo Leitto

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Ellen Seymour

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant D. Alonzo Leitto

(Address) 607 Woodbourne

15 Filed ... 1932 C. HAMPSON JONES, Registrar

JAN 30 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 27th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death today or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows: Accident due to shot through upper part of lung, both thighs

Duration of (Secondary) yrs. mos. ds.

CONTRIBUTORY writes explosive

18 Where was disease contracted? If not at place of death? 607 Woodbourne

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) F. B. Lieck Coroner, M. D.

19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Evans Presbyterian Grave DATE OF BURIAL Jan 30/1932

20 UNDERTAKER Stewart Tilghman Company ADDRESS Baltimore

Spec.-7-17-26—A Co.—200 Bks.

E 76244

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76244

CERTIFICATE OF DEATH

23

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 22-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruby Saunders

(a) RESIDENCE NO. 39 W Conway St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 17 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Abbeville

(State or country) S.C.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER Adlie Smith

13 BIRTHPLACE OF MOTHER (city or town) S.C.

(State or country)

14 Informant (Address) Ute Mackely 526 Eutaw St

15 Filed JAN 30 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

1-27-32

17 I HEREBY CERTIFY, That I attended deceased from 12-26 19 31 to 1-27 19 32

that I last saw her alive on 1-27 19 32

and that death occurred, on the date stated above, at 6 30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 4 mos. da.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical, Laboratory, X-ray

(Signed) George McDonald M. D.

1-27 19 32 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn

Date of Burial: Jan 30 19 32

20 UNDERTAKER: For A Lucky

ADDRESS: 409 N. Mount St

JAN 30 1932

Co. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

76245 E 76245

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

76245

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1729 Oliver St. 23-3-37 Ward

Length of residence in city or town where death occurred 57 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

FULL NAME Mary Deter

(a) Residence: No. 1729 Oliver St., Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Luther Deter

6. DATE OF BIRTH (month, day, year) Dec 26 1874

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
57	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Hugo. Dinkand.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Charlott Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Harry Deter Jr.
(Address) 14 S Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Date 2-1 1932

19. UNDERTAKER E & C Harle
(Address) 115 E Fayette St

20. FILED 2-8 1932 C. Ramon Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14 1932 to Jan. 28 1932
I last saw her alive on Jan 28 1932 Death is said to have occurred on the date stated above, at 1050 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/14/32
Exhaustion	1/14/32

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. H. Campbell M. D.
1/29/32 (Address) 1644 Hanover St

6246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 76246

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3222 Kenwick Road WARD 43-52

2 FULL NAME Frederick H. Robinson.

(a) RESIDENCE No. 3222 Kenwick Road WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widower.

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sophrona Robinson

7 DATE OF BIRTH (month, day, and year) April 19, 1847

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	9	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired 106
(b) General nature of industry, business, or establishment in which employed (or employer) Blacksmith!
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England.

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Mrs. Bertha Kidd 3222 Kenwick Road

15 Filed 19 Registrar

01932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29, 1932

17 I HEREBY CERTIFY, That I attended deceased from May 11 1932 to Jan. 21 1932

that I last saw h i alive on Jan. 29 1932

and that death occurred, on the date stated above, at 1:50 P. m.

The CAUSE OF DEATH* was as follows:

chronic Gonorrhoea Syphilis
Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Anaemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) G. F. Starr M. D.

(Address) 516 Cathedral St. 6/10 1932

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. St. Mary's Hampden

DATE OF BURIAL Feb 1, 1932

20 UNDERTAKER Chenowith & Son

ADDRESS 3615 Chestnut Ave

Co. 5-31 2500

76247

HEALTH DEPARTMENT CITY OF BALTIMORE

10 E 76247

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital Sq. 4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 27 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Melvina Seitz

(a) Residence: No. 1417 E. Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/1/30

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Henry Seitz

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Wanda Rykaczewska

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Henry Seitz
(Address) 1417 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Jan 30 1932

19. UNDERTAKER L. H. & C. Sacks
(Address) 1930 Eastern Ave.

Date Jan 30 1932 Registrar C. HAMPSON JONES, M. D. H. O.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/30/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/18/32, 19, to 1/30/32, 19

I last saw him alive on 1/30/32, 19 death is said to have occurred on the date stated above, at 8:40 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal Diphtheria	1/27/32
Diphtheritic Myocarditis	Cause

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Culture Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. V. Jackson, M. D.
(Address) Sydenham Hospital.

10—M. & T.—100 M—5-31.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76248

76248

CERTIFICATE OF DEATH

REGISTERED NO. 131

1-PLACE OF DEATH Good Shepherd Hosp. ST. 4-46 WARD

CITY OF BALTIMORE (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Rice

(a) RESIDENCE NO. 629 W. Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Tony Rice

DATE OF BIRTH (month, day, and year) 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Housework (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

BIRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Porto Rico

Informant (Address)

Filed JAN 30 1932 No. Reg. C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Jan 28th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis Fatty

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. / mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Negative

(Signed) H. Smith, M. D. Coroner

(Address) Jan 29

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery | DATE OF BURIAL Jan 30 1932

20 UNDERTAKER Geo. H. Holland | ADDRESS 1631 Div. St.

No. 1-H 2-38

6249 HEALTH DEPARTMENT CITY OF BALTIMORE

256020 med.

CERTIFICATE OF DEATH

93-E 76249

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH JOHNS HOPKINS HOSPITAL Ward 10-13

CITY OF BALTIMORE: (No. ..... Street ..... Ward .....)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

FULL NAME Mary Timon

(a) Residence: No. 1425 E. Madison St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac

DATE OF BIRTH (month, day, year) [illegible]

AGE Years	Months	Days	If LESS than 1 day hrs or min.
50	—	—	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Charles Murray

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Emma Jones

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 1-31 1932

UNDERTAKER Jas. M. Stewart
(Address) 1210 E. Madison St

1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-27, 1931 to 1-28, 1932

I last saw her alive on 1-28, 1932 death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Uncertain
Arteriosclerotic heart disease	1927
Myocardial failure	Dec. 1931

Other contributory causes of importance:

Hypertension	1927

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M.D.

(Address) Johns Hopkins Hosp

0—M & T—100 B—561

HEALTH DEPARTMENT—CITY OF BALTIMORE

76250

CERTIFICATE OF DEATH

151 E 003

151 E 76250

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: West Balto Gen Hosp ST. 19-28 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwd. J. Kellman

(a) RESIDENCE NO 537 S. Fulton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (write the word) Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Jan 8-1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			22	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Nathanel Kellman

11 BIRTHPLACE OF FATHER (city or town) Balto Md (State or country) U. S. A.

12 MAIDEN NAME OF MOTHER Gneda

13 BIRTHPLACE OF MOTHER (city or town) Balto Md (State or country) U. S. A.

14 Informant Mrs. Louise Kellman (Address) 537 S. Fulton Ave

15 Filed 1-31-1932 By H. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Malformation of heart (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. H. Smith, M. D. (Coroner)

Jan 30 (Address) Boro

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Meyh Rd

DATE OF BURIAL 1-31 1932

20 UNDERTAKER Jack Lewis Inc

ADDRESS 1439 Balto St

...c.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

76251 CERTIFICATE OF DEATH 46E 76251

1 PLACE OF DEATH Sinai Hospital REGISTERED NO 15-65
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

...ITY OF BALTIMORE (No ST WARD)

2 FULL NAME Louis Jaffe

(a) RESIDENCE NO 3212 Garrison Blvd WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rebecca Jaffe

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cap maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Rebecca Jaffe
(Address) 3212 Garrison Blvd

Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29/1932

17
I HEREBY CERTIFY, That I attended deceased from Jan 17, 1932, to Jan 29, 1932
that I last saw h[illegible] alive on 12 M Jan 29
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
due to
several days
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Carcinoma ? Stomach
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? yes Date of Jan 22 '32
Was there an autopsy? no operation
What test confirmed diagnosis?

(Signed) J. E. Sundeman M. D.
, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Workmen Circle, Mt. Carmel	1-31- 1932
20 UNDERTAKER Jack Levin Jr.	ADDRESS 1373 Dru[illegible]

C. HAMILTON JONES, M. D.
1932

Co. 5-41 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

6252

CERTIFICATE OF DEATH

V23 E 76252

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 3215 Fait Ave. St. 26-1 Ward)

gth of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

FULL NAME Dorothy May Elliott

(a) Residence: No. 3215 Fait Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5 Single, [illegible] or [illegible]
emale	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 13, 1910

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	21	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Samuel Elliott

14. BIRTHPLACE (city or town) (State or country) King & Queen Co. Virginia

15. MAIDEN NAME Mary C. Tormollen

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Samuel Elliott
(Address) 3215 Fait Ave.

BURIAL, CREMATION, OR REMOVAL
Place Schwartz. Cem. Date Jan. 31. 19 32

UNDERTAKER George W. Sykes
(Address) 1737 E. Pratt St.

FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 28 1932

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 1910, to Jan 28, 1932

I last saw her alive on Jan 28 1932 death is said to have occurred on the date stated above, at 4.30 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
Pulmonary tuberculosis (?)
(duration)

Date of onset

Other contributory causes of importance:
acute gastro enteritis
persistent vomiting

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.
(Address) 1014 S. Wolfe St.

0—M. & T.—200 B—50L.

E 76253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

85 E 76253

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3541 Fifth St. Brooklyn. ST. 25-75 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilton R. Sloman-

(a) RESIDENCE NO 3541 Fifth St. Brooklyn. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs 3 mos 10 ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, and year) October 20, 1906

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	25	3	10	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Grocery Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Alfred R. Sloman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada.

12 MAIDEN NAME OF MOTHER Babete Streckfus.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Edna Kelley. (sister)

(Address) 505 Annabelle Ave.

15 Filed , 192 G. HAMILTON JONES, M. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 30, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Epilepsy.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt Coroner, M. D.

1/30/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz Cemetery

DATE OF BURIAL Feb 1 1932

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E Eager

Co. 5-H 2000

HEALTH DEPARTMENT—CITY OF BALTIMORE

76254

CERTIFICATE OF DEATH

Registered No. 97 E 76254

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 643 S Pulaski St. 7-25 Ward

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds.

FULL NAME Luella E. Byers

(a) Residence: No. 643 S Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of James H. Byers

DATE OF BIRTH (month, day, year) Feb 12 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	46	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Martin

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen Boylan

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT James H. Byers (Address) 643 S Pulaski St

BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 7/1/1932

UNDERTAKER J. B. Wappaus (Address) 150 N Bethune St

FILED 1/29/32 Registrar. THOMAS H. JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month, day, year) 1/29/1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1932 to Jan 29 1932 last saw her alive on Jan 28 1932 death is said to have occurred on the date stated above, at 7:30 a m

The principal cause of death and related causes of importance were as follows: Bronchopneumonia, Influenza, Arteriosclerosis

Date of onset

Other contributory causes of importance: Pulmonary Oedema acute Dilatation

Name of operation Date of

What test confirmed diagnosis Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following. Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Horace D. Ketch M. D.

(Address) 2151 Druid Park Ave

0—M & T—100 B—50L.

E 76255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76255

REGISTERED NO. 90-69 82-006 L

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 214 Furrow (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Frederick Schmidt

(a) RESIDENCE NO. 2221 McHenry ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs 2 mos 17 ds (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov. 12th 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	71	2	17	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer — Retired

BIRTHPLACE (city or town) (State or country) — Baltimore Maryland

10 NAME OF FATHER — John Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) — Germany

12 MAIDEN NAME OF MOTHER — Clophia Engle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) — Germany

Informant — Miss Annie Schmidt

(Address) 2221 McHenry St.

Filed 1-31 1932 C. HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) suddenly yrs mos ds

CONTRIBUTORY (Secondary) (duration) yrs mos ds

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell, M. D. Coroner

1/30 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Loudon Park — DATE OF BURIAL Feb 2 1932

20 UNDERTAKER — H. B. Hipper — ADDRESS 1831 Light

Stockee

9—M & T.—100 B—50L

76256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 E 76256

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5726 Pimlico Road St. 27-55 WARD)

2-FULL NAME Laura Taylor Stocke

(a) RESIDENCE No. 5726 Pimlico Road WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of: Richard N. Stocke

7 DATE OF BIRTH (month, day, and year) [illegible]

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57		24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Sidney Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Ann Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: R. S. Stocke

(Address) 5726 Pimlico Road

15 Filed [illegible] 1932

3 1 1932

G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/28 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Right Breast

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Mowbray, M. D.
Coroner

1/30 1932 (Address) 3572 Reisterstown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore

DATE OF BURIAL: Feb 1 1932

20 UNDERTAKER: Rita Windefeld

ADDRESS 917 Gremont Ave

D. B. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

76257 93 E 76257.

Registered No. 15-58

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4154 Pimlico Road St., Ward)

(a) Residence: No. 4154 Pimlico Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME Jennie Kaplan

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Nathan Kaplan

6. DATE OF BIRTH (month, day, year) 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Abie Balke

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Ida —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Esther Picker

(Address) 4136 Pimlico Road

18. BURIAL, CREMATION, OR REMOVAL Place Mount Washington Rd Date 1/31, 1932

19. UNDERTAKER Sol Levinson & Bro

(Address) 127 E. Baltimore St

Filed 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1932 to Jan 30, 1932

I last saw h[illegible] alive on Jan 30, 1932. Death is said to have occurred on the date stated above, at 6:30 pm

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis — Date of onset

& Hypertension

Other contributory causes of importance:

Myocarditis

Edema of Lungs

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Esther Picker, M. D.

(Address) 4136 Pimlico Road

No. 5-01 250M

HEALTH DEPARTMENT CITY OF BALTIMORE

~~5-5258~~ 76258

CERTIFICATE OF DEATH

131 E 76258

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-10 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Emma Ball

(a) Residence: No. 2125 McCulloh St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Separated

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Zion Cemetery Date Jan 31 1932

19. UNDERTAKER Thomas E. Kelson
(Address) 1302 Pennsylvania Ave.

20. FILED ... H. HARRISON JONES, M. D. Registrar
May ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1932 to Jan 28, 1932

I last saw h[illegible] alive on Jan 28 1932 death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1929
Chronic interstitial nephritis	1931
Hypertension	1931
Cerebral hemorrhage	JAN 27 1932
Other contributory causes of importance: Uremia	JAN 27 1932

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) Johns Hopkins Hospital

Ca. 5-31-1909

HEALTH DEPARTMENT CITY OF BALTIMORE

6259

CERTIFICATE OF DEATH

Registered No. 93-E 6259

PLACE OF DEATH Baltimore City Hospitals St. 14-59 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME William H Harris

(a) Residence: No. 2216 Mc Culloh St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Widow ?

DATE OF BIRTH (month, day, year) March ?

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	77	10	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) St. Mary's Co Md

12. NAME Tom Harris
13. BIRTHPLACE (city or town) (State or country) St Mary's Co Md
14. MAIDEN NAME Jane Harris
15. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

INFORMANT Records of
(Address) Balto City Hosp.

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 1-31 1932

UNDERTAKER Chas. S. Cooper
(Address) 514 N. Calhoun St.

FILED ..... 19.. ..... Registrar

ST 1552

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9 1931 to Jan. 27 1932
I last saw h alive on Jan. 27 1932 death is said to have occurred on the date stated above, at 8:35 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	Unknown
Arteriosclerosis	
Myocarditis - chr	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. R. Thurston M. D.
(Address) Balto. City Hospitals

3-29-28—L. F. S.—500 Bks.

76260

HEALTH DEPARTMENT—CITY OF BALTIMORE

66-002

E 76260

CERTIFICATE OF DEATH

REGISTERED NO.

—PLACE OF DEATH

Y OF BALTIMORE: (No. 218 W. 27th St. ST. 12-56 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Frederick O. Mosner.

) RESIDENCE NO. 218 W. 27th St. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

th of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	white	married

married, widowed, or divorced
RESBAND of (or) WIFE of Bessie Mosner.

TE OF BIRTH (month, day, and year) April 2-1857

Years	Months	Days	If LESS than 1 day, hrs. or min.
57	9.	17.	

UPATION OF DECEASED

) Trade, profession or particular kind of work Barrel maker

) General nature of industry, business, or establishment in which employed (or employer) U.S. Wd. Bbl. Co.

) Name of employer

RTHPLACE (city or town) (State or country) Pennsylvania.

NAME OF FATHER John Mosner

BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

MAIDEN NAME OF MOTHER McCausland

BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

Informant Mrs Bessie Mosner

(Address) 218 W. 27th St

Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 29-32

17 I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1931, to January 29, 1932, that I last saw h alive on Jan. 28, 1932 and that death occurred, on the date stated above, at 12:05 A. m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

Mitral Regurgitation

Arteriosclerosis.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) yrs. 7 mos. 0 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos J a Stevens, M. D.

1-30, 1932 (Address) 3978 Sanford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

DATE OF BURIAL Feb 1 1932

20 UNDERTAKER Chas. L. Stevens

ADDRESS 1305 E Fort Av

No. 5-H 2M9

HEALTH DEPARTMENT CITY OF BALTIMORE

76261

CERTIFICATE OF DEATH

93-0 E 76261

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 331 S. Clinton St. 1-2 Ward)

gth of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

FULL NAME Doniata Vintz

(a) Residence: No. 331 S. Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 31 1919

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
12	2	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto And
13. NAME OF FATHER George Vintz
14. BIRTHPLACE (city or town) (State or country) South America Buenostres
15. MAIDEN NAME OF MOTHER Mary Vintz Gasperitti
16. BIRTHPLACE (city or town) (State or country) Italy
17. INFORMANT (Address) Frank Vintz 331 S Clinton
18. BURIAL, CREMATION, OR REMOVAL. Place Holy Redeemer Date Feb 1, 1932
19. UNDERTAKER (Address) Frank V. Sifetone 2161 Baltimore

FILED FEB 1 1932 C. HARRISON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-1-, 1931 to 1-27, 1932
I last saw h[illegible] alive on 1-27, 1932 death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart	
about one year ago.	

Other contributory causes of importance: Acute Cardiac Decompensation Acute Congestion

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address) [illegible]

Co. 5-11 2-28

HEALTH DEPARTMENT CITY OF BALTIMORE

76262

CERTIFICATE OF DEATH

X 139 L 76262

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. St Joseph Hospital Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs. Jennie Powers

(a) Residence: No. Cockeysville Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married.

If married, widowed, or divorced
HUSBAND of (or) WIFE of James Powers

DATE OF BIRTH (month day year) Feb 18 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Co Md
12. NAME Joseph Stah
14. BIRTHPLACE (city or town) (State or country) Balto Co Md
15. MAIDEN NAME Catherine Kropfe
16. BIRTHPLACE (city or town) (State or country) Harford Co Md
INFORMANT James Powers
(Address) Cockeysville
BURIAL, CREMATION, OR REMOVAL Date Feb 2 1932
UNDERTAKER W C Bosley
(Address) Sparks Md
FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) 1/30 1932

22. I HEREBY CERTIFY, That I attended deceased from January 10 1932 to January 30 1932

I last saw her alive on January 30 1932 at 8 50 P.M.

to have occurred on the date stated above, at death is said

The principal cause of death and related causes of importance were as follows:

Hypertrophic endometrium with secondary uterine hemorrhage — Date of onset ? 8 months duration

Other contributory causes of importance:

Broncho-Pneumonia — 36 hrs duration

Name of operation Curretage & uterus Date of 1/14/32
What test confirmed diagnosis? microscopic exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) St Joseph Hosp Bal

No. 5-11 2000

76263 HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

92E 76263

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1566 Carswell St. (Ward) 9-46

Length of residence in city or town where death occurred 64 yrs. — mos. 15 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME George J. Gorsuch

(a) Residence: No. 1566 Carswell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of Jeannette F. Gorsuch
(or WIFE of)

DATE OF BIRTH (month, day, year) Jan. 14 1868

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	64	—	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yeast firm
10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md
13. NAME Zachariah Gorsuch
14. BIRTHPLACE (city or town) (State or country) Balto. Md
15. MAIDEN NAME Ruth Virginia Hollen
16. BIRTHPLACE (city or town) (State or country) Balto. Md.
17. INFORMANT Mrs. Jeannette F. Gorsuch
(Address) 1566 Carswell St
18. BURIAL, CREMATION, OR REMOVAL Place Baltimore County. Date Feb. 1 1932
19. UNDERTAKER Henry Wreck Sons, Inc
(Address) 1301 E. Eager St
20. FILED FEB 1 1932 HARRISON JONES, M. D. 1941 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-6-, 1931 to 1-29, 1932

I last saw him alive on 1-29, 1932 death is said to have occurred on the date stated above, at 9.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/5/31
	11/27/32

Other contributory causes of importance:

Arteriosclerosis & hypertension — About 10 years
Chronic Nephritis & Uremia — Few days

Name of operation None Date of

What test confirmed diagnosis? Typical instance Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. B. Hubert, M. D.
(Address) 2802 Hartford Ave.

Spec. – 1-10-21 – M&T – 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

76264

CERTIFICATE OF DEATH. X 46 E 76264

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Howard A Kelly Hospital ST. (4-20 WARD)

2-FULL NAME Sybil Emeline Allen Hawkins

(a) RESIDENCE NO. Fayetteville, W. Va ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Edward B. Hawkins

7 DATE OF BIRTH (month, day, and year) Mar 8 - 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74		10	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: house wife 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charleston W. Va

PARENTS
10 NAME OF FATHER John Franklin Allen
11 BIRTHPLACE OF FATHER (city or town) (State or country) New York City (?)
12 MAIDEN NAME OF MOTHER Margaret E. Gilliland
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Charleston W Va

14 Informant (Address) Jane Hawkins (daughter) Fayetteville W Va

15 Filed 1932 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov 22 . 1929 . to Jan 31 . 1932 .
that I last saw h er alive on Jan 31 . 1932
and that death occurred, on the date stated above, at 10:51 a. m.
The CAUSE OF DEATH* was as follows:
Carcinoma of rectum
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (Secondary) respiratory + circulatory failure
(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ?
Did an operation precede death? yes Date of Jan 25, 1932
Was there an autopsy? no
What test confirmed diagnosis? biopsy
(Signed) Edward Kelly, M. D.
Jan 31, 1932 (Address) 1418 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fayetteville W. Va DATE OF BURIAL Feb 1 1932

20 UNDERTAKER Chas. S. Black 712 W. Northave ADDRESS

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76265

13 E 76265

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 117 Hooley St. 20-20 (Ward)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Caroline Sassaman

(a) Residence: No. 117 Hooley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Isaac L. Sassaman

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	73	—	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md. U.S.

13. NAME Mary Butler

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mary Byrne

16. BIRTHPLACE (city or town) (State or country) Conn.

INFORMANT Isaac Sassaman
(Address) 117 Hooley St.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 2-2-1932

UNDERTAKER
(Address) 19 E. Lafayette Ave.

FILED 1932 Feb 3 H. C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (month, day, year) Jan 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, to Jan 29, 1932
that I last saw h[illegible] alive on Jan 29 1932 death is said to have occurred on the date stated above, at 1210 m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Hypostatic pneumonia & Myocarditis	8/1/32
Nephritis chronic interstitial	8/1/32
Pneumonia Lobar.	1/23/32

(Other contributory causes of importance)

Name of operation No Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Eliot W Johnson, M. D.
(Address) 3432 Frederick Ave

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-801 E 76266

6266

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 Rockland Ave St., 7-13 Ward)

Length of residence in city or town where death occurred 54 yrs 5 mos 3 ds. How long in U.S. If of foreign birth? yrs mos ds.

FULL NAME Elizabeth Josefsheck

(a) Residence: No. 201 Rockland Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel Josefsheck

DATE OF BIRTH (month, day, year) Sept 26, 1877

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	54	5	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto

12. NAME August Sima

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Barbara Branicka

16. BIRTHPLACE (city or town) (State or country) Bohemia

INFORMANT Samuel Josefsheck
(Address) 201 Rockland Ave

BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Date Feb 1 1932

UNDERTAKER Frank Brack & Son
(Address) 1906 Eastern Ave

FILED ..... 19.. .....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 8. 1932 to Jan 29. 1932

I last saw her alive on Jan 29. 1932 death is said to have occurred on the date stated above, at 9.20 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 8.

Other contributory causes of importance:

Cardiac Paralysis

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Elba Wyand M. D.
(Address) 201 Rockland Ave

10—M. & T.—100 B—50L.

76267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

6-10

E 76267
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 217 N. Duncan ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary V. Griger

(a) RESIDENCE NO. 217 N. Duncan ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Isador Griger

DATE OF BIRTH (month, day, and year) Jan10/1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	0	19	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Kretone Krag Tabor
(State or country) Bohemia

10 NAME OF FATHER Frank Sachs

11 BIRTHPLACE OF FATHER (city or town) Bohemia
(State or country)

12 MAIDEN NAME OF MOTHER Veronika Vrgena

13 BIRTHPLACE OF MOTHER (city or town) Bohemia
(State or country)

14 Informant Frank Griger
(Address) 217 N. Duncan St

15 Filed Jan 30 1932 HARRY JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 A.M. Jan 29/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Cancer of Stomach

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] M. D.
(Coroner)

Jan 30/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Feb 1. 1932

20 UNDERTAKER Frank L Wachsmann — ADDRESS 1906 Eastern Ave

8-10-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

76268 — 159 — E 76268

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 481 Liberty Ho ST. — WARD)

2—FULL NAME Esther Jane Thursby

(a) RESIDENCE NO. 481 Liberty Ho ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1/30/32

AGE	Years	Months	Days	If LESS than 1 day 5 hrs. or 5 min.
	0	0	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER James E Thursby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Margaret Shillington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Husband

(Address) 481 Liberty Ho MD

Filed Feb 3 19 32 WCK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/30/32

17 I HEREBY CERTIFY, That I attended deceased from 1/30, 19 32, to 1/31, 19 32

that I last saw h alive on 1-31, 19 32

and that death occurred, on the date stated above, at 1 45 m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L J Resnick M. D.

. 19 (Address) 3711 W Fayette MD

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Feb 1 1932

20 UNDERTAKER: Henry W. Meamber — ADDRESS: 805 N Gaylord St.

Co. 5-31 2500

6269

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76269

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 38 S Falls Road St. 13-57 (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

FULL NAME Susan Catherine Grimes

(a) Residence: No. 38 S Falls Road St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of: James D Grimes

DATE OF BIRTH (month, day, year): Feb. 24 1846

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Md.

13. NAME OF FATHER: Wm Davis

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME OF MOTHER: Ford

16. BIRTHPLACE (city or town) (State or country): Harford Co Md

17. INFORMANT: Mrs Davis

(Address): 38 S Falls Road

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Date: Feb 2 1932

19. UNDERTAKER: D S Mansfield

(Address): 2134 Eutaw

FILED 1932 HARRY J. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/30/32

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to Jan 30 1932

I last saw h alive on Jan 30 1932 and death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	1/30/32

Other contributory causes of importance:

Senility

Name of operation: None Date of

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. F. Engleman M. D.

(Address) 370 Reed Pl

Spec.—1-10-21—MAT—1500 Blks

76270 . HEALTH DEPARTMENT—CITY OF BALTIMORE 21 E 76270 .

CERTIFICATE OF DEATH. Hospital

1-PLACE OF DEATH Franklin Square ST. 16-26 WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

2-FULL NAME Lillian Copper

(a) RESIDENCE NO. 840 Edmondson Ave. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)

Female Colored Married

6 If married, widowed, or divorced (or) WIFE of Earl Copper

DATE OF BIRTH (month, day, and year) July 11, 1877

AGE Years 54 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER William Ross

11 BIRTHPLACE OF FATHER (City or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Grace Handy

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Baltimore

14 Informant (Address) Earl Copper 840 Edmondson Ave

15 Filed 1932 . B. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-29 1932

17 I HEREBY CERTIFY, That I attended deceased from 1-21 1932 to 1-29 1932.

that I last saw alive on 1-29 1932

and that death occurred, on the date stated above, at 5.50 P. m.

The CAUSE OF DEATH* was as follows: Appendicitis Abscess

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) General paralysis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Private residence

Did an operation precede death? Yes Date of 1-26-32

Was there an autopsy? Yes

What test confirmed diagnosis? Operation - Autopsy

(Signed) E. W. Slade M. D.

. 19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery

DATE OF BURIAL Feb. 1, 1932

20 UNDERTAKER Wm. Katie R. Williams

ADDRESS 3224 Schroeder St.

No. S-H 2500

HEALTH DEPARTMENT — CITY OF BALTIMORE

E 76271 + 53 E 76271

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS Hospital St., 1 Ward)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME David Weber

(a) Residence: No. 2750 Howard St. St., Little Rock Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Maggie Adams

DATE OF BIRTH (month, day, year) April 25 1884

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	47	9	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Letter Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Louisiana

13. NAME Riley Weber

14. BIRTHPLACE (city or town) (State or country) Louisiana

15. MAIDEN NAME Edna Bradley

16. BIRTHPLACE (city or town) (State or country) Louisiana

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, REMOVAL [redacted] Date 2/1/32
Little Rock Arkansas

UNDERTAKER Geo. H. Holland
(Address) 1631 Druid Hill Ave

FILED 1932 C. HAMPSON JONES, M.D. Registrar

BY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1932, to Jan 31, 1932

I last saw him alive on Jan 31, 1932 death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, cerebral glioma	Dec, 1931

(Other contributory causes of importance:

Exploratory craniotomy	Jan 25, 1932

Name of operation Craniotomy Date of Jan 25

What test confirmed diagnosis Yes Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. B. Woodhall, M. D.

(Address) Johns Hopkins Hospital

Dr. Chas Balto v Edmondson Ave

76272 HEALTH DEPARTMENT CITY OF BALTIMORE 03

93 E 76272

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2648 Edmondson Ave 6-69 Ward)

gth of residence in city or town where death occurred Life yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

FULL NAME S. Florence Altman

(a) Residence: No. 2648 Edmondson Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND~~ (or) WIFE of Isaac T. Altman

DATE OF BIRTH (month, day, year) April 3rd 1860

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	71	9	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto
(State or country) Md.

12. NAME Charles Lusby

13. BIRTHPLACE (city or town) Balto
(State or country) Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Balto
(State or country) Md

INFORMANT Estelle F. Bowen

(Address) 2648 Edmondson Ave

17. BURIAL, CREMATION, OR REMOVAL
Greenmount Cemetery Date Feb 1st 1932

UNDERTAKER Wm Cook

(Address) 627 St Paul St

FILED 1932 C. CARLYON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1- 1931 to Jan 29- 1932

I last saw h alive on Jan 29 1932 death is said to have occurred on the date stated above, at 3:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	?
Hypertension	

Other contributory causes of importance:

Hypertension	4 mos

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify)

(Signed) Chas A Cain, M. D.

(Address) 2175 A Balto

No. 5-H 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76273

CERTIFICATE OF DEATH

12/E 76273

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. 15-64 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Oscar P. Pusey

(a) Residence: No. 3608 Winder Mill Rd Ward. Baltimore
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	Wht	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lena P. Pusey

DATE OF BIRTH (month, day, year) Sept. 4 1888

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	43	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bldg
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Snow Hill, Md.

13. NAME Washington P Pusey

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Nancy Ellen Riggin

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mr Lawrence L Pusey

(Address) 3608 Winston Mill Rd

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb. 1 1932

UNDERTAKER W. J. Tickner & Sons

(Address) Mount & Pennsa

FILED Feb 1 1932, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1932 to Jan. 30, 1932

I last saw him alive on Jan. 30, 1932 death is said to have occurred on the date stated above, at 5:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	Jan. 23

Other contributory causes of importance:

Paralytic Ileus	Jan. 27
Bronchopneumonia	" 28

Name of operation Laparotomy Date of Jan 26

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George H. Yeager, M. D.

1/30/32 (Address) University Hospital

E 76274

HEALTH DEPARTMENT — CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76274

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 540 Lambeth St. 17-24 WARD)

2 FULL NAME Dora Snook

(a) RESIDENCE NO. 540 Lamb St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	Colored	married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Monteith Snook

DATE OF BIRTH (month, day, and year) 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
47				

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Emory Snook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Olive

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Interment (Address) Randolph Chapel 540 Lambeth

15 Filed 1932. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/29/32

17
I HEREBY CERTIFY, That I attended deceased from 1/29/32, to 1/29/32, 19
that I last saw h[illegible] alive on 1/29/32, 19
and that death occurred, on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows:

Contusion Pressure Injury (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) 1/2 hour ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) H. Lee Pitts M. D.

1/31/32 (Address) 924 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	2-1-1932
20 UNDERTAKER	ADDRESS 916
Grant Carter	Pa Ave

[illegible] JONES, M. D.

Co. 4-31 2000

HEALTH DEPARTMENT CITY OF BALTIMORE

76275

CERTIFICATE OF DEATH

117-801

E 76275

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2418 Mc Culloh St. 13-59 Ward)

Length of residence in city or town where death occurred 10 yrs 1 mos ds. How long in U.S. If of foreign birth? yrs mos ds.

1. FULL NAME Ella Miller

(a) Residence: No. 2418 Mc Culloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Fred Miller

6. DATE OF BIRTH (month, day, year) 1869

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	62	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Young

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Charlotte Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hattie Young (sister)
(Address) 2418 Mc Culloh St.

18. BURIAL, CREMATION OR REMOVAL
Place Mt Auburn Cem Date Feb 1 1932

19. UNDERTAKER Adam J Easton
(Address) 916 E. 9. ave

FILED FEB 1 1932. D. [illegible] JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1932, to Jan 29, 1932

I last saw h e alive on Jan 24, 1932 death is said to have occurred on the date stated above, at 6.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Fracture neck of femur & Hemmorhage. (Internal)	Jan 29, 1932

Other contributory causes of importance: Hypertension, cerebral arteriosclerosis unknown

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. E. Young M. D.

(Address) 1429 E Monument St

0—M & T—100 B—501.

E 76276 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76276

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1114 M'Culloh St. 14-20 WARD)

2-FULL NAME Mattie Derricks

(a) RESIDENCE NO 1114 M'Culloh St. 14 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Abt 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
44	45	9	—	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore City Md.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mollie Thorpe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Lydia Bailey

(Address) 1114 M'Culloh St

15 Filed _____ 193 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) mos. ds.

CONTRIBUTORY (Secondary) Acute Rheumatism (duration) yrs. mos. 24 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) _____ M. D. Coroner

(Address) _____

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dist Auden Cem DATE OF BURIAL 2-1-1932

20 UNDERTAKER Dennis Eunbar ADDRESS 916 Pa ave

Co. 5-H 2908

HEALTH DEPARTMENT CITY OF BALTIMORE

6277. 76277.

CERTIFICATE OF DEATH

PLACE OF DEATH Baltimore City Hospitals (Tbc.) 17-24 Ward 23 V

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. St.

gth of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

FULL NAME Howard Johns

(a) Residence: No. 645 W. Lafayette ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie Johns

DATE OF BIRTH (month, day, year) Oct. 20, 1890

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	41	3	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME James Johns
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Lydia Banks
16. BIRTHPLACE (city or town) (State or country) Maryland
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Ct Date 2/1 1932
19. UNDERTAKER Isaiah A Bronstons
(Address) 1214 Montgomery Street
FILED FEB 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1931 to Jan. 27, 1932
I last saw him alive on Jan. 27, 1932 death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	April 1930

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) Lawrence L. Sessa, M. D.
(Address) Baltimore City Hospitals

Co. 5-31 2908

HEALTH DEPARTMENT CITY OF BALTIMORE

76278

CERTIFICATE OF DEATH

X 82 E 76278

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. University Hospital St. W-30 Ward)

gth of residence in city or town where death occurred yrs. mos. 4 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Ella Downs

(a) Residence: No. Barnetts Carroll Co. Md., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Link Downs

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Link Downs

(Address) Woodbine Md.

BURIAL, CREMATION, OR REMOVAL
Whites Lodge Md. Date Feb 3 1932

UNDERTAKER C. H. Waltz

(Address) Mayfield Md.

FILED Feb 1 1932 H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1932 to Jan 31 1932

I last saw her alive on Jan 31 1932 death is said to have occurred on the date stated above, at 10:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Chronic Interst Nephritis	1-15-32
Cardiac Arrest	1-30-32

Other contributory causes of importance:
Senility
Hypertension

Name of operation None Date of 1-30-32

What test confirmed diagnosis? Lab. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. H. Yeager M. D.

2-1-32 (Address) University Hospital

0—M & T—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

E 76279

REGISTERED NO. E 76279

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 6-10 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Gaphardt

(a) RESIDENCE No. 2526 Orleans ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mercerhan Gaphardt

DATE OF BIRTH (month, day, and year) Oct. 10 - 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	7	18	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Father
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (City or town) (State or country) Balto. Md.

10 NAME OF FATHER Geo. C. Gaphardt

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Frances A. McElwee

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Baltimore

14 Informant Norman S. Gaphardt (Address) 740 McElderry St

15 Filed 1932 19 H. M. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Edema of Lungs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Feller, M. D. Coroner

Jan. 29, 1932 (Address) 1529 Eutaw, Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL Feb 1 19 32

20 UNDERTAKER Chas. Lewis

ADDRESS Edmondson

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 76280

76280

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Hospital) (Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

FULL NAME Harry A Euler

(a) Residence: No. 2464 E Hoffman St. Balt. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Dena Euler

DATE OF BIRTH (month, day, year) Oct 7 1885

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. B & O. R.R. 13 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maintenance Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Ernest Euler

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Elizabeth Kirsch

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Dena Euler

(Address) 2464 E. Hoffman St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Feb 3 1932

19. UNDERTAKER Philip Herwig

(Address) 2014 Orleans St

20. FILED Feb 1 1932 C. HUNTER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1932 to Jan 31 1932

I last saw him alive on Jan 31 1932 death is said to have occurred on the date stated above, at 11:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4 days

Other contributory causes of importance:

Empyema	24 hrs
Influenza	1 wk.

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Montgomery Jones M. D.

(Address) 701 Eutaw St. Hospital Balt

No. 76281 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 76281

62

CERTIFICATE OF DEATH

PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 3-5 St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11½ mos. da. How long in U.S. If of foreign birth? yrs. mos. da.

FULL NAME George McKenney

(a) Residence: No. 2 S. Frederick St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) March 23, ?

AGE	Years	Months	Days	If LESS than 1 day hrs or m'n.
	60?	11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. out of work
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Owen McKenney
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Ellen McGowan
16. BIRTHPLACE (city or town) (State or country) Ireland
17. INFORMANT Records of
(Address) Balt. City Hosp.
18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date Feb 2 19 32
19. UNDERTAKER Chas. H. Grauerholz
(Address) 1701 Eutaw Pl.
20. FILED 1932 19 H. K. Pue
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1932 to Jan. 27, 1932
I last saw him alive on Jan 27, 1932 death is said to have occurred on the date stated above, at 5:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Pellagra	3 wks.

Other contributory causes of importance:
Alcoholism, chr
Contusion Scrotum

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas Grauerholz, M. D.
(Address) Balto. City Hosp.

E 76282

E 76282 60L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 N. Wolfe St. ST. 8-17 WARD)

2-FULL NAME William E. Wilburn.

(a) RESIDENCE NO ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widower.

6 If married, widowed, or divorced, HUSBAND of [illegible] Jesse R. Wilburn. //

DATE OF BIRTH (month, day, and year) July 6, 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	25	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Farmer. do
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

10 NAME OF FATHER: Francis H. Wilburn.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Mary Rollins.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

Informant: John F. Wilburn. (brother)

(Address) 1906 N. Wolfe St.

Filed FEB 1 1932 C. H. WILSON JONES, M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 31, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial dilatation of the heart.
Sprained hip, laceration of the scalp
Report of Coroner S.S.Spencer Of
Belair, Md (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Death not due to Automobile Accident (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hickory, Md. December 29, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquest.

(Signed) Otto M. Reinhardt Coroner, M. D.

2/1/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Crem. Mt. E. Cemetery — DATE OF BURIAL: Feb. 4 1932

20 UNDERTAKER: Friend's Funeral Home — ADDRESS: 1401 Eutaw St.

30—M. & T.—100 B—50L

76283

HEALTH DEPARTMENT—CITY OF BALTIMORE

118 E 76283

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1800 Ruxton ST. 14-20 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Berlin.

(a) RESIDENCE NO. 1800 Ruxton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Linda

7 DATE OF BIRTH (month, day, and year) 1856 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia.

10 NAME OF FATHER Nathan Berlin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Esther Krasnoe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Nathan Berlin

(Address) 1800 Ruxton

Filed ..... 192 ..... N. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 19 32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Error of diet

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

Signed [illegible] M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Riverdale	2-1 1932
20 UNDERTAKER Jack Levin Inc	ADDRESS 1417 E. Baltimore

Co. 5-01 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76284

CERTIFICATE OF DEATH

Registered No. E 76284

PLACE OF DEATH

CITY OF BALTIMORE: (No. 52-Morley Ave. St. 20-20 Ward) 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Maria A. Della Noce

(a) Residence: No. 52-Morley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Della Noce

DATE OF BIRTH (month, day year) 1/15/1866

AGE	Years	Months	Days	If LESS than 1 day hrs. (or) min.
	66	-	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

13. NAME Cettec Quintaliane

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Costanza (Unknown)

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Frank Della Noce

(Address) 52-Morley Ave.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 2/2/32 19

UNDERTAKER [illegible]

(Address) [illegible]

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day year) Jan. 29. 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1931, to Jan. 29, 1932

I last saw her alive on Jan 29, 1932 death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	Unknown

Other contributory causes of importance:

Chronic Intestinal Obstruction	12/30/31

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) S. A. Tammariello M. D.

(Address) 306 N. Greene St.

Co. 5-11 250M

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 E 76285

Registered No. 76285

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2900-Sylvan Ave St. 27-43 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. if of foreign birth? 20 yrs. mos. ds.

FULL NAME Mary A. Treuth

(a) Residence: No. 2900-Sylvan Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - ---

DATE OF BIRTH (month, day, year) 8/14/1849

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	5	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto.Co.Md.

13. NAME Ernest Treuth

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Hopp

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Hermine Berger

(Address) 2900-Sylvan Ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 2.2.32 19

UNDERTAKER

(Address)

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 28, 1932 to January 31, 1932

I last saw h.e alive on January 30 1932 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-28-32

Other contributory causes of importance:

Senile degeneration	1927

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased No. If so, specify

(Signed) Elbert F. Fingerald M. D.

(Address) 613 E. North Ave.

...—1-30—M. & T.—250 Blks.

E 76286 HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 76286

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No.) 705 N. Strieker ST. 16-22 (WARD)

2-FULL NAME Russell Wilson

(a) RESIDENCE NO. 705 N. Strieker ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

...gth of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

If married, widowed, or divorced (a) HUSBAND of or) WIFE of Carrie Wilson

ATE OF BIRTH (month, day, and year) Dec 11th 1910

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	1	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Pressing Shop

(c) Name of employer —

IRTHPLACE (city or town) (State or country) Fairmont W. Va

10 NAME OF FATHER Samuel Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Anna Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant (Address) Anna Wilson 705 N. Strieker st

Filed ... 19 ... HAMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29th 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 17th 1932, to Jan 29th 1932, that I last saw him alive on Jan 28th 1932, and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(duration) — yrs. 2 mos — ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Typical.

(Signed) Harry F. Brown, M. D.

1/31 1932 (Address) 1916 Penna ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery — DATE OF BURIAL Feb 1 1932

20 UNDERTAKER Thomas E. Kelson — ADDRESS 1303 Eastman St

0—M. & T.—100 B—50L

E 76287

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76287

CERTIFICATE OF DEATH

REGISTERED NO. 164-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~1805 E. Biddle~~ ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Frank Phillips

(a) RESIDENCE NO 1727 N. Washington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Ida E. (nee Kline)

DATE OF BIRTH (month, day, and year) Sept. 13/1883

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	48	4	17	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Soft Drink Manufacturer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Frank Phillips

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anetta Blaney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

PARENTS

14 Informant Mrs Ida E. Phillips
(Address) 1727 N. Washington

15 Filed 1932 C. HAMPTON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-30 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminatin Gas Poisoning
Probably Suicide- Detached hose from Gas heater.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D. Coroner

(Address) 508 E. North Ave

Feb 1/32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery DATE OF BURIAL Feb. 2 1932

20 UNDERTAKER Henry F. Curtis ADDRESS 4101 Edmondson Ave

...—9-30—A. S. Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76288 E 76288

CERTIFICATE OF DEATH

131

1 PLACE OF DEATH Russia Hospital

CITY OF BALTIMORE: (No) E. Monument 2d St 8-16 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Isaac Jacobson.

(a) RESIDENCE No. 1202 E. North Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Caroline Jacobson

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	93			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Gabel Jacobson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Gittle —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Interment Forest Lawn
(Address)

15 Filed 1932 19 H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB. 1 1932

17

I HEREBY CERTIFY, That I attended deceased from JAN. 27, 1932 to FEB 1, 1932

that I last saw him alive on FEB 1, 1932

and that death occurred, on the date stated above, at 8 15 A m.

The CAUSE OF DEATH* was as follows:

Hypertrophic Prostate (Surgical)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1-27-32

Was there an autopsy? Yes

What test confirmed diagnosis? Surgical Findings

(Signed) J. E. Goodman M. D.

, 19 (Address) Russia Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New York, N. Y.	2-1-1932
20 UNDERTAKER	ADDRESS
Jack Levin, Inc.	1731 E Balt

Co. 5-31 2500

76289 HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 L 76289

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1035 W. Lombard St. (18-24) (Ward)

Length of residence in city or town where death occurred 27 yrs 9 mos 15 ds How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Clara A Bruckner

(a) Residence: No. 1035 W. Lombard St. Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mark A Bruckner

DATE OF BIRTH (month, day, year) Apr 16, 1904

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	27	9	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Robt B Dickman

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

15. MAIDEN NAME Mary A Randall

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr Mark A Bruckner

(Address) 1035 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL.

Place New Cathedral Date 2/3/ 1932

19. UNDERTAKER Chas J Conway & Co

(Address) 421 N Eutaw St.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1931 to Jan 31, 1932

I last saw h[illegible] alive on Jan 30 1932 death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	Dec 9 1931

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) 720 N. Howard

Co. 5-41 1968

HEALTH DEPARTMENT CITY OF BALTIMORE

76290 — CERTIFICATE OF DEATH — 46 L 76290

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3118 Baker St. St. 16-67 Ward) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Conway Sanford,

(a) Residence: No. 3118 Baker St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nannie Lee Ball,

DATE OF BIRTH (month, day, year) Nov. 2. 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	2	29 19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kinsella Va.
13. NAME Robert J. Sanford.
14. BIRTHPLACE (city or town) (State or country) Virginia
15. MAIDEN NAME Ellen Bailey.
16. BIRTHPLACE (city or town) (State or country) Virginia
17. INFORMANT Mrs. Nannie Lee Ball
(Address) 3118 Baker St.
18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date FEB 4 1932 19
19. UNDERTAKER Leo N. Little
(Address) 2700 Edmondson Ave.
20. FILED FEB 1 1932 H. W. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 19[illegible] to Feb 1st 1932
I last saw him alive on January 31 1932 death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal Cancer	Probably July 1931
Cause of Cancer	
Other contributory causes of importance: None	

Name of operation: None Tonsil & Blood Date
What test confirmed diagnosis? Tonsil Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No to supply

(Signed) Chas Fox M. D.
(Address) Eye & Throat

Spec—12-23-21—E.B.R.S.—400 Bks

E 76291

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76291

CERTIFICATE OF DEATH.

Registered No. 186-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 2909 Halcyon Ave Sq. 27-44 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah J. Kirby

(a) Residence No. 2909 Halcyon St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of Thomas H. Kirby

7-DATE OF BIRTH (month, day and year) Jan. 7-1846

8-AGE 84 yrs. mos. 22 ds. If LESS than 1 day, hrs. or min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer

10-BIRTHPLACE (city or town) (State or Country). Balto. Md.

10-NAME OF FATHER. Soloman Horney

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto. Md.

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto. Md.

14-Informant Mrs. Laura Black

(Address) 2909 Halcyon Ave.

15-Filed JAN 31 1932 HAMPSON JONES, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 29-1932

17- I HEREBY CERTIFY, That I attended deceased from Jan. 3 1932 to Jan. 29 1932

that I last saw h-er alive on Jan. 29 1932

and that death occurred, on the date stated above, at 7.45 p m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage, result of fall.

(Duration) — yrs. — mos. 16 ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edward Mac, M. D.

, 19 (Address) Med. Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Gem. DATE OF BURIAL 2/1, 19 32

20-UNDERTAKER Jos. F. Valentine ADDRESS 2326 Aisquith St.

ACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

76292

CERTIFICATE OF DEATH

+ / E 76292

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. H 30 Ward)

Length of residence in city or town where death occurred yrs ! mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME John Melvin Hannon

(a) Residence: No. Smithsville St., Ward. Anne Arundel Co, Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan 15, 1897

AGE	Years	Months	Days	If LESS than 1 day hrs or min
	34	9	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Anne Arundel Co, Md
(State or country)

13. NAME John W Hannon

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Katie Parker

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Mrs John W Hannon
(Address) Smithsville, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Bates Chapel Date Feb 14 1932

19. UNDERTAKER C. M. C. Burdette & Son
(Address) Annapolis, Md

FILED 1932 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1931, to Feb 1, 1932

I last saw him alive on Feb 1 1932 death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Dec 25
Bronchitis	
Other contributory causes of importance: Typhoid fever	Jan. 7, 32
Epidural abscess	
Intoxication	

Name of operation Trephining Date of Feb. 30

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Typhoid.

(Signed) Emil C. Hildebrand, M. D.
(Address) University Hospital

Co. 5-31 2508

E 76293

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76293

CERTIFICATE OF DEATH

PLACE OF DEATH Jenkins Memorial Hospital. 70-75

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1417 Eutaw Avenue St. ..... Ward)

gth of residence in city or town where death occurred ..... yrs ..... mos 14 da. How long in U.S. If of foreign birth? ..... yrs ..... mos ..... da.

FULL NAME (Mrs. Elizabeth Marie Hyacker

(a) Residence: No. 1726 N. H. N. W. St., ... Ward. Washington D.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 16, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55 years	11	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ill.

12. NAME Jones Lee

14. BIRTHPLACE (city or town) (State or country) Mississippi

15. MAIDEN NAME Mary Lee

16. BIRTHPLACE (city or town) (State or country) Redwood Miss.

INFORMANT Jenkins Memorial Hospital
(Address) 1417 Eutaw Ave.

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Dec. 2 1932

UNDERTAKER Martin Tapp Town
(Address) 1307 E. Madison St.

FILED DEC 2 1932 19.....
C. HARRISON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1st 1931 to Jan. 30 1932

I last saw her alive on Jan 12 1932 death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinomatosis from Carcinoma of R. breast and Axillary glands — Date of onset Dec 1930

Other contributory causes of importance:

Name of operation Breast amputation Date of Dec 1930

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Isaac Fowler M. D.

(Address) 1417 Eutaw Hospital

rec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76294

92-001

76294

CERTIFICATE OF DEATH.

REGISTERED NO. 338

1-PLACE OF DEATH

CITY OF BALTIMORE: (If death occurred in a hospital or institution, give its NAME instead of street and number.) No. 1116 W Saratoga ST. 18-26 WARD

2-FULL NAME Katherine Theresa Valentine

(a) RESIDENCE No. 1116 W Saratoga ST., WARD

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Frank Valentine.

7 DATE OF BIRTH (month, day, and year): Jan 29th 1857

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	..	0	3	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

10 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry Rosendal

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs. Wm. J. Goodwin 1116 W. Saratoga st

15 Filed 1932. 19 C. HARRISON JONES, M. D. Registrar

Mar — NDA.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 1st 1932

17 I HEREBY CERTIFY, That I attended deceased from July 2nd 1931. to Feb 1st 1932.

that I last saw her alive on Jan 31st 1932.

and that death occurred, on the date stated above, at 12.25 a m.

The CAUSE OF DEATH* was as follows:

Endocarditis chronic

(duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Decompensation

(duration) yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W Garrison Marks M. D.

2/1 1932 (Address) 422-25 Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Feb. 3 1932

20 UNDERTAKER: Henry W. Meaverson.

ADDRESS: 845 N. Calvert St.

...—1 30—M. & T.—250 Bks.

6295 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76295

CERTIFICATE OF DEATH. 45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 W Pratt ST., 14-29 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Thomas Roche

(a) RESIDENCE NO. 1303 W Pratt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of or) WIFE of: Nellie Duffy Roche

DATE OF BIRTH (month, day, and year): June 6 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Richmond, Va

10 NAME OF FATHER: Michael Roche

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Hanna Coffey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

Informant (Address): Mrs Nellie Roche 1303 W. Pratt St.

Filed ... 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/30/32

17 I HEREBY CERTIFY, That I attended deceased from 11/25 1931 to 1/30 1932, that I last saw h[illegible] alive on 1/30 1932, and that death occurred, on the date stated above, at 11 30 P.M.

The CAUSE OF DEATH* was as follows: Carcinoma of tonsil (left)

(duration) 2½ yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam

(Signed) Thos. E. Stacy Jr. M. D.

1932 (Address) 40 S Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Richmond Va

DATE OF BURIAL: Feb 1 1932

20 UNDERTAKER: Maguire & Lynn

ADDRESS: 1122 Light St.

aCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

76296

23 E 76296

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Abc.)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ..... St. ..... Ward)

ngth of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Burley Chandler

(a) Residence: No. 320 S. Spring st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	39			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia
13. NAME John Chandler
14. BIRTHPLACE (city or town) (State or country) Virginia
15. MAIDEN NAME Lizzie Dean
16. BIRTHPLACE (city or town) (State or country) Virginia
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 19
19. UNDERTAKER
(Address)
20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1931 to Jan. 27, 1932

I last saw him alive on Jan. 27 1932 death is said to have occurred on the date stated above, at 7.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1½ yrs.

(Other contributory causes of importance)
Unknown

Name of operation ..... Date of ..
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Laurence B. Sena. M. D.
(Address) Baltimore City Hospitals

JOHNS HOPKINS HOSPITAL - 1932

Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

76297

CERTIFICATE OF DEATH

23 E 76297

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Baltimore City Hospitals (tbc.)

TY OF BALTIMORE: (No. 22-31 St.... Ward)

gth of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

FULL NAME Harrison Walker

(a) Residence: No. 916 Peach Alley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Aug. 1, 1901

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
30	5	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) Washington
(State or country) D.C.

13. NAME Thomas Walker
14. BIRTHPLACE (city or town) (State or country) West Virginia
15. MAIDEN NAME Margie Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19
19. UNDERTAKER
(Address)
20. FILED ... 19 ... Registrar

1932 C. HAMPSON JONES M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1931, to Jan. 26, 1932
I last saw him alive on Jan. 26 1932 death is said to have occurred on the date stated above, at 12 mid night

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Dec. 1930
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Lawrence K. Sens, M. D.
(Address) Baltimore City Hospitals

JOHNS HOPKINS HOSPITAL FEB 1 1932

Co. 5-11 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

76298 E 76298

CERTIFICATE OF DEATH

PLACE OF DEATH Baltimore City Hospitals (Tbc.) St. [illegible] Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. .....

gth of residence in city or town where death occurred ... yrs. 5 mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Stalkakis Dimetrion

(a) Residence: No. Wierton, W. Va. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Sept. 12, 1883

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	48	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Halkie Island

12. NAME Dimetrion Stalkakis

14. BIRTHPLACE (city or town) (State or country) Halkie Island

15. MAIDEN NAME Hariclia Deacon

16. BIRTHPLACE (city or town) (State or country) Halkie Island

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place ..... Date DEC 1 1932 19

UNDERTAKER
(Address) 1932 C. HARRISON JONES, M. D.

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1931 to Jan. 29, 1932
I last saw h im alive on Jan. 29 1932 death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	June 1930
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Laurence L. Seng M. D.
(Address) Baltimore City Hospitals

(Matilda R. Sherwood) 62-001 ✓

2-29-28—L. F. S.—500 Blks.

76299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76299

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—PLACE OF DEATH

TY OF BALTIMORE: (No.) 2904 Calvert St. 12-50 (WARD)

2—FULL NAME, Matilda Rosetta Sherwood

(a) RESIDENCE NO. 2904 E. Calvert St. WARD
(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Widowed

married, widowed, or divorced HUSBAND of (or) WIFE of Wm Francis Sherwood

ATE OF BIRTH (month, day, and year) May 1 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	9		

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): " " 037

(c) Name of employer: —

IRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: James Goodwin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary A Kirkwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto.

Informant: Marguerite Sherwood

(Address) 2904 Calvert St.

Filed [illegible] 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 1 1932

17 I HEREBY CERTIFY, that I attended deceased from Jan 27, 1932, to Feb 1, 1932, that I last saw h[illegible] alive on Jan 31, 1932, and that death occurred, on the date stated above, at 5:45 A m.

The CAUSE OF DEATH* was as follows:

Paralysis.
Hemorrhage of Brain

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) High Blood Pressure Contributing to Cause of Death

(Duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) T. A Hearn M. D.

2/1, 1932 (Address) 3909 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Feb 3 1932

20 UNDERTAKER: Stuhlmeyer & Son — ADDRESS: 1911 Monument

76300 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76300

CERTIFICATE OF DEATH

1 PLACE OF DEATH Balto City Hospl 34

CITY OF BALTIMORE: (No Balto Md St 3-4 Ward)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Herman Ursula

(a) RESIDENCE No 850 S Bond St St. Ward
(Usual place of abode) Baltimore
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Records
(Address)

C. HAMPSON JONES, M. D.

Filed 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/30/32

17

I HEREBY CERTIFY, That I attended deceased from 2-5-, 19 30, to 1-30-, 19 32

That I last saw her alive on 1-24-, 19 32

and that death occurred, on the date stated above, at 6.50 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Psychosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Wm. F. Ashbury M. D.

1932 (Address) Baltimore City Hospls

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
W. Laurel Cem	Feb. 2nd 1932
UNDERTAKER	ADDRESS
John C. Miller	2435 E. Oliver

10—M A T—100 B—501.

E 76301

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76301

CERTIFICATE OF DEATH

11-24 12 10-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1106 N.Eutaw St. (St.) (Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME Mary Alice Thomas.

(a) RESIDENCE NO 1106 N.Eutaw St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. ; ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, and year) October 12, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	18	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

PARENTS

10 NAME OF FATHER Francis J.Thomas.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Susie Rooker.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Edna Springer. (niece)

(Address) 938 Bentalou St.

15 Filed 2 1932 16 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 30, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest. (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the heart. Shock. having been struck and knocked down by an automobile while crossing the street (duration) yrs. mos da

CONTRIBUTORY (Secondary) Accidental Death (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Fosher & Jiffany Ct. January 18, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquest.

(Signed) [illegible] M. D. Coroner

2/1/32 (Address) 017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL Feb 2 1932

20 UNDERTAKER John E Franck

ADDRESS 801 Madison Ave

Reg. Cit 1908

HEALTH DEPARTMENT CITY OF BALTIMORE E 76302

CERTIFICATE OF DEATH

E 76302

Registered No. 47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2340 Edmondson Ave. St.) 16-70 (Ward)

Length of residence in city or town where death occurred 70 yrs. 0 mos. 4 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

1. FULL NAME Carrie A. Betz

(a) Residence: No. 2340 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Henry Betz

7. DATE OF BIRTH (month, day, year) Jan. 27 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	0	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME Chas. Felix Seebode

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Annie French

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Leona M. Betz

(Address) 2340 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Feb 2 1932

19. UNDERTAKER John F. Denny

(Address) 1525 Light St.

20. FILED 1932 C. Hampton JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1932, to Jan 31 1932

I last saw h.. alive on Jan 30 1932 death is said to have occurred on the date stated above, at 0 4 m.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Pulmonary Edema	Jan 31 32
Hypertrophy of heart	
of many years.	

Other contributory causes of importance:

Senile Cancer and Chronic Nephritis of many years

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Hampton Jones M. D.

(Address) 2332 Edmondson Ave.

Spec. 7-17-34—A Co.—250 Blks.

E 76303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-803 E 76303

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1103 Madison Ave St. 11-24 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis A Roberts

(a) RESIDENCE NO. 1103 Madison Ave St. 17 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Celia Roberts

6 DATE OF BIRTH (month, day, and year): Oct — 1847

7 AGE: Years 84 Months 4 Days 3

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Augustus Roberts

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Gladie Williams

(Address): Essex Md

15 Filed 1932 C. HAMILTON JONES, M. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 30-1932

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1932, to January 30, 1932, that I last saw h alive on January 30, 1932, and that death occurred, on the date stated above, at 2 22 m.

The CAUSE OF DEATH* was as follows:

Uremic Hyperacidity

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas F Coulter M. D.

Jan 30 1932 (Address) 3013 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

Date of Burial Feb 2 1932

UNDERTAKER: Jos Geo. E. Lloyd

ADDRESS 1631 D-St

Co. 4-D 1929

HEALTH DEPARTMENT CITY OF BALTIMORE

34 E 76304

CERTIFICATE OF DEATH

76304

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-43 Ward)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Nelson C Kratz

(a) Residence: No. 2703 Latona Rd., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Kratz

DATE OF BIRTH (month, day, year) Nov. 14, 1883

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	48	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Bandmaster
10. Date deceased last worked at this occupation (month and year) Jan. 1932
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Peter Kratz

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Mary Nelson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Catherine C Kratz
(Address) 2703 Latona Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1932, to Feb. 1, 1932

I last saw him alive on Feb. 1 1932 death is said to have occurred on the date stated above, at 5 58 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Fibrinous pericarditis with pericardial effusion	?
Cardiac vascular Lues	2 yrs. (?)
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Wassermann Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. Karl Grossman, M. D.

(Address) Mercy Hospital

Co. S-31 2M-P

76305 HEALTH DEPARTMENT CITY OF BALTIMORE

256621

CERTIFICATE OF DEATH

13-59 134 E 76305

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., ... Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Frank Simon

(a) Residence: No. Esplanade Apts St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha

DATE OF BIRTH (month, day, year) May-21-1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ill

13. NAME Moses Simon

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Pauline Dreyfuspiel

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) Records JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Balt Hebr. Cem. Date Feb 2 1932

UNDERTAKER David Sondheim & Son

(Address) 1902 Eutaw Place

FILED Feb 2 1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan-12 1932 to Jan 31 1932

I last saw him alive on Jan 31 1932 death is said to have occurred on the date stated above, at 7.10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyonephrosis (Rt.)	
Hydronephrosis (Left)	
Ureteral Stones (Right)	

Other contributory causes of importance: Uremia prior to Jan 15 1932

Name of operation Nephrotomy Date of Jan. 29 1932

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Hebber Young M. D.

(Address) Johns Hopkins Hosp.

H. D. B. 1205-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76306

CERTIFICATE OF DEATH

23 E 76306

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 S Bouldin St St., 26 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert J Vorsteg

(a) Residence: No. 125 S Bouldin St St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs Robert Vorsteg

7. DATE OF BIRTH (month, day, year) April 2 1894

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	9	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Veteran of the

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. World War.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Harman Vorsteg

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Anna Wolferman

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Robert Vorsteg (wife)
(Address) 125 S Bouldin St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 2/2/32 19

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 403 S Wolfe St

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1914 to Jan 30 1932

I last saw him alive on Jan 30 1932 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Pulmonary Tuberculosis

Date of onset
July 1914

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hermann J Grening M. D.

(Address) 1400 Eastern Ave.

76307 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76307

CERTIFICATE OF DEATH.

92-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2212 Penna Av ST. 14 WARD 59

REGISTERED NO. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lottie Wright

(a) RESIDENCE NO. 2212 Penna Av ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced. (write the word): Widowed

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Dec 1842

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
89	90	1		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Centreville Md

PARENTS

10 NAME OF FATHER: unk

11 BIRTHPLACE OF FATHER (city or town) (State or country): unk

12 MAIDEN NAME OF MOTHER: unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unk

14 Informant: Sarah Wright
(Address) 2212 Penna Ave

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-31-1932

17 I HEREBY CERTIFY, That I attended deceased from 1-30 .1932. to 1-31 .1932.
that I last saw h[illegible] alive on 1-30 .1932.
and that death occurred, on the date stated above, at 1.30 a m.
The CAUSE OF DEATH* was as follows:
Terminal Bronchopneumonia.
Chronic Valvular Heart Disease (duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Senility (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) H. Jackson M. D.
1/2/1932 (Address) 1000 Arlington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Feb 2 1932

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 833 Pressman St

[illegible] HAMILTON JONES, M. D.
2 1932

...ec.—9-30—A. & Co.—250 Blks

76308 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 82-603 76308

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 943 Mt A ave 11-24 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thos. Rowsford

(a) RESIDENCE NO. 943 Mt A ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	W	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Rowsford

DATE OF BIRTH (month, day, and year) 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cotton Mill

(b) General nature of industry, business, or establishment in which employed (or employer) Steamship

(c) Name of employer Bellhaven

BIRTHPLACE (city or town) (State or country) N.C.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

Informant Ida Rowsford
(Address) 943 Mt Ave

Filed FEB 2 1932 HARRY JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/30/32

17
I HEREBY CERTIFY, That I attended deceased from 1920, 19 , to 1/30/32

That I last saw h alive on 1/29/32

and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

a Arteriosclerosis
b Coronary Disease
c
d

Duration: a yrs. mos. ds.

CONTRIBUTORY (Secondary) ... Duration: yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Hartsworth

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and

(Signed) A. Lee Ker M. D.

(Address) 624 Preston

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Feb 2 1932

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pleasant St

...—9-30—A. & Co.—250 Blks.

76309 HEALTH DEPARTMENT—CITY OF BALTIMORE 76309

CERTIFICATE OF DEATH.

11-002

1-PLACE OF DEATH

CITY OF BALTIMORE. (No 1906 Ethrig ST. 14-20 WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emma Watt, Alice Gaither

(a) RESIDENCE NO 1906 Ethrig ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Gaither

DATE OF BIRTH (month, day, and year) 88 V

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
47	46			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mrs. Sarah

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) James Gaither Sr 1906 Ethrig St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/25/32

17
I HEREBY CERTIFY, That I attended deceased from May 31 to 1/25/32
that I last saw her alive on 1/24/32
and that death occurred, on the date stated above, at 1:30 P.M.
The CAUSE OF DEATH* was as follows:

Influenza Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. 1 mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. Lee Tho M. D.

(Address) 622 North

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Feb 3 1932

20 UNDERTAKER Thomas E. Kelson — ADDRESS 1303 Pressman St

30—M. & T.—100 B—50L

E 76310

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76310

CERTIFICATE OF DEATH

REGISTERED NO. 181

1.-PLACE OF DEATH
CITY OF BALTIMORE, MD. Providence Hospital ST. 18-26 WARD)
2.-FULL NAME Edward Williams
(a) RESIDENCE NO. 1045 W Lexington ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 8 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	3	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Atlantic City N J
(State or country)

PARENTS

10 NAME OF FATHER Isaac G Williams
11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)
12 MAIDEN NAME OF MOTHER Georgia Mitchell
13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Sarah Williams
(Address) 1045 W. Lexington

15 Filed Feb 2 1932 H. [illegible] JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) January 28th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH was as follows:* 1st Degree burns.

CONTRIBUTORY (Secondary) Gas stove. (duration) yrs. mos 1 da.

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) [illegible] Coroner, M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Feb. 2, 1932

20 UNDERTAKER Mrs Katie R Williams

ADDRESS 3224 Edmondson st.

...—9-30—A. & Co.—250 Blks

76311 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76311

CERTIFICATE OF DEATH

46 V

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 625 S Wolfe st. St 2-4 WARD)

2 FULL NAME Veronica Novak.

(a) RESIDENCE NO. 625 S Wolfe st. ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White	married.

6 If married, widowed, or divorced
HUSBAND of
WIFE of Stanislaw Novak

DATE OF BIRTH (month, day, and year) 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home. Work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland.

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

Informant (Address) Stanislaw Novak 625 S Wolfe street

Filed 1932. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/1/32.

17

I HEREBY CERTIFY, That I attended deceased from Jan 15 1932 to Jan 31 1932

that I last saw her alive on Jan 31 1932

and that death occurred on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gross & Microscopic

(Signed) M. D.

(Address) 600 North Wolfe St.

*Insert the Disease Causing Death, or the deaths Resulting from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cemetery	Feb 4 1932.
20 UNDERTAKER	ADDRESS
George A. Weber	708 S Ann st

Co. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 76312

CERTIFICATE OF DEATH

76312

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1732-Patapsco Street St. 23-3d Ward)

gth of residence in city or town where death occurred 30 yrs mos ds How long in U.S. If of foreign birth 30 yrs mos ds

FULL NAME Giacomo Scalia

(a) Residence: No. 1732-Patapsco Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Santa (Balsamo)

DATE OF BIRTH (month day year) 11/15/1879

AGE Years	Months	Days	If LESS than 1 day hrs. min.
52	2	15	xxxx

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Dealer
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fruits
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

12. NAME Augustina Scalia

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Saveria Carzetta

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT S. Balsamo
(Address) 1139-Hollins Street

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 2/3/32 19

UNDERTAKER [illegible]
(Address) [illegible]

FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) 1-30 1932

22. I HEREBY CERTIFY, That I attended deceased from 1926 to 1-30 1932

I last saw h[illegible] alive on 1-29 1932 death is said to have occurred on the date stated above, at 6.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	about 5 years ago.
Arteriosclerosis & potential cardiac involvement.	
Cardio sclerosis.	
Interstitial nephritis.	
Other contributory causes of importance: Cardiac failure hypostatic pneumonia	about 6 mo.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) ... M. D.

(Address) [illegible]

ec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76313

E 76313

CERTIFICATE OF DEATH

51V

1 PLACE OF DEATH (a) CITY OF BALTIMORE: (No.) Sinai Hospital ST. 15-65 WARD

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Clarence H. Askar

(a) RESIDENCE NO. 2806 Loudon Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Emma F. Askar

DATE OF BIRTH (month, day, and year) Nov 8, 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	2	14	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Yard Conductor Asst
(b) General nature of industry, business, or establishment in which employed (or employer) B & O R.R.
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Cuyahoga Ohio.

10 NAME OF FATHER John Askar

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio.

12 MAIDEN NAME OF MOTHER Hattie Boggs.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio.

14 Informant Mrs Emma F. Askar
(Address) 2806 Loudon Ave.

15 Filed 1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4 Feb 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1932, to Feb 4, 1932

That I last saw h[illegible] alive on Feb 4, 1932

and that death occurred, on the date stated above, at 6 [illegible] P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder
Metastasis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1/24/32

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical ?

(Signed) J. E. Zachariae M. D.

19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL Feb 4 1932

20 UNDERTAKER Wm. Tackner & Sons ADDRESS Northern

Co. 4-31-1928

7284 HEALTH DEPARTMENT CITY OF BALTIMORE

E 76314

CERTIFICATE OF DEATH

115-001 E 76314

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1[illegible]8 21 St. 6-10 Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

FULL NAME Joseph Sustek

(a) Residence: No. 2402 E Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 23-1927

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	3 1/2	7	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md -

12. NAME Joseph Sestek

14. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

15. MAIDEN NAME Margaret Hughes

16. BIRTHPLACE (city or town) (State or country) Md --

INFORMANT [illegible]
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 3 1932

UNDERTAKER M. H. E. Dippel Inc
(Address) 37 Paul St.

FILED Feb 1 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1932, to Jan 31, 1932

I last saw him alive on Jan 31 1932 death is said to have occurred on the date stated above, at 7:15 p m.

The principal cause of death and related causes of importance were as follows:

Acute Tonsillitis — Date of onset 1-22-32

Other contributory causes of importance:

Acute Pharyngitis — 1-22-32
" Bronchial adenitis — 1-22-32
Septicemia — 1-30-32

Name of operation Tracheotomy Date of 1-31-32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. E. Anderson M. D.

(Address) Johns Hopkins Hospital

Co. 1-31-1930

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76315 — CERTIFICATE OF DEATH — 24 E 76315

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 10-1st Ward)

Length of residence in city or town where death occurred yrs / mos ds How long in U S. If of foreign birth? yrs mos ds

2. FULL NAME Roosevelt King

(a) Residence: No. 1004 E Monument St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr-19-1925

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	6	9	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Fletcher King

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Rachel Mathews

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Record

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Osborn Cem Date Feb 2 1932

19. UNDERTAKER Chas. D. Thomson

(Address) 1 W. Saratoga St.

20. FILED FEB 2 1932 H. Wyatt Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1932 to Jan 31, 1932

I last saw him alive on Jan 31 1932 death is said to have occurred on the date stated above, at 1:35 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	Dec 25 (?)

Other contributory causes of importance:

Name of operation Extraction, Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Wyatt Jones, M. D.

(Address) Johns Hopkins Hosp

Cs. 4 (1) 1930

E 76316 [illegible] DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76316

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

TY OF BALTIMORE: (No. ..... St. 5-E (Ward) 71-09

gth of residence in city or town where death occurred ..... yrs ..... mos ..... ds How long in U.S. If of foreign birth? ..... yrs ..... mos ..... ds

FULL NAME Dorothy Hamilton

(a) Residence: No. 517 Fairmount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	—

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Sept. 6 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	6	5	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Md.

12. NAME Jerusa Watson (Dec'd)

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mildred Hamilton

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT [illegible] Parents dec.
(Address)

BURIAL, CREMATION, OR REMOVAL. Place Eastern Cem. Date 2/6 3 1932

UNDERTAKER Chas. H. Limans & Co.
(Address) 1116 N. Caroline St.

FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-30, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-20-, 1932, to 1-30, 1932

I last saw h[illegible] alive on 1-30, 1932 death is said to have occurred on the date stated above, at 10:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	10-11-30
Myocardial failure	10-21-30

(Other contributory causes of importance)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. L. Arthur Page M. D.

(Address) Johns Hopkins Hospital

Co. 4-11-1908

76317 HEALTH DEPARTMENT CITY OF BALTIMORE 76317

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Rosa Griffin

(a) Residence: No. 508 N. Parrish St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Chas. Griffin

7. DATE OF BIRTH (month, day, year) 11-5-1911

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	2	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) North Car.

13. NAME Joseph Wiggins

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Annie

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson cemetery Date Feb 2 1932

19. UNDERTAKER Edgar Boyce
(Address) 1052 Edmondson Ave

20. FILED 1932 WILSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-30-1932

22. I HEREBY CERTIFY, That I attended deceased from 1/12, 1932 to 1/30, 1932

I last saw her alive on 1/30 1932 death is said to have occurred on the date stated above, at 10:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis Bilateral & multiple cavities.	2 mo.
Other contributory causes of importance:	

Name of operation X-ray, Sputum Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lawrence Sears, M. D.
(Address)

Co. 5-11 2M8

76318 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76318

256919

CERTIFICATE OF DEATH

23

Registered No. 19-28
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Marie Griffin

(a) Residence: No. 208 S. Fulton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 4 - 1931

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
		4	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Eugene Griffin

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Ruth Rees

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place Western Cem Date Feb 4. 1932

19. UNDERTAKER Dennis Easton
(Address) 266 Pine ave

C. HANSON JONES, M. D.
20. FILED [illegible] 1932 [illegible] Registrar
By [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1932 to Feb 1, 1932

I last saw her alive on Feb 1 1932 death is said to have occurred on the date stated above, at 2.10 A m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset 7

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

ec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

76319

CERTIFICATE OF DEATH

131 E 76319

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2200 Garrison Ave. St. 15-61 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William K. Snyder

(a) RESIDENCE NO. 2200 Garrison Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

DATE OF BIRTH (month, day, and year) Nov. 9, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Meat packer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: J. Henry Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto., Md.

12 MAIDEN NAME OF MOTHER: Agness Kerr

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant (Address): Mrs. James G. Marrian, 2200 Garrison Ave.

15 Filed ... 19... Registrar

1932 C. HAMPSON JONES, M. D. R. C. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 1. 1932

17

I HEREBY CERTIFY, That I attended deceased from Sept 25, 1931, to Feb 1, 1932

That I last saw him alive on Feb 1, 1932

and that death occurred, on the date stated above, at 1130P m.

The CAUSE OF DEATH* was as follows:

Arterio - Sclerosis
Chronic Interstitial Nephritis
Goiter ulcer

(duration) 5 yrs. - mos. - ds.

CONTRIBUTORY (Secondary): Marasmus

(duration) - yrs. 4 mos. - ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Hill M. D.

19 (Address) 4531 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cemetery	Feb. 3, 1932
UNDERTAKER	ADDRESS
John O. Mitchell & Sons	1900 Eutaw Pl

Mitchell & Sons
Mitchell

Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

76320

CERTIFICATE OF DEATH

X 1 3 E 76320

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-30 Ward)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Johnson

(a) Residence: No. 122 Charles St., Ward. Hagerstown Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Entertainer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Obs
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Mass

13. NAME Not Obtained

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Not Obtained

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ruth Benson (Cousin)
(Address) 185 Berkeley Ave. Hagerstown Md

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

20. FILED 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18 1932 to Jan. 27 1932
I last saw him alive on Jan. 27 1932 death is said to have occurred on the date stated above, at 1.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
• Postoperative Shock Exsanguination	Jan 26 1932 " 26 1932

Other contributory causes of importance:
Arterio-venous aneurysm Rt. axillary vessels Sept 1931

Name of operation Ligation Artery & Vein Date of Jan 26 1932
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emil J. C. Edenbrandt M. D.
(Address) University Hospital

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76321

CERTIFICATE OF DEATH

119 E 76321

Registered No.

PLACE OF DEATH JOHNS HOPKINS HOSPITAL 23-32 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St. ... Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

1. FULL NAME Baby Boy Hayne

(a) Residence: No. 2308 Ray Place St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month day year) 1-14-32

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
			6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Eliza Jacobs

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Hayne
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) January 26 1932

22. I HEREBY CERTIFY, That I attended deceased from January 26, 1932 to January 30, 1932
(last saw him alive on January 30, 1932) death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	1-15-32
Acute nutritional disturbance	1-21
Enteritis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John D. Washington, M. D.
(Address) Johns Hopkins Hospital

76322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76322

1 PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (NO 8-16 ST (WARD) 157

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Barnes

(a) RESIDENCE NO 2636 E. Hoffman St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Jan. 26, 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER William Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Bertha Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant
(Address)

Filed 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29, 1932

17
I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1932, to Jan. 29, 1932

that I last saw him alive on Jan. 28, 1932

and that death occurred, on the date stated above, at 2.55 A. m.

The CAUSE OF DEATH* was as follows:

Congenital malformation of heart

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Edwin W. Cockburn M. D.

(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL FEB 2 1932

M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76323

CERTIFICATE OF DEATH.

E 76323

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home (ST.) Infirmary (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Charlesanna Fielding

(a) RESIDENCE NO. 703 Hollins St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of
or) WIFE of Mr. Charles Fielding

DATE OF BIRTH (month, day, and year) March 9, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	52	9	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) New Jersey

10 NAME OF FATHER A. G. Weber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Fredrica Krumm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs H. Fielding
(Address) 703 Hollins St

Filed 1932 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31, 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1931, to Jan 31, 1932, that I last saw h[illegible] alive on Jan. 31, 1932, and that death occurred, on the date stated above, at 3.30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum with Pelvic Infiltration

(duration) ? yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home of Patient

Did an operation precede death? Yes Date of Jan 2, 1932

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Jerrold H Norris M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL 2/3/1932

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

Co. 5-11 2508

76324 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 76324

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2213 St Paul St. 17-50 Ward)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Belle Roberts

(a) Residence: No. 2213 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If ~~single~~ widowed, ~~or divorced~~
~~(or) WIFE of~~ (or) WIFE of James E. Roberts

7. DATE OF BIRTH (month, day, year) Jan 19th 1865

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
67	0	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Alice P. Krantz
(Address) 2213 St Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cemetery Date 2/3/1932

19. UNDERTAKER J. M. Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31st, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1931, to Jan 31, 1932

I last saw her alive on Jan. 31 1932 death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia.	Aug 5 1931
Arteriosclerosis.	Dec 19 1931

Other contributory causes of importance:

Chronic Gastritis	Aug 1 1931

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Hunter Craig, M. D.
(Address) 729 Washington Blvd

c—1-30—M. & T.—250 Bks

Johnson

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76325

76325

CERTIFICATE OF DEATH.

159

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (NO. 1023 N. Stricker ST. 16-22 WARD)

2-FULL NAME Baby Johnson

(a) RESIDENCE NO. 1023 N. Stricker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. 3 months How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 2-1-32

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) 1023 Stricker St
(State or country) Baltimore Md

10 NAME OF FATHER Mandus Johnson

11 BIRTHPLACE OF FATHER (city or town) Albemarle
(State or country) Va.

12 MAIDEN NAME OF MOTHER Pearl Lusk

13 BIRTHPLACE OF MOTHER (city or town) Albemarle Co.
(State or country) Va.

Informant Mandus Johnson
(Address) 1023 N. Stricker St.

Filed 1932 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-1-32

17 I HEREBY CERTIFY, That I attended deceased from 2-1-32, to 2-1-32,

that I last saw h alive on 2-1-32,

and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Premature birth

Duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jack D. Saunders, M. D.

, 19 (Address) 1023 N. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL
19

ADDRESS

20 UNDERTAKER

UNIVERSITY OF MARYLAND
Bureau of Vital Statistics
FEB 2-1932

Co. 5-11 2508

76326 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76326

25726 1

CERTIFICATE OF DEATH X 160-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-9 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Schlimme

(a) Residence: No. Belvedere Jones Creek Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan 19-1932

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
			13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md
13. NAME Albert Schlemme
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Catharine Porter
16. BIRTHPLACE (city or town) (State or country) Md
17. INFORMANT Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL. Place Oakland Cem Date Feb 4 1932
19. UNDERTAKER J. S. Connelly
(Address) Essex Md
20. FILED 1932 C. HAMPSON JONES, M. D. Registrar
By A. S. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1932 to Feb 2 1932
I last saw him alive on Feb 2 1932 death is said to have occurred on the date stated above, at 5.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracerebral Hemorrhage	Birth

Other contributory causes of importance:

Tetany	1/25/32

Name of operation ..... Date of .....

What test confirmed diagnosis? Spinal fluid & blood examination. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. C. Buckland Jr. M. D.
(Address) Johns Hopkins Hospital

Co. 5-31-1933

HEALTH DEPARTMENT CITY OF BALTIMORE

6327

CERTIFICATE OF DEATH

87 E 76327

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4216 Hassendeubel Ave Ward) 71

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U.S. if of foreign birth 65 yrs. mos. ds.

2. FULL NAME Frederick Klender

(a) Residence: No. 4216 Hassendeubel Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Klender

DATE OF BIRTH (month, day, year) Dec 23rd 1849

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	82	1	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany
13. NAME OF FATHER Fred L Klender
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Timmerman
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Mary Klender
(Address) 4216 Hassendeubel Ave
18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 2/4/1932
19. UNDERTAKER 73 W Fayette St
(Address) Edw H Bellingrath Co
20. FILED 1933 Feb 6 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/1/1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1932, to Feb 1, 1932

I last saw h[illegible] alive on Jan 31, 1932 death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Jan 29 32

Other contributory causes of importance:

arterio Sclerosis.

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Irving H Wash, M. D.

(Address) Catonsville Md

76328

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 122-0 E 76328

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7-9 St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Simon Lichty

(a) Residence: No. Oakland Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
74			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) 1927
11. Total time (years) spent in this occupation [redacted]

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME of Mathews Lichty

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Hamel-Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ricardo-
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Oakland Md Date 2/2 1932

19. UNDERTAKER Joseph Ahrens
(Address) Oakland Md

20. FILED 1932 Feb 3 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1932 to Feb 2 1932

I last saw him alive on Feb 2 1932 death is said to have occurred on the date stated above, at 2:25 PM

The principal cause of death and related causes of importance were as follows:

Pulmonary embolism

Date of onset 2-2-32

(Other contributory causes of importance:

Repair ind. ing. hernia, left 1927

Name of operation Repair ind. Inguinal Hernia Date of 1-23-32

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [redacted], M. D.

(Address) Johns Hopkins

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76329

CERTIFICATE OF DEATH

√34 E 76329

REGISTERED NO

1 PLACE OF DEATH

CITY OF BALTIMORE. (No Sinai Hospital ST 15-61 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Zalis

(a) RESIDENCE NO 2511 Garrison Blvd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Moses

7 DATE OF BIRTH (month, day, and year) 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51	00			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Abraham Robinman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Denah

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Moses Zalis 2511 Garrison Blvd.

Filed 3 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/2/32

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1932, to Feb. 2, 1932

That I last saw h[illegible] alive on Feb. 2, 1932

and that death occurred, on the date stated above, at 3:14 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Renal Calculus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? YES Date of 1/23/32

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. E. Lackman M. D.

2/2/1932 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pikesville Rockdale Cemetery	2/5/1932
UNDERTAKER Abe Levinson & Bro	ADDRESS 1127 E Balto St

Co. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76330

CERTIFICATE OF DEATH

E 76330

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Bloomingdale Rd. St., 10th Ward)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Myers.

(a) Residence: No. 1212 Bloomingdale Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of the late Annie Myers

DATE OF BIRTH (month, day, year) Sept 19th 1857

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
74	4	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet metal worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stove Mfg.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.
13. NAME Geo Myers.
14. BIRTHPLACE (city or town) (State or country) Germany.
15. MAIDEN NAME Elizabeth Myers.
16. BIRTHPLACE (city or town) (State or country) Germany.
17. INFORMANT Mr. Geo Myers.
(Address) 1212 Bloomingdale Rd.
18. BURIAL, CREMATION, OR REMOVAL. Place Woodlawn Date Feby 3rd 1932
19. UNDERTAKER Foley & Conway & Son
(Address) 901 Walbrook St.
20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/31/, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jany 27, 1932, to Jany 31, 1932
I last saw h[im] alive on Jany 31 1932 death is said to have occurred on the date stated above, at 6:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Jany 27

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo L. Woolsey, M. D.
(Address) 1426 E. 25th St.

76331

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76331

CERTIFICATE OF DEATH.

REGISTERED NO. 108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 814 N. Mount ST. 16-22 (WARD)

2-FULL NAME Bertram Wheeler

(a) RESIDENCE NO. 814 N. Mount ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	Col.	Single

If married, widowed, or divorced
(HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 16, 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	22 yrs	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Albert C. Wheeler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Shepardstown, W. Va.

12 MAIDEN NAME OF MOTHER Frances Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harrisburg, Pa.

14 Informant (Address) Father 814 N. Mount St.

15 Filed 2 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/1 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1932 to Feb. 1, 1932.

That I last saw h[illegible] alive on Feb. 1, 1932

and that death occurred, on the date stated above, at 6.45 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) O. McPigott, M. D.

2/2, 1932 (Address) 1536 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL 2/5 1932

20 UNDERTAKER [illegible] White

ADDRESS 1311 Light St.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76332

E 76332

CERTIFICATE OF DEATH

Registered No. + 1852

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Royston

(a) Residence: No. Cockeysville Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Jennie Royston

6. DATE OF BIRTH (month, day, year): June 28 186[illegible]

7. AGE: Years 62 Months 7 Days 4

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Phoenix Balto Co.

13. NAME: Boley Royston

14. BIRTHPLACE (city or town) (State or country): Balto Co.

15. MAIDEN NAME: Mary A Shelley

16. BIRTHPLACE (city or town) (State or country): Balto Co.

17. INFORMANT: Jennie Royston

(Address) Cockeysville Md

18. BURIAL, CREMATION, OR REMOVAL: Richland Balto Date Feb 4 1932

19. UNDERTAKER: C Pinnoustan Son

(Address) 2615-17 Eastern Ave

20. FILED Feb 3 1932 19 H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 2, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1932 to Feb. 2, 1932

I last saw him alive on Feb 2, 1932 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis Rt. Foot	1/27/32
" Rt. Hand	1/24/32
Septicemia (Pneumo I - IV)	
Accidental Death	

Other contributory causes of importance:

S

Name of operation Incision & Drainage Date of 1/25/32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1/17, 1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home or near home

Manner of injury Lacerating wound of

Nature of injury Rt foot while chopping wood

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) University Hospital

ACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

76333

CERTIFICATE OF DEATH

93 E 76333

1. PLACE OF DEATH 770 W Lexington 18-16 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ... St.

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds

2. FULL NAME Elizabeth Breeden

(a) Residence: No. 770 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	married

6. If married, widowed or divorced HUSBAND of (or) WIFE of Wm H. Breeden

DATE OF BIRTH (month, day, year) Dec. 23 1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME John Earl

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Elizabeth Vance

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Wm H. Breeden
(Address) 770 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL Broadway Va. Date Feb. 4, 1932

19. UNDERTAKER F. Vernon Kahler
(Address) 1532 Harlem Ave

20. FILED Feb 4 1932, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2. 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1- 1931 to Feb 2 1932

I last saw h w alive on 2/2 1932 death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Edema of Lungs	Sept 1931
Hypertension	
Senility	

Other contributory causes of importance: Myocarditis

Name of operation None Date of ...

What test confirmed diagnosis? Blood pressure Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Fred A Erbs M. D.
(Address) 2145 W. Balto St

Spec.—1-10-21—M&T—1500 Blks.

E 76334

76334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Franklin Square Hospital St.) 325-14 (WARD)

2-FULL NAME Mrs ALMIRA Landes

(a) RESIDENCE NO. ~~6 W. Fayette~~ 3200 Old Annapolis Road St.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Landes

6 DATE OF BIRTH (month, day, and year): Nov 1875

7 AGE: Years 56 Months 2 Days ~~If LESS than 1 day, hrs. or min.~~

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Fry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Trust Chevages

(Address) 3200 old annapolis Road

15 Filed FEB 3 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 2 19 32

17 I HEREBY CERTIFY, That I attended deceased from Jan 26 19 32 to Feb 2 19 32

that I last saw her alive on Feb 2 19 32

and that death occurred, on the date stated above, at 1:30 P.M. m.

The CAUSE OF DEATH* was as follows:

Chronic Pat. Nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Jackson Va.

DATE OF BURIAL: Feb 4 1932

20 UNDERTAKER: Jno. Mrs. John W. Teufel & Son

ADDRESS: 101 W. Fayette

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

25E 7.6335

6335

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1512 N. Gilmor St. 14-26 Ward)

ngth of residence in city or town where death occurred: Its most Seven Years How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Matthews

(a) Residence: No. 315 Bruce St St., Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Ethel Matthews

6. DATE OF BIRTH (month, day, year) May 18. 1902

7. AGE: Years	Months	Days	If LESS than 1 day, hrs. or min.
31	8	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Murkirk maryland

13. NAME Thos Matthews

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

15. MAIDEN NAME Celia Taylor

16. BIRTHPLACE (city or town) (State or country) Murkirk maryland

17. INFORMANT Ethel Matthews

(Address) 315 N. Bruce St

18. BURIAL, CREMATION, OR REMOVAL Place Murkirk Md Date Feb 4. 1932

19. UNDERTAKER Joseph A. Lucky

(Address) 409 N. Mount Street

FILED 1932

C. H. IMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1932 to Jan 31 1932

that I saw him alive on Jan 31 1932 death is said to have occurred on the date stated above, at 9:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/21/32

Other contributory causes of importance:

Perinethof - Abscess,
Urethal Stricture
Urinary Extravasation of tissues
Abscesses + Internal Hemorrhage

Name of operation Clinical 1-28-32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm R Boyking M. D.

(Address) 1512 N. Gilmor.

Spec.—1-10-21—MAT—1500 Blks.

Charles Skirmon

76336

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76336

CERTIFICATE OF DEATH

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No.) 7 Fayette (Ward) 8 (St.) Calhoun

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Skirman

(a) RESIDENCE NO. 854½ (St.) Lombard (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs — mos. — ds. How long in U. S., if of foreign birth? 40 yrs — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (Write the word): Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Margaret Skirman

6 DATE OF BIRTH (month, day, and year): — ?

7 AGE: 63 Years — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): Clothing

(c) Name of employer: ?

9 BIRTHPLACE (city or town) (State or country): Lithuania

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lithuania

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lithuania

14 Informant (Address): Margaret Bansal 854½ W. Lombard St.

Filed 1932. C. HARRY [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 1 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1932 to Feb. 1, 1932

that I last saw him alive on Feb. 1, 1932

and that death occurred, on the date stated above, at 1:15 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Prostatic Hypertrophy

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Morris Schiffer, M. D.

(Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem.

DATE OF BURIAL: Feb. 4 1932

UNDERTAKER: John Stebbins Sons

ADDRESS: 423 S. Paca St.

Dec—8-16-29—L. F. S.—100 Blks.

E 76337

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76337

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 132 Mosher ST. 16-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mattie Johnson

(a) RESIDENCE NO. 132 Mosher ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H. Johnson

DATE OF BIRTH (month, day, and year) May 1 - 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	30	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Private home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) N C.

10 NAME OF FATHER Jonas Daniels

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C.

12 MAIDEN NAME OF MOTHER Rhoda Bryant

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C.

Informant Kate Knowling

(Address) 132 Mosher

Filed 1932 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31-32

17 I HEREBY CERTIFY, That I attended deceased from Jan 6- 1932, to Jan 31, 1932, that I last saw h alive on Jan 31 - 1932 and that death occurred, on the date stated above, at 11 20 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Chas. J. Kellam, M. D.

2/1, 1932 (Address) 222 N. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL Feb. 4 1932

20 UNDERTAKER James A Sayes

ADDRESS 142 Ustick St

90—M & T—100 B—501.

E 76538

HEALTH DEPARTMENT—CITY OF BALTIMORE E 76538

CERTIFICATE OF DEATH

89-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Franklin Square Hospital ST. 27 WARD)

2-FULL NAME George D. Frazier

(a) RESIDENCE NO 412 N. Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

6a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Oct. 3rd 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	8	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER James Frazier

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Mary Gregory

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Mary Frazier

(Address) 412 N. Mount St

15 Filed 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pan Sinusitis

CONTRIBUTORY (Secondary) Supra-orbital abscess (duration) unknown yrs. 1 mos ds.

Left otitis media (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical signs

(Signed) Guy U. Cromwell M.D. Coroner

2/2, 1932 (Address) 703 Palmer Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary DATE OF BURIAL Feb 3 1932

20 UNDERTAKER Wm. A. G. Elliott ADDRESS 113 Caroline

C. HERBERT JONES, M.D.

3 1932

Co. 1-31 1908

HEALTH DEPARTMENT CITY OF BALTIMORE

8 N E 76339

76339

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals 22-31 (Ward)

CITY OF BALTIMORE: (No. ..... St.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Arrington

(a) Residence: No. 823 S. Bevan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 29, 1889

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	42	7	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R.
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) ?
(State or country) N.C.

13. NAME Samuel Arrington

14. BIRTHPLACE (city or town) ?
(State or country) N. C.

15. MAIDEN NAME Fannie Moore

16. BIRTHPLACE (city or town) ?
(State or country) N.C.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place National Date Feb 3 1932

19. UNDERTAKER Henry F. Wetzler
(Address) Hill & Annandale Ave

20. FILED Feb 3 1932 19.. (Signature) ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1931 to Feb. 1, 1932

I last saw him alive on Feb. 1, 1932 death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syringomyelia	One year
Other contributory causes of importance: Cystitis	Four months

Name of operation - Date of -

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Balto. City Hosp.

30—M. A. T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

E 76340 REGISTERED NO.

E 76340

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1112 E. Pratt St (St.) 3-5 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael J. Murphy

(a) RESIDENCE NO 1112 E Pratt St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	60		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Unknown

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Nelson Brown Funeral Home (Address)

15 Filed [illegible] 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Alcoholism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + History

(Signed) D. O'Herzog M. D.

2/2, 1932 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Feb 3 1932
20 UNDERTAKER	ADDRESS
Henry F. Pentzke	911 Edmondson Ave

AaCo. 1-01 1908

E 76341 **HEALTH DEPARTMENT CITY OF BALTIMORE** 1001 E 76341

CERTIFICATE OF DEATH X 107

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hosp.
CITY OF BALTIMORE: (No. 33rd & Calvert St. 12-4th Ward)
Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. (If of foreign birth) yrs. mos. ds.

2. FULL NAME Miss Mary A. Rafferty

(a) Residence: No. Fallsington Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 2, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pikesville Md.

MOTHER FATHER

13. NAME Daniel Rafferty
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Catherine Curran
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Clarence Fischer
(Address) Minden Ave & Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place H Cem. Date Feb 4 1932

19. UNDERTAKER Frank H. Mercer
(Address) Edmondson Ave

20. FILED FEB 3 1932 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1932, to Feb 2 1932
I last saw her alive on Feb. 2 1932 death is said to have occurred on the date stated above, at 4:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/28/32
Other contributory causes of importance:	
Acute Heart Failure.	2/1/32

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R Fraser, M. D.
(Address) Union Mem. Hosp.

M & T—100 B—601.

76342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76342

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital ST. 8-12 WARD)

2-FULL NAME FREDERICK W. MORGAN

(a) RESIDENCE NO. 630 N. Milton Avenue ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) October 20th 1884

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3	10	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Canton Lumber Co.

10 BIRTHPLACE (City or town) (State or country) Baltimore

10 NAME OF FATHER William H. Morgan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Mary A. Dietrich

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

Informant Mr. Wm. H. Morgan (Father)

(Address) 630 N. Milton Ave.

Filed 1932, 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 31, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Cardiac Failure - History of Nephritis and Diabetes.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John C. ..... Coroner, M. D.

Feb 1 1932 (Address) 505 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Paul's Cemetery

DATE OF BURIAL Feb. 3, 1932

20 UNDERTAKER Henry Sanger & Son, Inc.

ADDRESS BALTIMORE ST. & BROADWAY.

AdCo. 1-31 1000

254467 E 76343

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 107 E 76343

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 79 Ward)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richards Pumphrey.

(a) Residence: No. Spesutie Island Rd St., Ward. Hal. II

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Carlton Pumphrey.

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	46	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Henry White

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Nelson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT JOHNS HOPKINS HOSPITAL

(Address) Rosards.

18. BURIAL, CREMATION, OR REMOVAL. Place Catholic Cem. Date 2/5/32

19. UNDERTAKER Geo. K. Brown Ex

(Address) Parkville Md

20. FILED FEB 3 1932, 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 1932

22. I HEREBY CERTIFY, That I attended deceased from November 7, 1931, to Feb 2, 1932.

I last saw h e alive on Feb 2 1932 death is said to have occurred on the date stated above, at 7 45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	1-7-32
Other contributory causes of importance: Lung Abscess	18 mo. June 1930

Name of operation Thoracotomy Date of 12-2-31

What test confirmed diagnosis? Clinical & X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. J. Pumphrey M. D.

(Address) Box H Md.

C—1-30—M. & T.—250 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 76344

76344

CERTIFICATE OF DEATH.

REGISTERED NO. 159

1. PLACE OF DEATH

ITY OF BALTIMORE: (No.) Sinai Hospital ST. 6-9 WARD) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Baby boy Spresser

(a) RESIDENCE NO. 257 W. Washington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) 2/2/32

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
New born			4

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Sinai Hospital Baltimore Md.

10 NAME OF FATHER Bernhard Spresser.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington D.C.

12 MAIDEN NAME OF MOTHER Beatrice Bligh.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

Informant Beatrice Spresser

(Address) 257 W. Washington St.

Filed 1932 G. HARPSON JONES, M. D. Registrar

6586

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/2/32

17 I HEREBY CERTIFY, That I attended deceased from 2/2/32, 19..., to 2/2/32, 2:30 P. m.

that I last saw him alive 2/2/32, 6:00 P. m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No What test confirmed diagnosis? Clinical

(Signed) Archie Robert Cohen M.D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL
Department of Health.
FEB - 1932

ACo. 5-11 2908

6345 HEALTH DEPARTMENT CITY OF BALTIMORE

250129

CERTIFICATE OF DEATH

53 E 76345

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 24-38 Ward)

Length of residence in city or town where death occurred ..... yrs ..... mos ..... ds. How long in U.S. if of foreign birth? ..... yrs ..... mos ..... ds.

2. FULL NAME Nellie Stocksdale

(a) Residence: No. 1311 Light- St., 24 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

~~If married, widowed or divorced~~ MEMARRIED (or) WIFE of Arthur L.

DATE OF BIRTH (month, day, year) Aug. 25 1877

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	54	5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 63
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Lewis Ford

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Richardson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb 4 1932

19. UNDERTAKER J. Frank Bone
(Address) 3 E. Lexington St.

20. FILED 1932 C. HAMILTON JONES, M. D. Registrar.
By ..... A.C.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 1932

22. I HEREBY CERTIFY, That I attended deceased from June 29 1931 to Feb 2 1932
I last saw her alive on Feb 2 1932 death is said to have occurred on the date stated above, at 4:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Renal Bladder	6-1-31
Complete Ureteral Obstruction	
c Uremia	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Cystoscopy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Beverley C. Compton M. D.
(Address) Johns Hopkins Hosp Baltimore

aCo. 5-31 250M

6346

HEALTH DEPARTMENT CITY OF BALTIMORE

82-32 E 76346

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 E. Lamont St. 16-67 Ward)

Length of residence in city or town where death occurred 66 yrs 11 mos 26 ds. How long in U.S. if of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Emma O. Falkenstein

(a) Residence: No. 1620 E. Lamont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louis P. Falkenstein

DATE OF BIRTH (month, day, year) Feb. 6, 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md
13. NAME of Stephen Schuster
14. BIRTHPLACE (city or town) (State or country) England
15. MAIDEN NAME Emma Buchler
16. BIRTHPLACE (city or town) (State or country) Baltimore
17. INFORMANT Louis P. Falkenstein
(Address) 1620 E. Lamont
18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date Feb 6, 1932
19. UNDERTAKER C. H. Jones & Sons
(Address) 926 E. Fay Ave
20. FILED 1932 C. HUMPSON JONES, M. D.
By ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2nd, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14th, 1932, to Feb. 2nd, 1932
last saw her alive on Feb. 2nd, 1932 death is said to have occurred on the date stated above, at 1.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy.	1932.

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jane C. Jackson, M. D.
(Address) 3033 N. North Ave

76347

HEALTH DEPARTMENT—CITY OF BALTIMORE

76347

CERTIFICATE OF DEATH

1 PLACE OF DEATH Sinai Hospital. Baltimore. Md. 117 REGISTERED NO

CITY OF BALTIMORE: (No Monument St 11-2 E WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Swept

(a) RESIDENCE NO 1016 Cathedral St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Swept

7 DATE OF BIRTH (month, day and year) Dec 21, 1896

8 AGE Years 36 | Months 1 | Days 12 | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Western Md. R.R. Co
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

11 NAME OF FATHER Robert K. Swept

12 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

13 MAIDEN NAME OF MOTHER Mary E. Pangle

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs. C. E. Welch
(Address) Owings Mills Md.

15 Filed 1932, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2, 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1932, to February 2, 1932

that I last saw him alive on February 1, 1932

and that death occurred, on the date stated above, at 7.40 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(Duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Peritonitis - 3½ wks.
Empyema - 2 wks.
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of Jan. 9, '32

Was there an autopsy? yes Cause of Stomach

What test confirmed diagnosis? Pathological report

(Signed) J. E. Buchman M. D.

19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Johns Cem. DATE OF BURIAL: Feb. 6 1932

20 UNDERTAKER: Easton Sons ADDRESS: Edmondson Ave

BCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~57459~~ ~~76348~~

CERTIFICATE OF DEATH

89-32 76348

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 21-29 Ward)

Length of residence in city or town where death occurred 13 yrs. 1 mos. 24 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna Price

(a) Residence: No. 1320 Lanvale St. St.; Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced (write the word)~~
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) June 9 1918

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	13	7	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Joseph Price

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Bertha Schaffer

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place London PK Date 2/6/32 19

19. UNDERTAKER Geo Lemmon
(Address) 528 N Eutaw St

20. FILED 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 28th 1932 to Feb 3 1932

I last saw h.s.c. alive on Feb. 3 1932 death is said to have occurred on the date stated above, at 2.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis (Streptococcus) -	Jan 30. 32
Other contributory causes of importance:	
Acute Mastoiditis	Jan 23' 32

Name of operation Mastoidectomy Date of Jan 31. 32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) C. Van Bergen M. D.

(Address) Johns Hopkins Hospital

1-30—M. & T.—100 B—501.

E 76349

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76349

CERTIFICATE OF DEATH

REGISTERED NO. 20-679

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. WARD)

2-FULL NAME Mary Ball

(a) RESIDENCE NO. House of Good She ppard Calverton Road ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sep 1/1917

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	14	5	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At school
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Annapolis, Md.

PARENTS

10 NAME OF FATHER Robert Ball

11 BIRTHPLACE OF FATHER (city or town) (State or country) Annapolis, Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant House of Good Sheppard

(Address)

Filed 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Meningitis (Probably Pneumococcic)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? House of Good Sheppa

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. W. Cox, M. D. Coroner

Feb 3 1932 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Annapolis Emg.	Feb. 3 1932
20 UNDERTAKER	ADDRESS
George P. Schwartz	201 Park Ave.

aCo. 5-31 250M

1929

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76350

CERTIFICATE OF DEATH

23 E 76350

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 6-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Odell Brown

(a) Residence: No. 1206 Orleans St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
1	17	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Moses Brown

14. BIRTHPLACE (city or town) (State or country) South Carolina

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cem Date 2/4 1932

19. UNDERTAKER Edward. Bryan.
(Address) 1631 Ellamont st

20. FILED 1932 — — 19 — — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-1, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 23, 1931 to Feb-1, 1932

I last saw h[illegible] alive on Feb-1, 1932 death is said to have occurred on the date stated above, at 5.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tbc.	9-12-31

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) ... Johns Hopkins Dept.

ACo. 5-31-1928

HEALTH DEPARTMENT CITY OF BALTIMORE

23 E 76351

76351

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) St. 16-22 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ..... St. ..... Ward)

ngth of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Foreman

(a) Residence: No. 705 N. Stricker st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Feb. 27, 1888

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	43	11	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Gainsville
(State or country) Texas

13. NAME Priest Foreman

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Louise

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn. Date Feb 4 1932

19. UNDERTAKER Thomas E Kelsey
(Address) 1303 Prestman St.

20. FILED 1932 C. HANSON JONES M D
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1932 to Jan. 30, 1932

I last saw him alive on Jan. 30, 1932 death is said to have occurred on the date stated above, at 5.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcoma Pneumonia	Unknown
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Laurence H. Sens, M. D.

(Address) Baltimore City Hospitals

Spec.—1-30—M. & T.—250 Blks

E 76352

76352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6000 York Road ST. 27-48 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Haydn

(a) RESIDENCE NO. 6000 York Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced (HUSBAND of or) WIFE of Alice A.Haydn

DATE OF BIRTH (month, day, and year) Mar 13 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Printer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) St.Mary's Co.Md.

10 NAME OF FATHER George Haydn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Martha M.Maddox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Leonardtown Md.

Informant Mrs.James A.Clark

(Address) Cockeysville Md.

Filed 1932 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 - 32

17 I HEREBY CERTIFY, That I attended deceased from Can't 31, 1931, to Feb 2, 1932,

that I last saw h[illegible] alive on Feb 1, 1932,

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Chr Myocarditis

Chr Ly- Nephritis

(duration) 2 + yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) E. W. Bishop, M. D.

Feb 2, 1932 (Address) 501 Edmondson Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Feb 4 1932

20 UNDERTAKER Wayne Waddell

ADDRESS 501 Edmondson Av

AACo. 5-11 1908

76353

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76353

CERTIFICATE OF DEATH

Registered No. 125

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 N. Hilton St. 15-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 88 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Murray

(a) Residence: No. 2105 N. Hilton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Murray

7. DATE OF BIRTH (month, day, year) June 24, 1843

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	7	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Martin Murray

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Waldron

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Winters
(Address) 2105 N. Hilton St

18. BURIAL, CREMATION OR REMOVAL
Place Cathedral Cem. Date Feb. 5, 1932

19. UNDERTAKER Margaret G. Flynn
(Address) 2107 N. Hilton St

FILED 3 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-3-, 1932

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 1932, to [illegible], 1932

I last saw h[illegible] alive on [illegible], 1932 death is said to have occurred on the date stated above, at [illegible] a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage,	
Left Side Paralysis	
Myocarditis, Chronic Nephritis	1925
and Arterial Sclerosis,	
Contributory Edema,	1932

Other contributory causes of importance:

Decubitus Ulcer and Bronchopneumonia — Feb. 2

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) [illegible] M. D.

(Address) [illegible]

AdCo 3-31-2000

E 76354

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76354

CERTIFICATE OF DEATH

+ 82-001

Registered No. 76 [illegible]

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital H-36 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos 10 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Robert Lane

(a) Residence: No. Seaford, Helen St, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lulu Lane

DATE OF BIRTH (month, day, year) March 26, 1865

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	66	10	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) July 1927
11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) Centreville Maryland
13. NAME Charlie Lane
14. BIRTHPLACE (city or town) (State or country) Centreville Maryland
15. MAIDEN NAME Mary Ellen Wilson
16. BIRTHPLACE (city or town) (State or country) Maryland
17. INFORMANT Lulu Lane
(Address) Seaford, Delaware
18. BURIAL, CREMATION, OR REMOVAL
Place Seaford del Date 2/6 1932
19. UNDERTAKER W L Watson & Sons
(Address) Seaford Del
20. FILED 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/14, 1932 to 2/4, 1932

I last saw him alive on 2/4, 1932 death is said to have occurred on the date stated above, at 3 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	2/3/24
Cerebral Accident (embolic)	2/2/24

Other contributory causes of importance:
Post operative Prostatectomy

Name of operation Supra-pubic Prostatectomy Date of 1/17/32
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emil J. C. Hildebrand M. D.
(Address) University Hospital

A&Co. 1-31-1930

HEALTH DEPARTMENT CITY OF BALTIMORE

76355

CERTIFICATE OF DEATH

93-003 E 76355

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 Massachusetts Ave 20-21 Ward)

Length of residence in city or town where death occurred 7 yrs 3 mos ds. How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME John J. MacKay

(a) Residence: No. 417 Massachusetts Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eva W. MacKay

7. DATE OF BIRTH (month, day, year) Dec. 7, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wm Cotton & Sons Inc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Allen Park Canada

13. NAME Jean MacKay

14. BIRTHPLACE (city or town) (State or country) London Ontario Canada

15. MAIDEN NAME Hamill

16. BIRTHPLACE (city or town) (State or country) Brighton Ontario Canada

17. INFORMANT Mrs Eva W MacKay
(Address) 417 Massachusetts.

18. BURIAL, CREMATION OR REMOVAL Place London Park Date Feb 4 1932

19. UNDERTAKER Wm Hoffner
(Address) Reisterstown Ave

FILED Feb 4 1932, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1932 to Feb 1, 1932

I last saw h alive on Jan 1, 1932 death is said to have occurred on the date stated above, at 4.53 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical evidence Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ernest Spencer Jr , M. D.

(Address) Fred'k Augusta Ave

A4Co. 5-31 1930

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76356

CERTIFICATE OF DEATH

59 E 76356

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 27-48 St. Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME John Brian

(a) Residence: No. 322 Redwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret E. Brian

DATE OF BIRTH (month, day, year) August 11, 1873

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	58	9	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

13. NAME Peter Brian

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Feb. 5, 1932

19. UNDERTAKER John A. Magee

(Address) 3000 E. Baltimore St.

20. FILED Feb 5 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2 1932

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1932 to February 2, 1932

I last saw him alive on February 2, 1932 death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Left Ventricle	1 week
	6 Wks
Other contributory causes of importance:	
Leukaemia	3 Days?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas Bryan M. D.

(Address) Mercy Hospital

1-30—M & T—100 R—50L

E 76357

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76357

CERTIFICATE OF DEATH

93-004

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 837 Park Ave. St.) 11-24 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Archie Reason.(C)

(a) RESIDENCE NO 125 Read St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

5a If married, widowed, or divorced, HUSBAND of Lula Reason.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Porter.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania.

PARENTS

10 NAME OF FATHER Frank Reason.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania.

12 MAIDEN NAME OF MOTHER Mary -------(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania.

14 Informant Lula Reason.(C) wife.
(Address) 125 Read St.

15 Filed . 192 . Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 2, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Chas McArmand, Coroner, M. D.

2/8/32 (Address) 917 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem.

DATE OF BURIAL: Feb 4 19 32

UNDERTAKER: Samuel H Hemsley

ADDRESS 578 N Bdle

1-30—M & T—100 B—50L

E 76358

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76358

210-002

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital, ST. 1-3 WARD)

2-FULL NAME Henry Smith.

(a) RESIDENCE NO 813 S.Port St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. ---------- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	73	--------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Burkhardt Smith.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Elizabeth Navy.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Annie Rohda.(sister)

(Address) 813 S.Port St.

15 Filed FEB 4 1932 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 1, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy and inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Ribs, Hypostatic Pneumonia Myocarditis, Arterio sclerosis. Xx Automobile in which he was riding crashed into a telegraph pole (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental Death (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Eastern Avenue Ext. December 6, 1931

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquest.

(Signed) M. M. Steinhardt, M. D. Coroner

2/2/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Paul Cem

DATE OF BURIAL 2/4 1932

20 UNDERTAKER Mrs S J Fruhauf Inc

ADDRESS 1000 E Lombard

aCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76359

CERTIFICATE OF DEATH

56

E 76359

1. PLACE OF DEATH University Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ..... St. 16-26 Ward

ngth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Horace Walker Strothers, Jr.

(a) Residence: No. 617 Arlington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) Aug. 3. 1925

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	6	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Horace W. Strothers

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Florence Walker

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Florence Strothers
(Address) 617 Arlington ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Zion Date February 5 1932

19. UNDERTAKER Joseph A Sirby
(Address) 619 N. Mount Street.

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27 1932 to Feb. 2 1932

I last saw him alive on Feb. 2 1932 death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic fever	Jan. 1932
Pericarditis & effusion	Jan. 1932

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wylie M Tarr, M. D.
(Address) University Hospital

aCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 76360

CERTIFICATE OF DEATH

23 E 76360

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 15-22 Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Leonard Carter

(a) Residence: No. 1354 N. Strieker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Unk

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	1	17		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Samuel Carter

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Lillian Crawford

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT
(Address) Records.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Line Date Feb 6 1932

19. UNDERTAKER Joseph A Lucky
(Address) 609 N Broadway

20. FILED 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1932, to Feb. 3 1932

I last saw him alive on Feb. 3 1932 death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	7-11-31

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ward Anderson, M. D.

(Address) Johns Hopkins Hospital

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 28th DAY July

OF 1965 THE MICROPHOTOGRAPHS APPEARING

HEREIN STARTING WITH #E 73171 Oct. 22, 1931 AND

ENDING WITH #E 76360 Feb. 4, 1932 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE

RECORDS OF THE DEPARTMENT OF Treasury

BUREAU OF Municipal Accounting AS DELIVERED

IN THE REGULAR COURSE OF BUSINESS FOR

PHOTOGRAPHING, AND THAT:

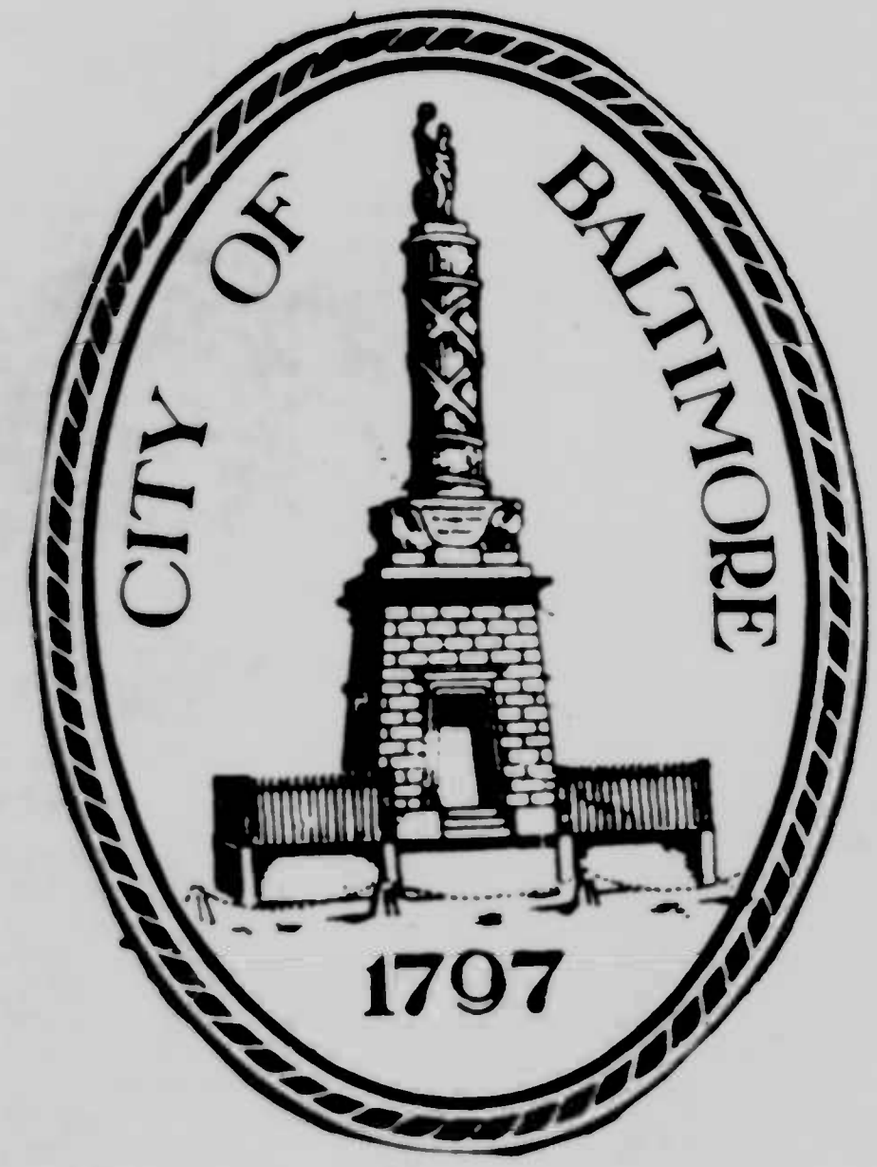
TO THE BEST OF MY KNOWLEDGE THE MICROFILM

MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU

OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC

COPY.

CAMERA OPERATOR: T. McFaul



END OF REEL